| Davidson County | DEEDWARR |
|---|---|
| Recvd: 07/15/08 08:46 | 5 pgs |
| Fees:28.00 Taxes:70.60 | |
| **20080715-0072318** | |

|STATE OF TENNESSEE
|COUNTY OF Davidson
|THE ACTUAL CONSIDERATION OR VALUE,
|WHICHEVER IS GREATER, FOR THIS TRANSFER IS
|$$19,080.00
|Josh Mates
|Affiant
|SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE
|____ DAY OF July, 2008
|
|NOTARY PUBLIC:
|MY COMMISSION EXPIRES: 3.7.2011
| (AFFIX SEAL)

JARED C. SMITH NOTARY PUBLIC STATE OF TENNESSEE DAVIDSON COUNTY

THIS INSTRUMENT WAS PREPARED BY
Athens Title & Escrow LLC, 5115 Maryland Way Brentwood, TN 37027

| ADDRESS NEW OWNER(S) AS FOLLOWS: | SEND TAX BILLS TO: | MAP-PARCEL NUMBERS |
|---|---|---|
| UCW Inc.<br>Darrel Culpepper<br>7677 Woods Creek Road<br>Apex, NC 27539 | Same | Map 071 14 0<br>Parcel 019.00 |

For and in consideration of the sum of ten dollars, cash in hand paid by the hereinafter named grantees, and other good and valuable considerations, the receipt of which is hereby acknowledged, we,

Norma Jean Wright Jeffcoat and husband, William L. Jeffcoat,
joined by the only children of Norma Jean Wright Jeffcoat, being
Joni Jeneice Jeffcoat Mitchell, and husband, Charles Randall Mitchell, and
Jill Renee Jeffcoat Barr, and husband, Philip Edward Barr.

Hereinafter called the grantors, have bargained and sold and by these presents do transfer and convey unto

Darrel Culpepper

Hereinafter called the grantees, their heirs and assigns, a certain tract or parcel of land in Davidson County, state of Tennessee, described as follows: To wit:

Being Lot No. 35 and the northerly 12 feet of Lot No. 34 on the Map of J. B. Haynie's Grove Plan of record in Book 57, page 64, Register's Office for said County.

Said Lot No. 35 and the northerly 12 feet of Lot No. 34 front together 62 feet on the easterly side of Birch Avenue and run back between parallel lines 125 feet to an alley.

Subject to such easement retained in Deed Book 3159, page 175, for adequate water and adequate sewerage across the above described property to serve Lots Nos. 32, 33, and the remaing 38 feet of Lot No. 34, of said J. B. Haynie's Grove Plan.

Being the same property conveyed to Leon Perry Wright, now deceased July 24, 1985, and wife, Eula May Wright, now deceased September 29, 2004, and Norma Jean Wright Jeffcoat, by wright of survivorship per conveyance as set out in said deed, joined by the only children born of Norma Jean Wright Jeffcoat, being Joni Jeneice Jeffcoat Mitchell and Jill Renee Jeffcoat Barr, joined by their husbands, by deed from Tennessee Sandpaper Corporation, dated October 24, 1960, of record in 3159, page 175, Register's Office for Davidson County, TN.

The spouses of the said grantors join in this conveyance to convey any and all rights, claims, and or marital rights, which they may have by action of law or otherwise.

See attached Exhibit "A" and "B" Certificate of Death, and "C" per TCA 71-5-116, Tenncare Release of Estate.

This conveyance is made subject to the following:
1) 2008 taxes and subsequent years.
2) Any and all restrictions, conditions, and easements of record.

This is ☐un ☒improved property known as: 0 Birch Ave, Nashville, TN 37207
(House Number) (Street) (P.O. Address) (City or Town) (Postal zip)

TO HAVE AND TO HOLD the said tract or parcel of land, with the appurtenances, estate, title and interest thereto belonging to the said GRANTEES, their heirs and assigns, forever; and we do covenant with the said GRANTEES that we are lawfully seized and possessed of said land in fee simple, have a good right to convey it, and the same is unencumbered, unless otherwise herein set out; and we do further covenant and bind ourselves, our heirs and representatives, to warrant and forever defend the title to the said land to the said GRANTEES, their heirs and assigns, against the lawful claims of all persons whomsoever. Wherever 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 my hand(s) this 14 day of July, 2008.

Norma Jean Wright Jeffcoat

William L. Jeffcoat

Joni Jeneice Jeffcoat Mitchell

Charles Randall Mitchell

Jill Renee Jeffcoat Barr

Philip Edward Barr

STATE OF Tennessee
COUNTY OF Davidson

Personally appeared before me, **Norma Jean Wright Jeffcoat, William L. Jeffcoat, Joni Jeneice Jeffcoat Mitchell, Charles Randall Mitchell, Jill Renee Jeffcoat Barr, and Philip Edward Barr**, with whom I am personally acquainted, (or who 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.

Witness my hand, at office, this 14 day of July, 2008.

NOTARY PUBLIC James C. Smith

My Commission Expires: March 7, 2011

JAMES C. SMITH STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

CERTIFIED FOR REMOTE FILING:

I, Michael J. Mills, do hereby make oath that I am a licensed attorney and/or the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

Michael J. Mills, attorney at law

State of Tennessee:
County of Davidson

Before me, the undersigned, a Notary Public of the State and County aforesaid, personally appeared Michael J. Mills, with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence) and who, upon oath, acknowledged himself/herself to be the named person, and that he/she executed the foregoing instrument for the purposes therein contained.

Notary Public James C. Smith

My Commission Expires: March 7, 2011

JAMES C. SMITH STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

PLEASE RETURN TO:
Athens Title & Escrow LLC
5115 Maryland Way
Brentwood, Tennessee 37027

METROPOLITAN GOVERNMENT OF
NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

EXHIBIT "A"

0405206

TENNESSEE DEPARTMENT OF HEALTH
# CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

**DECEDENT**

1. DECEDENT'S NAME (First, Middle, Last): Eula Mai Wright
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): September 29, 2004
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]8166
5a. AGE-LAST BIRTHDAY (Years): 89
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): May 13, 1915
7. BIRTHPLACE (City and State or Foreign Country): Dickson County Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] 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): 105 Fern Avenue
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Widow
11. SURVIVING SPOUSE (If wife, give maiden name):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Housewife
12b. KIND OF BUSINESS/INDUSTRY:
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 105 Fern Avenue
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37207
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes [ ] No [X]
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+):

NAME OF DECEDENT, For use by (Physician or Medical Examiner)

**PARENTS**

17. FATHER'S NAME (First, Middle, Last): N/A
18. MOTHER'S NAME (First, Middle, Maiden Surname): Elizabeth Hickerson

**INFORMANT**

19a. INFORMANT'S NAME (Type/Print): Norma Jeffcoat
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2714 Fortland Drive Nashville Tennessee 37206

**DISPOSITION**

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Forest Lawn Cemetery
20c. LOCATION-City or Town, State: Goodlettsville Tennessee 37072
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Linda Mallicoat
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 6507
21c. SIGNATURE OF EMBALMER: ▶ Adam Rodgers
21d. LICENSE NUMBER OF EMBALMER: 4622
22a. NAME AND ADDRESS OF FUNERAL HOME: Forest Lawn Funeral Home 1150 Dickerson Road Goodlettsville Tn. 37072
22b. LICENSE NUMBER OF FUNERAL HOME: 927

**REGISTRAR**

23. REGISTRAR SIGNATURE: Robin W. Rhodes Jr
24. DATE FILED (Month, Day, Year): September 30, 2004

**PHYSICIAN**

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.
1 SIGNATURE AND TITLE OF PHYSICIAN: ▶ Lee MD
25b. LICENSE NUMBER: 104411
25c. DATE SIGNED (Month, Day, Year): 9/30/04
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date 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 WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr. Anthony Greco 250 25th Ave N. #100 Nashville, TN 37203

**CAUSE OF DEATH**

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.
Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Adenocarcinoma Sigmoid Colon / Liver Surgery — Approx. 2 Years
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b. DUE TO (OR AS A CONSEQUENCE OF):
c. DUE TO (OR AS A CONSEQUENCE OF):
d.

SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
29a. WAS AN AUTOPSY PERFORMED? 1 Yes 2 No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No

30. MANNER OF DEATH: 1 [✓] Natural 5 Pending Investigation; 2 Accident; 3 Suicide 6 Could not be Determined; 4 Homicide
31a. DATE OF INJURY (Month, Day, Year):
31b. TIME OF INJURY:
31c. INJURY AT WORK? 1 Yes 2 No
31d. DESCRIBE HOW INJURY OCCURRED:
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify):
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

FH-1639 (REV. 6/98)
BIRTH NO.
RDA 1399

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 Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.
Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Tonya Y. Ruttlen
Tonya Y. Ruttlen
Local Registrar

Date Issued SEP 30 2004

THE SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

CERTIFICATION OF VITAL RECORD

Metropolitan Government of Nashville and Davidson County

Richard H. Fulton, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-5313

J. M. BISTOWISH, M.D., REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY

AUG 8 1985

J. M. Bistowish M.D.

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

EXHIBIT "B"

# CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

8503633

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

DECEASED

1. LEON PERRY WRIGHT JR.
2. July, 24, 1985
3a. 72
4. Aug. 29, 19
5. White
6. American
7. Male
8a. Davidson
8b. Nashville
8c. Yes
8d. St. Thomas Hospital
8e. Inpatient
9. TN
10. U.S.A.
11. Married
12. Eula Mai Hickerson
13. [redacted]-7425
14. None
15. Machine Operator
16. TN Sandpaper Co.

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

17a. TN
17b. Davidson
17c. Nashville
17d. 105 Fern Ave.
17e. Yes
17f.

PARENTS AND INFORMANT

18. Leon P. Wright Sr.
19. Florence Merryman
20. Wife- Same as deceased

PERMIT REQUIRED PRIOR TO TRANSPORTATION OF BODY BY COMMON CARRIER OR REMOVAL FROM STATE.

DISPOSITION

21. Burial
22. July 27, 1985
23. Forest Lawn
24. Goodlettsville, TN 37072
25. [signature] 3531
26. [signature] 3802
27. Forest Lawn 1150 Dickerson Road Goodlettsville, TN
28. [signature] 8-8-85

CERTIFIER

29. [signature] MD
30. 8-1-85
31.
32.
33. C. R. Sussman, M. D.

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE. ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

CAUSE

35. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
(a) Pulmonary edema — 1 d
(b) Congestive heart failure — 3 years
(c) Coronary artery disease — 25 years
PART II. OTHER SIGNIFICANT CONDITIONS
36. AUTOPSY? No
37. ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (SPECIFY)
38. DATE OF INJURY
39. HOUR
40. DESCRIBE HOW INJURY OCCURRED
41. INJURY AT WORK?
42. PLACE OF INJURY
43. LOCATION

PH 1659
Rev 9/81

**STATE OF TENNESSEE**
**BUREAU OF TENNCARE**
**Third Party Liability Division**
**310 Great Circle Road, 4th Floor**
**NASHVILLE, TENNESSEE 37243**
**Toll Free: 866-389-8444 Fax: 615-413-1941**

EXHIBIT "C"

7/1/2008

MICHAEL J. MILLS, LEGAL COUNSEL
ATHENS TITLE & ESCROW LLC
5115 MARYLAND WAY
BRENTWOOD, TN 37027

RE: EULA MAI WRIGHT
415348166

Dear MICHAEL J. MILLS, LEGAL COUNSEL:

This letter constitutes notification of the release of the State of Tennessee's Bureau of TennCare against the above estate for the marked reason:

X — This serves as a release of the Bureau of TennCare's interest in recovery from the above referenced estate as required by T.C.A. §71-5-116(c) (2). Based on a review of the information provided on the Request for Release of Estate Recovery Cost Claim form, we do not find long term TennCare benefits paid by the State of Tennessee on behalf of this individual.

____ This release is based upon the surviving spouse deferral, which meets the criteria defined in T.C.A. §71-5-116(c). The State of Tennessee does reserve the right to file a claim for long term care/nursing home services against the estate of the surviving spouse upon the death of the surviving spouse.

____ This release is based upon the decedents age exception, which meets the criteria defined in T.C.A. §71-5-116(c). The State of Tennessee recovers payments made only on behalf of individuals fifty-five years of age or older.

If there are questions, you may contact the Estate Recovery Unit at (866) 389-8444.

Sincerely,

Ron Singh
Manager