Davidson County DEEDQC
Recvd: 10/10/08 11:00 4 pg
Fees:22.00 Taxes:0.00
20081010-0102754

This instrument prepared by:
Alfred R. Faria
501 Holt Valley Road
Nashville, Tennessee 37221
#009114849 4

QUITCLAIM DEED

TITLE OF DOCUMENT

ADDRESS NEW OWNER AS FOLLOWS:	**MAIL TAX STATEMENT TO:**	**MAP PARCEL NUMBERS:**
Alfred R. Faria	Alfred R. Faria	Map/Parcel:
501 Holt Valley Road	501 Holt Valley Road	128.11-37
Nashville, Tennessee 37221	Nashville, Tennessee 37221	

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, **Alfred R. Faria, surviving spouse of Stella R. Faria, as per attached certified copy Certificate of Death** by these presents do hereby quitclaim and convey unto the said **Alfred R. Faria, an unmarried man**, 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:

LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT NO. 5 ON THE PLAN OF HOLT MEADOWS, OF RECORD IN BOOK 4300, PAGE 174, REGISTER'S OFFICE FOR SAID COUNTY.

SAID LOT NO. 5 WHICH IS A CORNER LOT, FRONTS 85 FEET ON THE SOUTHERLY MARGIN OF HOLT VALLEY ROAD AND FRONTS 80.78 FEET ON THE EASTERLY MARGIN OF MEADOW LANE DRIVE, SAID FRONTAGES BEING JOINED BY A CURVE HAVING A LENGTH OF 39.27 FEET, AND EXTENDS BACK 142.21 FEET ON THE EASTERLY LINE AND 127.67 FEET ON THE SOUTHERLY LINE TO A POINT OF INTERSECTION.

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

Being the same property conveyed to Alfred R. Faria and wife, Stella R. Faria by Deed from William Taft McNeal and wife, Cathy Louise McNeal of record in Book 9608, Page 879, said Register's Office.

This is unimproved (✓) property known as 501 Holt Valley Road, Nashville, Tennessee 37221
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.

WHEN RECORDED, RETURN TO:
EQUITY LOAN SERVICES, INC.
1100 SUPERIOR AVENUE, SUITE 200
CLEVELAND, OHIO 44114
NATIONAL RECORDING
Accommodation Recording Per Client Request

FARIA
38875542 TN
FIRST AMERICAN ELS
QUIT CLAIM DEED

Witness our hand this 22 day of August, 2008, the corporate party, if any, having caused its name to be signed hereto by its duly authorized officers on said day and date.

Alfred R. Faria

Alfred R. Faria

EDDIE N. MORTHEL
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY

ACKNOWLEDGMENT

STATE OF TN.)

COUNTY OF DAVIDSON) ss

Personally appeared before me, Eddie N. Morthel, a Notary Public in and for said County and State, **Alfred R. Faria,** 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 501 Holt Valley Rd Nashville TN this 22 day of August, A.D., 2008.

NOTARY STAMP/SEAL

Eddie N. Morthel notary public
NOTARY PUBLIC
Notary Commission Expires: ~~10-12-2008~~ 9/9/2012

EDDIE N. MORTHEL
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY

AFFIDAVIT OF VALUE

STATE OF TN.)

COUNTY OF DAVIDSON)

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

Subscribed and sworn to before me this the 22 day of August, 2008.

(Affix Seal)

Alfred R. Faria
Affiant

Eddie N. Morthel
Notary Public
My Commission Expires: ~~10-12-2008~~ 9/9/2012

STATE OF OKLAHOMA
CERTIFICATE OF DEATH

LOCAL FILE NUMBER | STATE FILE NUMBER

For Use by Funeral Home Only — Name: ____ Date: __/__/____ Physician: ____

Type or print with black, permanent ink. THIS IS A PERMANENT RECORD

To be completed by the Funeral Home

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)			2. SEX	3. SOCIAL SECURITY NUMBER	4. EVER IN US ARMED FORCES?
STELLA	R.	FARIA	F	408-23-7018	Yes X No

5a. AGE- Last Birthday (years)	5b. Under 1 Year Months / Days	5c. Under 1 Day Hours / Minutes	6. DATE OF BIRTH (Mo/Day/Yr)	7. BIRTHPLACE (City, and State, or Foreign Country)
59			1-10-1949	Kenya, Africa

8a. RESIDENCE-State	8b. RESIDENCE-County	8c. RESIDENCE-City or Town	8d. RESIDENCE-Zip Code	8e. RESIDENCE-Inside City Limits
TN	Davidson	Nashville	37221	Yes X No

8f. RESIDENCE-Street and Number	8g. RESIDENCE-Apartment Number
501 Holt Valley Road	N/A

9. MARITAL STATUS AT TIME OF DEATH	10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)
X Married / Never Married / Widowed / Divorced / Married, but separated / Unknown	Alfred Faria

11. FATHER'S NAME (First, Middle, Last)	12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)
Rex D'Souza	Sylvia Cordeiro

13. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the 'No' box if the decedent is not Spanish/Hispanic/Latino)

- X No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latino (specify)

14. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)

- White
- Black or African American
- American Indian or Alaska Native (Name of entitled or principal tribe)
- X Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian (specify)
- Pacific Islander (specify)
- Other (specify)

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)

- 8th grade or less
- 9th-12th grade, no diploma
- XX High school graduate or GED completed
- Some college credit, but no degree
- Associate degree (e.g. AA, AS)
- Bachelor's degree (e.g. BA, AB, BS)
- Master's degree (e.g. MA, MEng, MSW, MBA)
- Doctorate or Professional Degree (e.g. PhD, EdD or MD, JD, etc.)

16. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) DO NOT USE RETIRED	17. KIND OF BUSINESS/INDUSTRY
Homemaker	Own Home

18a. INFORMANT'S NAME	18b. RELATIONSHIP TO DECEDENT	18c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
Alfred Faria	Husband	501 Holt Valley Rd. Nashville, TN 37221

19. METHOD OF DISPOSITION	20. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	21. LOCATION- City, Town and State
Burial XX Cremation / Donation / Entombment / Removal From State / Other (specify)	AdamsCrest Cremation Center	Tulsa, OK

22. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY	23. SIGNATURE OF FUNERAL HOME DIRECTOR OR FAMILY MEMBER ACTING AS SUCH
AdamsCrest Creamtion CEnter 1916 S. Sheridan Tulsa, OK 74112	Diane Mansell 24. FH ESTABLISHMENT LICENSE # 1518

To be completed by the Attending Physician or Medical Examiner

25. PLACE OF DEATH (Check only one; see instructions)

IF DEATH OCCURRED IN A HOSPITAL: ✓ Inpatient / Emergency Room/Outpatient / Dead on Arrival
IF DEATH OCCURRED OTHER THAN IN A HOSPITAL: Hospice / Nursing Home or Long Term Care Facility / Decedent's Home / Other (Specify)

26. FACILITY NAME (If not institution, give street & number)	27. CITY OR TOWN, STATE AND ZIP CODE OF LOCATION OF DEATH	28. COUNTY OF DEATH
CANCER TREATMENT CENTER	TULSA, OKLAHOMA 74133	TULSA

29. DATE OF DEATH (Mo/Day/Yr)	30. TIME OF DEATH	31. WAS MEDICAL EXAMINER CONTACTED?	32. WAS AN AUTOPSY PERFORMED?	33. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?
01/21/2008	23:35	✓ Yes / No	Yes / ✓ No	Yes / X No

CAUSE OF DEATH (See Instructions and Examples)

34. PART I. Enter the chain of events- diseases, injuries, or complications- that directly caused the death. DO NOT enter terminal events such as cardiac arrest or respiratory arrest, ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

			Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	NON-HODGKIN'S LYMPHOMA	Undetermined
		Due to (or as a consequence of)	
Sequentially list conditions, if any, leading to immediate cause listed on line a.	b.		
		Due to (or as a consequence of)	
Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c.		
		Due to (or as a consequence of)	
0850794	d.		

35. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

36. MANNER OF DEATH	37. IF FEMALE:	38. DID TOBACCO USE CONTRIBUTE TO DEATH?
✓ Natural / Homicide / Accident / Suicide / Pending Investigation / Could not be determined	✓ Not pregnant within past year / Pregnant at time of death / Not pregnant, but pregnant within 42 days of death / Not pregnant, but pregnant 43 days to 1 year before death / Unknown if pregnant within the past year	Yes / No / Probably ✓ Unknown

39. DATE OF INJURY (Mo/Day/Yr)	40. TIME OF INJURY	41. PLACE OF INJURY (e.g. Decedent's home, construction site, wooded area)	42. DESCRIBE HOW INJURY OCCURRED	43. INJURY AT WORK
				Yes / No

44. LOCATION OF INJURY	State	City or Town	Zip Code	45. IF TRANSPORTATION INJURY, SPECIFY:
Street & Number		Apartment Number		Driver/Operator / Passenger / Pedestrian / Other (specify)

46. CERTIFIER (Check only one):

ATTENDING PHYSICIAN: Physician in charge of the patient's care / Physician in attendance at time of death only
To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

✓ MEDICAL EXAMINER: On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

Signature of Certifier: [signature]

47. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 34)
JEFFERY GOFTON M.D., 901 N. STONEWALL, OKLAHOMA CITY, OK, 73117

48. LICENSE NUMBER	49. DATE CERTIFIED (Mo/Day/Yr)
20695	1/23/2008

50. REGISTRAR'S SIGNATURE (Local)	51. DATE RECEIVED BY LOCAL REGISTRAR (Mo/Day/Yr)	52. DATE RECEIVED BY STATE REGISTRAR (Mo/Day/Yr)
Kathy Cooper by DO	FEB 01 2008	

Note to the Attending Physician: Do not sign unless the death occurred due to a natural disease process. Unnatural deaths are the responsibility of the Medical Examiner.

2004 REVISION — VS 154 (1-04)

2/1/2008

B00172959

This is true and correct copy of the official record on file in the Office of Vital Statistics, Oklahoma City, Oklahoma, certified on the date stamped.

James M. Crutcher MD

James M. Crutcher
Commissioner of Health
Office of Vital Statistics
Department of Health

It is in violation of Oklahoma Statutes, Title 63, Section 1-324.1, to "prepare or issue any certificate which purports to be original, certified copy or copy of a certificate of birth, death or stillbirth, except as authorized in this act or rules and regulations adopted under this act."

CERTIFIED COPIES WILL BE PRODUCED ON MULTI-COLOR SECURITY PAPER.

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

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