BILL GARRETT, Davidson County
Trans:T20090071872 DEEDQC
Recvd: 10/22/09 11:20 4 pgs
Fees:22.00 Taxes:0.00
20091022-0097659

After Recording Return to:
TERRY FRANCIK
2621 Pleasant Green Road
Nashville, TN 37214

This Instrument Prepared By:
National Deed Network
c/o William E. Curphey, P.C.
28100 US Hwy 19 North
Suite 300
Clearwater, Florida 33761

QUIT CLAIM DEED

#7225231

New Owner/ Property Being Conveyed
TERRY FRANCIK
2621 Pleasant Green Road
Nashville, TN 37214
Ref.# 7225231

Send Tax Bills To:
New Owner

Recording Requested By:
LSI

Mail Tax Statement To:
New Owner

Map & Parcel:
062-15-0-043-00

For and in consideration of ZERO and 00/100 Dollars ($0.00) and other good and valuable consideration, on this 7th day of October, 2009, I, TERRY FRANCIK, Surviving Spouse of Rebecca Francik, deceased, whose address is 2621 Pleasant Green Road, Nashville, TN 37214, Grantor, and TERRY FRANCIK, a widower, whose address is 2621 Pleasant Green Road, Nashville, TN 37214, Grantee, Grantor hereby conveys all right, title and interest that we may have in and to the following described real property located in Davidson County, Tennessee, to wit:

Being the same parcel conveyed to Terry Francik and wife, Rebecca Francik from Frank Oakley Jr. and wife, Jeanie Oakley, by virtue of a Deed dated 2/6/2002, recorded 2/7/2002, as Instrument No. 20020207-0017059 County of Davidson, State of Tennessee. **Rebecca Francik, deceased, date of death 05-09-2008**

"SEE COMPLETE LEGAL ATTACHED AS EXHIBIT "A" INCLUDED HEREWITH AND MADE A PART HEREOF"

Witness my hand this the 7th day of October, 2009.

TERRY FRANCIK, Surviving Spouse of Rebecca Francik, deceased

STATE OF TENNESSEE }

COUNTY OF DAVIDSON }

Personally appeared before me, the undersigned Notary Public in and for said County and State, the within named TERRY FRANCIK, the grantor, with whom I am personally acquainted (or who have both proved to me on the basis of satisfactory evidence), and who have acknowledged that he executed the within Quitclaim Deed for the purposes therein contained.

Witness my hand and official seal this the 7th day of October, 2009.

JOSEPH KAROVICS STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY My Commission Expires March 20, 2010

Notary Public
My Commission expires: 3rd March 2010

I hereby swear or affirm that to the best of affects knowledge, information and belief that actual consideration for the transfer is $0.00

Affiant's/Grantor's Name

Subscribed and sworn to before me this the 7th day of October, 2009.

Notary Public/My Commission expires: 3rd March 2010

The Maximum Principal Indebtedness for Tennessee Recording Tax Purposes is

*$*_____

JOSEPH KAROVICS STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY My Commission Expires March 20, 2010

EXHIBIT "A"

SITUATED IN DAVIDSON COUNTY, TENNESSEE, DESCRIBED AS FOLLOWS, TO-WIT:

LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT NO. 91 ON THE MAP OF SUTHERLAND HEIGHTS SUBDIVISION SECTION 2, AS OF RECORD IN BOOK 2663, PAGE 58, REGISTER'S OFFICE FOR SAID COUNTY, SAID LOT NO. 91 FRONTS 165.0 FT ON THE NORTHWESTERLY MARGIN OF PLEASANT GREEN ROAD AND RUNS BACK 450.0 FT ON THE NORTHEASTERLY LINE AND 366.1 FT ON THE SOUTHWESTERLY LINE TO A DEAD LINE, MEASURING 110.0 FT THEREON.

BEING THE SAME PARCEL CONVEYED TO TERRY FRANCIK AND WIFE, REBECCA FRANCIK FROM FRANK OAKLEY JR. AND WIFE, JEANIE OAKLEY, BY VIRTUE OF A DEED DATED 2/6/2002, RECORDED 2/7/2002, AS INSTRUMENT NO. 20020207-0017059 COUNTY OF DAVIDSON, STATE OF TENNESSEE.

ASSESSOR'S PARCEL NO: 062-15-0-043-00

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0803059

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): Rebecca Ann Francik
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): May 9, 2008
4. SOCIAL SECURITY NUMBER (If Deceased): [redacted]3661
5a. AGE LAST BIRTHDAY (Years): 54
5b. UNDER 1 YR MOS
5c. UNDER 1 DAY HOURS MIN
6. DATE OF BIRTH (Month, Day, Year): March 30, 1954
7. BIRTHPLACE (City and State or Foreign Country): Yokohama, Japan
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): 2621 Pleasant Green Road
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Terry Francik
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Medical Transcriptionist
12b. KIND OF BUSINESS/INDUSTRY: Mayo Clinic
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2621 Pleasant Green Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37214
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+): 4

PARENTS

17. FATHER'S NAME (First, Middle, Last): Carroll Walter Cate
18. MOTHER'S NAME (First, Middle, Maiden Surname): Virginia Ruth Coram

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Terry Francik
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2621Pleasant Green Raod Nashville, Tennessee 37214

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): Mount Olivet Cemetery
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Michael P Stelle
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5512
21c. SIGNATURE OF EMBALMER: Michael P Stelle
21d. LICENSE NUMBER OF EMBALMER: 5512
22a. NAME AND ADDRESS OF FUNERAL HOME: Mount Olivet Funeral Home and Cemetery 1101 Lebanon Raod Nashville, Tennessee 37210
22b. LICENSE NUMBER OF FUNERAL HOME: 970

REGISTRAR

23. REGISTRAR'S SIGNATURE: Robert W. Rhoden Jr. OR
24. DATE FILED (Month, Day, Year): May 29, 2008

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
1 [X] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: MN020164
25c. DATE SIGNED (Month, Day, Year): 5/14/08
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): Eric Raefsky, MD 5653 Swist Blvd Ste. 434, Hermitage TN 37076

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 of colon	2 years
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 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [X] 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
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.
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

PH-1659 (REV. 6/99)

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.

[redacted]

Tonya Y. Foreman
Tonya Y Foreman
Local Registrar

Date Issued MAY 29 2008

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

CERTIFICATION OF VITAL RECORD