Davidson County DEEDQC
Recvd: 11/06/08 13:29 4 pgs
Fees:22.00 Taxes:0.00
20081106-0110604

This instrument prepared by:
Michael D. Batson
1177 Barnes Road
Antioch, Tennessee 37013

Reend 1st
7523806?-01

QUITCLAIM DEED

TITLE OF DOCUMENT

2975900 → G
2981265 → R

Recording Requested by &
When Recorded Return To:
US Recordings, Inc.
2925 Country Drive
St. Paul, MN 55117

MAIL TAX STATEMENT TO:
Michael and Rebecca Batson
1177 Barnes Road
Antioch, Tennessee 37013

MAP PARCEL NUMBERS:
Map/Parcel:
173-00-0 159-00

DAV

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, **Michael D. Batson, a married man, surviving former spouse of Jan A. Batson also known as Jan Sh Batson, as per attached certified copy of Certificate of Death, and joined by his spouse Rebecca Batson** by these presents do hereby quitclaim and convey unto the said **Michael D. Batson and Rebecca Batson, husband and wife as joint tenants with right of survivorship and not as tenants in common**, 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:

BEING LOT 1 OF SEINER ACRES, AS SHOWN ON THE PLAT OF RECORD IN PLAT BOOK 6200, PAGE 290, REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE, TO WHICH PLAT REFERENCE IS MADE FOR A MORE COMPLETE DESCRIPTION OF SAID PROPERTY.

The express purpose of this conveyance is to Add Spouse to Title.

Being the same property conveyed to Michael D. Batson, survivor of himself and his deceased wife Jan A. Batson by Deed from Carl Dwight Brooks and wife, Janis C. Brooks of record as Instrument No. 20021113-0140836, said Register's Office.

This is unimproved (✓) property known as 1177 Barnes Road, Antioch, Tennessee 37013
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 30 day of Sept., 2008, the corporate party, if any, having caused its name to be signed hereto by its duly authorized officers on said day and date.

Michael D. Batson
Michael D. Batson

Rebecca Batson
Rebecca Batson

ACKNOWLEDGMENT

STATE OF VA)
~~COUNTY~~ OF City Harrisonburg) ss

Personally appeared before me, Sarah Smith Fuquay, a Notary Public in and for said County and State, **Michael D. Batson and Rebecca Batson** 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 Harrisonburg VA this 30 day of Sept., A.D., 2008.

NOTARY STAMP/SEAL

SARAH SMITH FUQUAY
Notary Public
Commonwealth of Virginia
350941
My Commission Expires Jan 31, 2011

Sarah Smith Fuquay
NOTARY PUBLIC
Notary Commission Expires: 1-31-2011
SARAH SMITH FUQUAY

AFFIDAVIT OF VALUE

STATE OF MI)
COUNTY OF OAKLAND)

The actual consideration or value whichever is greater, for this transfer is $ 1 .

Subscribed and sworn to before me this the _____ day of 10/10/08, 20____.

(Affix Seal)

Amy Paul
Affiant Amy Paul TSI AGENT

Amanda M. Roos
Notary Public
My Commission Expires: 3-21-2015

AMANDA M. ROOS
Notary Public, State of Michigan
Macomb County
My Commission Expires: March 21, 2015
Acting in Oakland

U00324137

1371 10/23/2008 75238067/2

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

STATE FILE NUMBER: 0605235

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Jan, Ash, Batson
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): September 4, 2006
4. AGE-LAST BIRTHDAY (Years): 54
5a. UNDER 1 YEAR: MOS. / DAYS
5b. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Oct. 20, 1951
7. BIRTHPLACE (City and State or Foreign Country): Monohans, Texas
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 [X] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 1177 Barnes Road
9c. CITY, TOWN, OR LOCATION OF DEATH: Antioch
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Michael Don Batson
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Own home
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Antioch
13d. STREET AND NUMBER OR RURAL LOCATION: 1177 Barnes Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37013
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+): 1

PARENTS

17. FATHER'S NAME (First, Middle, Last): Daniel Webster Ash
18. MOTHER'S NAME (First, Middle, Maiden Surname): Wilma Frances Johnston

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Michael Don Batson
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1177 Barnes Road, Antioch, TN 37013

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): Department of Anthropology University of Tennessee
20c. LOCATION-City or Town, State: Knoxville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Rebecca Wilson
21b. LICENSE NUMBER OF FUNERAL DIRECTOR
21c. SIGNATURE OF EMBALMER
21d. LICENSE NUMBER OF EMBALMER
22a. NAME AND ADDRESS OF FUNERAL HOME
22b. LICENSE NUMBER OF FUNERAL HOME

REGISTRAR

23. REGISTRAR'S SIGNATURE: Robert W. Rhodes Sr
24. DATE FILED (Month, Day, Year): September 29, 2006

CERTIFIER

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 [X] SIGNATURE AND TITLE OF PHYSICIAN: Melinda Henderson MD
25b. LICENSE NUMBER: 39361
25c. DATE SIGNED (Month, Day, Year): Sept. 18, 2006
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)

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. lung cancer
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):
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 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [X] Yes 2 [ ] No
30. MANNER OF DEATH: 1 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY: M
31c. INJURY AT WORK? 1 [ ] Yes 2 [X] 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)

PH-1659 (REV. 6/99)
BIRTH NO.
RDA 1309

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

9/28/2006
Date Issued

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

CERTIFICATION OF VITAL RECORD

P# 2992849

EXHIBIT A - LEGAL DESCRIPTION

Tax ID Number(s): **173-00-0 159-00**

Land situated in the County of **Davidson** in the State of **TN**

BEING LOT 1 OF SEINER ACRES, AS SHOWN ON THE PLAT OF RECORD IN PLAT BOOK 6200, PAGE 290, REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE, TO WHICH PLAT REFERENCE IS MADE FOR A MORE COMPLETE DESCRIPTION OF SAID PROPERTY.

Being the same property conveyed to **MICHAEL D. BATSON survivor of himself and his deceased wife JAN A. BATSON** , by deed dated **November 12, 2002** of record in Deed , in the **Davidson** County Clerk's Office.

Group Number: **N/A**

Commonly known as: **1177 Barnes Rd, Antioch, TN 37013**



1371 10/23/2008 75238067/1