Prepared by and When Recorded Return to:
Michael A. Rabel, Esq.
REO Land Services, Inc.
429 Forbes Ave, Suite 1201
Pittsburgh, PA 15219

BILL GARRETT, Davidson County
Trans:T20090072377 DEEDQC
Recvd: 10/23/09 16:10 3 pgs
Fees:17.00 Taxes:0.00
20091023-0098323

QUITCLAIM DEED

THIS DEED made this 6th day of October, 2009, by and between RICHARD L WHITFIELD & RUBY JEAN WHITFIELD, a/k/a RUBY JEAN BURKS whose address is 2219 10TH AVE SOUTH, NASHVILLE, TN 37204 as Grantor, and RUBY JEAN WHITFIELD, a/k/a RUBY JEAN BURKS & GOLDIE EUGENE BURKS whose address is 2219 10TH AVE SOUTH, NASHVILLE, TN 37204 as Grantee.

This designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH that: Grantor, for the consideration of the sum of One Dollar ($1.00) and other valuable considerations in hand paid at and before the sealing and delivery of these presents, the receipt of whereof is hereby acknowledged by these presents, the receipt of whereof is hereby acknowledged, by these presents does hereby remise, convey and forever QUITCLAIM unto the said grantees:

BEING LOT NO. 36 ON THE PLAN OF W.S. DUCKWORTH'S ADDITION TO NASHVILLE, AS OF RECORD IN BOOK 57, PAGE 83, REGISTER'S OFFICE FOR SAID COUNTY.

SAID LOT NO. 36 FRONTS 50 FEET ON THE WESTERLY SIDE OF 10TH AVENUE SOUTH, FORMERLY POMERLY AVENUE, AND RUNS BACK BETWEEN PARALLEL LINES 180 FEET TO AN ALLEY IN THE REAR.

Property Address/Grantor-Grantee Address: 2219 10TH AVE SOUTH, NASHVILLE, TN 37204

TO HAVE AND TO HOLD the said described premises to grantee, so that neither grantor nor any person or persons claiming under grantor shall at any time, by any means or ways, have, claim or demand any right or title to said premises or appurtenances, or any rights thereof.

IN WITNESS WHEREOF, Grantor has signed and sealed this deed, the day and year first above written.

Signed Seal and delivered in the presence of:

Ruby Jean Whitfield A/K/A Ruby Jean Burks
RUBY JEAN WHITFIELD, a/k/a RUBY JEAN BURKS

STATE OF TENNESSEE
COUNTY OF DAVIDSON

I, a Notary Public of the County and State aforesaid, certify that Ruby Jean Whitfield, a/k/a Ruby Jean Burks Grantor, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 6th day of October, 2009.

Notary Public

My commission expires: July 25, 2012

DOROTHY A. WINCENCIAK
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY
My Commission Expires July 25, 2012

BEING LOT NO. 36 ON THE PLAN OF W.S. DUCKWORTH'S ADDITION TO NASHVILLE, AS OF RECORD IN BOOK 57, PAGE 83, REGISTER'S OFFICE FOR SAID COUNTY.

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BEING THE SAME PROPERTY CONVEYED TO RICHARD L WHITFIELD RUBY JEAN WHITFIELD BY DEED FROM RUBY STEPHENS AKA RUBY JEAN WHITFIELD RECORDED 04/15/1985 IN DEED BOOK 6253 PAGE 244, IN THE REGISTER'S OFFICE OF DAVIDSON COUNTY, TENNESSEE.

Map/Parcel #: 105-13-0-249.00

Send tax Bills to:
Ruby Jean Burks
2219 10th Ave South
Nashville, TN 37204

I hereby swear or affirm that to the best of affiant's knowledge, information, and belief, the actual consideration for this transfer is $0.00.

Matthew Olbays
Affiant

STATE OF PENNSYLVANIA
COUNTY OF ALLEGHENY

Subscribed and sworn before me this 20th day of October, 2009.

Kimberly A. Mackey
Notary Public

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Kimberly A. Mackey, Notary Public
City Of Pittsburgh, Allegheny County
My Commission Expires April 1, 2011
Member, Pennsylvania Association of Notaries

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

9003741

STATE FILE NUMBER 90 028146

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Richard Lee Whitfield
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): August 3, 1990
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-0971
5a. AGE - LAST BIRTHDAY (Years): 57
6. DATE OF BIRTH (Month, Day, Year): 04-30-1933
7. BIRTHPLACE (City and State or Foreign Country): Davidson Co., Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): CGL Nashville Metro. Bordeaux Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville, Tennessee 37218
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Ruby J. Mitchell
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Truck Driver
12b. KIND OF BUSINESS/INDUSTRY: 410
13a. RESIDENCE - STATE: Tennessee
13b. COUNTY: Davidson 19
13c. CITY, TOWN OR LOCATION: Nashville, Tennessee 09
13d. STREET AND NUMBER OR RURAL LOCATION: 2219 10th Ave. South
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37204
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - if yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No
15. RACE - American Indian, Black, White, etc. (Specify): Black American
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 7th Grade; College (1-4 or 5+):

NAME OF DECEDENT, to be typed by physician or funeral director

INFORMANT

17. FATHER'S NAME (First, Middle, Last): Richard Thomas
18. MOTHER'S NAME (First, Middle, Maiden Surname): Eunice Whitfield
19a. INFORMANT'S NAME (Type/Print): Ruby Jean Whitfield
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2219 10th Avenue South Nashville, Tennessee 37204

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): NATIONAL CEMETERY
20c. LOCATION - City or Town, State: MADISON, TENNESSEE
21a. SIGNATURE OF FUNERAL DIRECTOR: Harrison McCall
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2575
21c. SIGNATURE OF EMBALMER: Ernest Scott
21d. LICENSE NUMBER OF EMBALMER: 2084
22a. NAME AND ADDRESS OF FUNERAL HOME: Davis-Campbell-McCall 1404 Jefferson St North Tn 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 403

REGISTRAR

23. REGISTRAR'S SIGNATURE: Mary C. Pentecost
24. DATE FILED (Month, Day, Year): August 9, 1990

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: Daisy P. Sator, M. D.
25b. LICENSE NUMBER: 196243 009074
25c. DATE SIGNED (Month, Day, Year): August 3, 1990
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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): Daisy P. Sator, M. D., Nashville Metro. Bordeaux Hospital, Nashville, TN. 37218

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. Congestive Heart Failure	6-8 weeks
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):	
4280	c. DUE TO (OR AS A CONSEQUENCE OF):	
	d. DUE TO (OR AS A CONSEQUENCE OF):	

SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
Brain Tumor with Right Hemiparesis

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 [ ] No

30. MANNER OF DEATH: 1 [ ] 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. (Specify)
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

BIRTH NO.

PH-1659 REV. 1/89

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
Paula Taylor
State Registrar

Date Issued: Dec-06-2002

CERTIFICATION OF VITAL RECORD

PAGE 1/1 * RCVD AT 10/5/2009 3:45:02 PM [Eastern Daylight Time] * SVR:RIGHTFAX1/1 * DNIS:7294 * CSID:615 383 9307 * DURATION (mm-ss):01-14