BILL GARRETT, Davidson County
Trans:T20090032042 DEEDQC
Recvd: 05/14/09 15:19 3 pgs
Fees:17.00 Taxes:0.00
20090514-0044548

This instrument prepared by:
TitlePlus, LLC
7389 Florida Blvd. Ste 200-B
Baton Rouge, LA 70806
Ph: 225-709-3500
Fax: 225-709-3501

QUIT CLAIM DEED

KNOW by all men by these presents, that FOR AND IN CONSIDERATION of Ten Dollars ($10.00), cash in had paid, and other goods and valuable considerations, the receipt and adequacy of all of which is hereby acknowledged, **Lois E. Wallace Pitcock,** Grantor herein, has this day bargained and sold and by these presents sells, transfers, aliens and conveys in fee simple unto Grantees, **Lois E. Wallace Pitcock and Marlon Puryear, with right of survivorship,** whose mailing address is 615 S. 14th St. Nashville, TN 37206
INTEREST in the following described parcel of real property lying and situate in Davidson County, Tennessee, and being more particularly described as follows, to-wit:

A CERTAIN TRACT OR PARCEL OF LAND in Davidson County, State of Tennessee, described as follows, to-wit:

Lot No. 22 on the Plan of Shelby Village No. 2, of record in Book 1835, Page 48, Register's Office, Davidson County, Tennessee.

Being the same property conveyed to Elden O. Pevahouse and Billie June Pevahouse, by deed from Albert L. Pope and Margaret June Pope, of record in Book 4709, Page 915, Register's Office, Davidson County, Tennessee.

Municipal Address: 615 South 14th Street, Nashville, TN 37206
Tax Parcel Number: 09401028500

TO HAVE AND HOLD the above described real estate to the said Grantees, her heirs and assigns, forever, together with all improvements and appurtenances thereunto belonging.

Grantor covenants that he is lawfully seized and possessed of said real property and has a good and lawful right to sell and convey the same; that said real estate is unemcumbered except for the year 2008 Davidson County real estate taxes which shall be assumed by grantees; and for himself, his heirs, representatives and administrators, the Grantor covenants that he will forever warrant and defend title in and to said real estate against the lawful claims of all persons whomsoever.

IN WITNESS WHEREOF, Grantor has set his hand, this 23rd day of May, 2008.

Lois E. Wallace Pitcock
Lois E. Wallace Pitcock

STATE OF TENNESSEE
COUNTY OF Davidson

Personally appeared before me, the undersigned Notary Public in and for State and County aforesaid, Lois E. Wallace Pitcock with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) to be the person described in and whom executed the foregoing instrument, and whom acknowledged the execution of the same to be his free act and deed.

Witness my hand and notarial seal at office this 23rd day of May, 2008

SUZANNE A. MORAN
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

My Commission Expires
January 3, 2011

Suzanne A Moran
Notary Public

My commission expires: 1/3/2011

STATE OF TENNESSEE
COUNTY OF Davidson

I, or we, hereby swear or affirm that the actual consideration for this transfer or value of the property transferred, whichever is greater is ~~$107,000.00~~ -0- which amount is equal to or greater than the property transferred would command at a fair and voluntary sale.

Lois E. Wallace Pitcock
Affiant

Sworn to and subscribed before me, this 23rd day of May, 2008

SUZANNE A. MORAN
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

My Commission Expires
January 3, 2011

Suzanne A Moran
Notary Public

My commission expires: 1/3/2011

Party responsible for taxes:
Marlon Puryear
Lois E. Wallace Pitcock
615 South 14th St.
Nashville, TN 37206

Being the same property acquired by Warranty Deed from Elden O. Pevahouse and Billie June Pevahouse to Lois E. Wallace and William R.Wallace dated June 6, 1977 and recorded June 9, 1977 as Book 5157, Page 112 of the official records of Davidson County, Tennessee

STATE OF TENNESSEE
Office of Vital Records

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

83-035334

BIRTH NO.

STATE FILE NO.

1. DECEASED—NAME: WILLIAM P WALLACE
2. DATE OF DEATH (MONTH, DAY, YEAR): November 16, 1983
3. SEX: Male
4. DATE OF BIRTH (MONTH, DAY, YEAR): 11-15-36
5. AGE—LAST BIRTHDAY (YEARS): 47
5a. UNDER 1 YEAR—MONTHS
5b. UNDER 1 MONTH—DAYS
5c. UNDER 1 DAY—HOURS
5d. UNDER 1 DAY—MINUTES
6. RACE—WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY): White
7. WAS DECEDENT OF HISPANIC ORIGIN OR DESCENT? (MEXICAN, PUERTO RICAN, CUBAN, ETC. SPECIFY)
8. PLACE OF DEATH: 7a. CITY OF DEATH: Davidson
7b. CITY, TOWN OR LOCATION: Nashville
7c. INSIDE CITY LIMITS? (SPECIFY YES OR NO): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.): VA Medical Center
7e. IF HOSP. OR INST.: INPATIENT, ER/OUTPATIENT, DOA?: Inpatient
8a. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Tennessee
8b. CITIZEN OF WHAT COUNTRY: USA
9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
10. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): LOIS LONDIE
11. SOCIAL SECURITY NUMBER: 412-58-4683
12a. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE): Korean
12b. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Painter
12c. KIND OF BUSINESS OR INDUSTRY: Nashville Bridge Co.
13. RESIDENCE—STATE: Tennessee
14a. COUNTY: Davidson
14b. CITY, TOWN, OR LOCATION: Nashville
14c. STREET AND NUMBER: 615 S. 14th St.
14d. INSIDE CITY LIMITS? (SPECIFY YES OR NO): Yes
14e. CENSUS TRACT NO.
15. FATHER—NAME: Herman Wallace
16. MOTHER—MAIDEN NAME: Vita Shankle
17. INFORMANT—NAME AND MAILING ADDRESS: Woodlawn F.H. Nashville, TN
18a. FINAL DISPOSITION (BURIAL, CREMATION, REMOVAL, OTHER—SPECIFY): Burial
18b. DATE (MONTH, DAY, YEAR): 11-18-83
18c. CEMETERY OR CREMATORY—NAME: National
18d. LOCATION—CITY OR TOWN, STATE: Madison TN
19. FUNERAL DIRECTOR: LICENSE NO.
19a. EMBALMER (SIGNATURE): LICENSE NO.
19b. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Woodlawn Funeral Home - Nashville, TN
19c. REGISTRAR—SIGNATURE: Marguerite M Brumpus
19d. DATE RECEIVED BY LOCAL REGISTRAR: 11-28-83
20a. DECEASED WAS PRONOUNCED DEAD AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED—SIGNATURE
20b. DEGREE/TITLE: M.D.
20c. DATE SIGNED (MONTH, DAY, YEAR)
21. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED—SIGNATURE
22a. CERTIFIER—NAME (TYPE OR PRINT): WILLIAM D. SALMON, JR., M.D.
22b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 1310 24th Ave. S. Nashville TN 37203
22c. DATE SIGNED (MONTH, DAY, YEAR)

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.

Paula Taylor
State Registrar

DEC 17 1997
Date Issued

CERTIFICATION OF VITAL RECORD