Davidson County DEEDQC
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20080421-0040092

This instrument prepared by: Ted Woloszyk
LandAmerica OneStop
600 Clubhouse Drive Suite 100
Moon Township, Pennsylvania 15108

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QUITCLAIM DEED (3)

TITLE OF DOCUMENT

ADDRESS NEW OWNER AS FOLLOWS:	**MAIL TAX STATEMENT TO:**	**MAP PARCEL NUMBERS:**
Ann T. Hahn 3406 Luna Court Nashville, Tennessee 37211	Ann T. Hahn 3406 Luna Court Nashville, Tennessee 37211	Map/Parcel: 148-02-49

4084270-1, 4410767

FOR AND IN CONSIDERATION of ONE AND NO/100 DOLLAR ($1.00), cash in hand paid by the grantee, the receipt and sufficiency of which is hereby acknowledged, **Ann T. Hahn, who acquired title incorrectly as Anne T. Hahn, surviving spouse of Edward Lee Hahn as per attached certified copy of Certificate of Death** by these presents do hereby quitclaim and convey unto the said **Ann T. Hahn, an unmarried woman**, Grantees herein, their successors and assigns, all their right, title and interest in and to the following certain real estate in **Davidson** County, **Tennessee**, described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF.

The express purpose of this conveyance is to Remove Deceased from Title.

Being the same property conveyed to Edward Lee Hahn and wife, Anne T. Hahn by Deed from Hunter Short, Trustee of record in Book 6386, Page 835, said Register's Office.

This is unimproved ( ) property known as 3406 Luna Court, Nashville, Tennessee 37211
Improved ( )

Whenever used, the singular number shall include the plural, the plural the singular and the use of any gender shall be applicable to all genders.

Witness our hand this 1 day of August, 2007, the corporate party, if any, having caused its name to be signed hereto by its duly authorized officers on said day and date.

Ann T. Hahn

Ann T. Hahn

ACKNOWLEDGMENT

STATE OF TENNESSEE)

COUNTY OF DAVIDSON) ss

Personally appeared before me, ANN T. HAHN, a Notary Public in and for said County and State, **Ann T. Hahn** the within named bargainor, individual(s), with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he/she/they executed the within instrument for the purposes therein contained.

Given under my hand and official seal of office at NASHVILLE, TN. 37211 this 1 day of August, A.D., 2007.

NOTARY STAMP/SEAL

SUSAN M. JONES
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

Susan M. Jones

NOTARY PUBLIC

Notary Commission Expires: May 24, 2009

AFFIDAVIT OF VALUE

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

The actual consideration or value whichever is greater, for this transfer is $ 1.00.

Subscribed and sworn to before me this the 1 day of August, 2007.

(Affix Seal)

Ann T. Hahn

Ann T. Hahn

Susan M. Jones

Notary Public

My Commission Expires: May 24, 2009

SUSAN M. JONES
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

0605633

ST. NO. [redacted] 2006 044229

1. DECEDENT'S NAME (First, Middle, Last): Edward Lee Hahn
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): October 7, 2006
4. SOCIAL SECURITY NUMBER: [redacted]6348
5a. AGE-LAST BIRTHDAY (Years): 67
5b. UNDER 1 YEAR: MOS. / DAY
5c. UNDER 1 DAY: HOURS / MIN.
6. BIRTHDATE (Month, Day, Year): Dec 25, 1938
7. BIRTHPLACE (City and State or Foreign Country): Washington County, VA
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution give street and number): 3406 Luna Ct
9c. CITY, TOWN OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Ann Townes
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Mechanic
12b. KIND OF BUSINESS/INDUSTRY: Alley Cassetty Brick
13a. RESIDENCE STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 3406 Luna Ct
CENSUS TRACT:
13e. INSIDE CITY LIMITS? 1 [ ] Yes 2 [X] No
13f. ZIP CODE: 37211
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No. Specify if yes:
15. RACE—American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):
17. FATHER'S NAME (First, Middle, Last): Robert Edward Hahn
18. MOTHER'S NAME (First, Middle, Maiden Surname): Vernie Frances
19a. INFORMANT'S NAME (Type/Print): Ann T Hahn
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3406 Luna Ct Nashville, Tn 37211
20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [X] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place): Affiliated Crematory
20c. LOCATION—City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Barbara Crosslin
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5633
21c. SIGNATURE OF EMBALMER:
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Company, 2707 Gallatin Rd Nashville, TN 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 331
23. REGISTRAR'S SIGNATURE:
24. DATE FILED (Month, Day, Year): October 10, 2006
25a. PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
[X] 1 SIGNATURE AND TITLE OF PHYSICIAN: Louis Johnson MD
25b. LICENSE NUMBER: 023577
25c. DATE SIGNED (Month, Day, Year): 10/10/06
26a. MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated.
[ ] 2 SIGNATURE AND TITLE OF MEDICAL EXAMINER:
26b. LICENSE NUMBER:
26c. DATE SIGNED (Month, Day, Year):
PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Louis C Johnson, MD 2400 Patterson St Nashville, TN 37203

2711307

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Sharon M. Leinbach
STATE REGISTRAR

Date Issued Jan-14-2008

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

EXHIBIT "A"
LEGAL DESCRIPTION

THE FOLLOWING DESCRIBED TRACT OR PARCEL OF LAND IN DAVIDSON COUNTY, TENNESSEE, TO-WIT:

BEING LOT NO. 89 ON THE PLAN OF LUNA HEIGHTS, SECTION THREE, OF RECORD IN BOOK 2900, PAGE 138, REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE.

SAID LOT NO. 89 FRONTS 65.5 FEET ON THE SOUTHEASTERLY SIDE OF LUNA COURT AND EXTENDS BACK 266 FEET ON THE NORTHEASTERLY LINE AND 251.5 FEET ON THE SOUTHWESTERLY LINE TO A DEAD LINE IN THE REAR ON WHICH IT MEASURES 121 FEET.



U40849270-090P004

QUIT CLAIM DEED

US Recordings