THIS INSTRUMENT PREPARED BY:

MITCHELL A. WATTS, ATTORNEY
2400 Crestmoor Road Suite 102
Nashville, Tennessee 37215

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The actual consideration for this transfer is $ -0- .

Affiant

Subscribed and sworn to before me this 17th day of October, 2008.

Notary Public

My Commission Expires: 05.08.2012

Davidson County DEEDQC
Recvd: 10/22/08 10:37 3 pgs
Fees:17.00 Taxes:0.00
20081022-0105797

JASON CHAFFIN
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

ADDRESS NEW OWNER	SEND TAX BILLS TO	MAP & PARCEL NOS.
Carolyn C. Baker 125 Brighton Close Nashville, Tennessee 37205	SAME	MAP 104-13-0 F PARCEL 125.00 CO

QUITCLAIM DEED

FOR AND IN CONSIDERATION of TEN ($***10.00) DOLLARS, the receipt of which is hereby acknowledged, and for the express purpose of making a re-conveyance to vest (of record) a 100% interest in the surviving tenant by the entirety,

I, Carolyn C. Baker, unmarried, for the express purpose of vesting (of record) a 100% interest in myself as the surviving tenant by the entirety, by these presents do hereby quitclaim and convey unto Mitchell A. Watts, Trustee, his successors and assigns, all right, title and interest that I may have in the following described tract or parcel of land located in Davidson County, Tennessee, to wit:

BEING part of Tract II on the Plan of Second Revision of the Brighton Close Boundary, as of record in Plat Book 6900, page 716, and being shown as Unit No. 125 on the Plan of Unit 125, 135 and 136, Brighton Close, Phase II, as of record in Plat Book 6900, page 869, amended in Plat Book 7900, page 136, and Plat Book 7900, page 246, amended by Surveyor's Certificate of Correction of record in Book 8418, page 215, in the Register's Office for Davidson County, Tennessee, to which Plan reference is hereby made for a more complete description.

BEING the same property conveyed to Robert E. Baker and wife, Carolyn C. Baker, by Warranty Deed dated December 12, 1995, from W. Joseph England and wife, Connie H. England, of record in Book 9888, page 175, in the Register's Office for Davidson County, Tennessee; the said Robert E. Baker having since died on February 9, 2002. See attached Exhibit "A" for a copy of the death certificate for Robert E. Baker.

This is improved property known as 125 Brighton Close, Nashville, Tennessee 37205.

Said property is conveyed subject to such limitations, covenants, conditions, restrictions, easements and encumbrances as may affect the premises.

And now, I, the said Mitchell A. Watts, as Trustee, and no further or otherwise and for the express purpose of carrying out the intent of this conveyance, as above set out, do hereby quitclaim and convey unto Carolyn C. Baker, unmarried, her heirs and assigns, all right, title and interest that I, as Trustee, may have in the same property hereinabove described and set forth, to which reference is here made, and said property is conveyed subject to the same limitations, restrictions and encumbrances as may affect the premises, as above set forth.

IN WITNESS WHEREOF we have hereunto set our hands on this 17th day of October, 2008.

Carolyn C. Baker

Mitchell A. Watts, Trustee

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named Carolyn C. Baker, the bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that she executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal this 17th day of October, 2008.

JASON CHAFFIN
STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

Notary Public

My Commission Expires: 05.08.2012

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named Mitchell A. Watts, the bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he, as Trustee, executed the within instrument for the purposes therein contained.

Witness my hand and official seal this 17th day of October, 2008.

JASON CHAFFIN
STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

Notary Public

My Commission Expires: 05.08.2012

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDA

TYPE OR PRINT IN PERMANENT BLACK INK

LOCAL FILE NO.

DECEDENT

1. DECEDENT'S NAME			2. SEX
FIRST: Robert	MIDDLE: Edward	LAST: Baker	Male

3. DATE OF DEATH (Month, Day, Year)	4. SOCIAL SECURITY NUMBER	5a. AGE-Last Birthday (years)	5b. UNDER 1 YEAR: Months	Days	5c. UNDER 1 Day: Hours	Minutes
February 9, 2002	[redacted]-3596	71				

6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)	8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)
August 13, 1930	Nashville, Tennessee	YES

7.

9a. PLACE OF DEATH (Check only one; see instructions on other side) — Winter Residence

HOSPITAL: ___ Inpatient ___ ER/Outpatient ___ DOA — OTHER: ___ Nursing Home ___ Residence ___ Other (Specify)

9b. INSIDE CITY LIMITS? (Yes or No): YES

9a.

9c. FACILITY NAME (If not institution, give street and number)	9d. CITY, TOWN, OR LOCATION OF DEATH	9e. COUNTY OF DEATH
2201 Gulf Shore Blvd., N., #F-2	Naples	Collier

9b,d,e.

10. SINCE KIND OF WORK DONE DURING MOST OF WORKING LIFE. DO NOT USE RETIRED.

10a. DECEDENT'S USUAL OCCUPATION	10b. KIND OF BUSINESS/INDUSTRY	11. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify)	12. SURVIVING SPOUSE (If wife, give maiden name)
Broker	Real Estate	Married	Carolyn Coil

13.

13a. RESIDENCE – STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
Tennessee	Davidson	Nashville	125 Brighton Close

PARENTS

13e. INSIDE CITY LIMITS? (Yes or No)	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes – If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) X No ___ Yes Specify:	15. RACE – American Indian, Black, White, etc. Specify:	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0 - 12)	College (1-4 or 5+)
YES	37205		White		4

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
Fred Gress Baker	Marie Kimbro

19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Carolyn Baker	125 Brighton Close, Nashville, Tennessee 37205

20a.

DISPOSITION

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION – City or Town, State
___ Burial X Cremation ___ Removal from State ___ Donation ___ Other (Specify)	Naples Crematorium	Naples, Florida

Part 19.

CERTIFIER

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b. LICENSE NUMBER (of Licensee)	21c. NAME AND ADDRESS OF FACILITY
David L Henderson	3675	Hodges Funeral Chapel 3520 Tamiami Trail North Naples, Florida 34103

To Be Completed by CERTIFYING PHYSICIAN Only

22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title) ▶

22b. DATE SIGNED (Mo., Day, Yr.): 2/11/02

22c. HOUR OF DEATH: 12:50 PM

22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To Be Completed by MEDICAL EXAMINER

23a. 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 as stated. (Signature and Title) ▶

23b. DATE SIGNED (Mo., Day, Yr.)

23c. HOUR OF DEATH: M

23d. MEDICAL EXAMINER'S CASE #

24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print): Deidra Woods, M.D., 1095 Whippoorwill Lane, Naples, Florida 34105 ((41) 261-4404

25a. SUBREGISTRAR – SIGNATURE AND DATE	25b. LOCAL REGISTRAR – SIGNATURE	25c. DATE REGISTERED
▶	[illegible], CHR	February 12, 2002

CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE.)

Part I

26. 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.	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.		

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

27a. WAS AN AUTOPSY PERFORMED? (Yes or No)	27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No)	28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No)
NO	NO	YES

32e.

29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? ___ Yes ___ No	30a. IF SURGERY IS MENTIONED IN PART I or II, ENTER CONDITION FOR WHICH IT WAS PERFORMED	30b. DATE OF SURGERY (Mo., Day, Year)

32f.

31. PROBABLE MANNER OF DEATH (Specify) Natural, accident, suicide, homicide, or undetermined.	32a. DATE OF INJURY (Month, Day, Year)	32b. TIME OF INJURY M	32c. INJURY AT WORK? (Yes or No)	32d. DESCRIBE HOW INJURY OCCURRED
Natural				
	32e. PLACE OF INJURY – At home, farm, street, factory, etc. (Specify)		32f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

DH 812, 9/96 (Replaces HRS Form 812)

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY Maria C Garcia, Deputy — State Registrar

FEB 12 2002

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

13374250

THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

FLORIDA DEPARTMENT OF HEALTH

DOH FORM 1564 (10-98)

CERTIFICATION OF VITAL RECORD

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED