BILL GARRETT, Davidson County
Trans:T20090085405 DEEDQC
Recvd: 12/18/09 13:28 4 pgs
Fees:27.00 Taxes:0.00

20091218-0115406

New Owner:
MAUREEN V. HOGAN
4956 PEBBLE CREEK DR.
ANTIOCH, TN. 37013
Send tax bills:
SAME

STATE OF TENNESSEE
COUNTY OF DAVIDSON
THE ACTUAL CONSIDERATION OR TRUE VALUE, WHICHEVER IS GREATER FOR THIS TRANSFER IS
$ -0-
Maureen V. Banton
AFFIANT
SUBSCRIBED AND SWORN TO BEFORE ME, THIS
THE 18 DAY OF Dec 20 09
Deputy Register

Recording requested by: MAUREEN V. BANTON
When recorded, mail to:
Name: MAUREEN V. BANTON
Address: 4956 PEBBLE CR. DR.
City: Antioch
State/Zip: TN. 37013

Space above reserved for use by Recorder's Office

Document prepared by:
Name MAUREEN V. BANTON
Address 4956 PEBBLE CR. DR.
City/State/Zip Antioch, TN. 37013

Property Tax Parcel/Account Number:
149060 03800

Quitclaim Deed

This Quitclaim Deed is made on December 18, 2009, between GARY HOGAN ET UX-Maureen V. Banton AKA, Grantor, of 4956 PEBBLE CR. DR., City of Antioch, State of Tennessee, and MAUREEN V. BANTON & *, Grantee, of 4956 PEBBLE CR. DR., City of Antioch, State of Tennessee.

* JAMES E. BANTON, HUSBAND AND WIFE, IN TENANTS BY THE ENTIRETY

For valuable consideration, the Grantor hereby quitclaims and transfers all right, title, and interest held by the Grantor in the following described real estate and improvements to the Grantee, and his or her heirs and assigns, to have and hold forever, located at 4956 PEBBLE CREEK DR., City of Antioch, State of Tennessee:

LOT 69 PEBBLE CREEK SEC. 5, DAVIDSON COUNTY, TENNESSEE
PEBBLE CREEK SUBDIVISION

Subject to all easements, rights of way, protective covenants, and mineral reservations of record, if any. Taxes for the tax year of 2009 shall be prorated between the Grantor and Grantee as of the date of recording of this deed.

Dated: 12-18-09

Maureen V. Hogan Banton
Signature of Grantor

AKA MAUREEN V. BANTON
Name of Grantor

Herbert F. Nelson
Signature of Witness #1

Herbert F. Nelson
Printed Name of Witness #1

Kimberly A. Wood
Signature of Witness #2

Kimberly A. Wood
Printed Name of Witness #2

State of Tennessee County of Davidson
On December 18, 2009, the Grantor, Maureen V. Hogan Banton
personally came before me and, being duly sworn, did state and prove that he/she is the person described in the above document and that he/she signed the above document in my presence.

Judith C. Andrews
Notary Signature

Notary Public,
In and for the County of Davidson State of Tennessee
My commission expires: July 8, 2013

Seal

Send all tax statements to Grantee.

EXHIBIT "A"

LEGAL DESCRIPTION:

Land in Davidson County, Tennessee, being Lot 69 on the Plan of Pebble Creek Subdivision, Section V, of record in Plat Book 5210, page 308, said Register's Office, to which plat reference is here made for a more complete description.

Being the same property conveyed to Gary Hogan and wife, Maureen Hogan by deed from Metropolitan Federal Savings and Loan Association of record in Book 5813, page 206, Register's Office for Davidson County, Tennessee.

Maureen Hogan
Gary Hogan

07/26/95 01:01 CSCHECK 30.35

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0206790

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): GARY HOGAN
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): NOVEMBER 29, 2002
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-1385
5a. AGE-LAST BIRTHDAY (Years): 59
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
5. DATE OF BIRTH (Month, Day, Year): FEB. 17,1943
7. BIRTHPLACE (City and State or Foreign Country): ROCHESTER, NEW YORK
8a. PLACE OF DEATH (check only one): 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 No
8d. COUNTY OF DEATH: DAVIDSON
9b. FACILITY NAME (If not institution, give street and number): 4956 PEBBLE CREEK DRIVE
9c. CITY, TOWN, OR LOCATION OF DEATH: ANTIOCH
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): MAUREEN [redacted] Rogers
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): ENGINEER
12b. KIND OF BUSINESS/INDUSTRY: R D PLASTICS, INC.
13a. RESIDENCE-STATE: TENN.
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: ANTIOCH
13d. STREET AND NUMBER OR RURAL LOCATION: 4956 PEBBLE CREEK DRIVE
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 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 No
15. RACE-American Indian, Black, White, etc. (Specify): WHITE
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (1-12): College (1-4 or 5+): 2

PARENTS

17. FATHER'S NAME (First, Middle, Last): ALBERT HOGAN
18. MOTHER'S NAME (First, Middle, Maiden Surname): DOROTHY KAISER

INFORMANT

19a. INFORMANT'S NAME (Type/Print): MAUREEN HOGAN
19b. RELATIONSHIP TO DECEASED: WIFE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4956 PEBBLE CREEK DR., ANTIOCH, TN 37013

DISPOSITION

20a. METHOD OF DISPOSITION: 1 Burial 2 X Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): AFFILIATED CREMATORY
20c. LOCATION-City or Town, State: NASHVILLE, TENN.

FUNERAL DIRECTOR

21a. SIGNATURE OF FUNERAL DIRECTOR: WENDELL BYRD
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2556
21c. SIGNATURE OF EMBALMER: N/A
21d. LICENSE NUMBER OF EMBALMER
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODBINE FUNERAL HOME, INC. 3620 NOLENSVILLE ROAD, NASHVILLE, TENN. 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 396

REGISTRAR

23. REGISTRAR'S SIGNATURE
24. DATE FILED (Month, Day, Year): December 4, 2002

ENTER

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 SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: MO26036
25c. DATE SIGNED (Month, Day, Year): 12/4/02
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): Jim Jarvis 7th Floor ICU VUMC Nashville

CAUSE OF DEATH

See INSTRUCTIONS OR OTHERWISE

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. Respiratory Failure — DUE TO (OR AS A CONSEQUENCE OF): 2 days
b. ALS — 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
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.

29a. WAS AN AUTOPSY PERFORMED? 1 Yes 2 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: M
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.

RDA 1309

TN-1659 (REV. 6/99)

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 Rutter — Local Registrar — DEC 4 2002 Date Issued

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

CERTIFICATION OF VITAL RECORD