BILL GARRETT, Davidson County
Trans:T20100028373 AFFIDAVIT
Recvd: 05/11/10 15:32 5 pgs
Fees:27.00 Taxes:0.00
20100511-0036292

THIS INSTRUMENT PREPARED BY:
BECK & BECK, Attorneys at Law, PLLC
4205 Gallatin Road
Nashville, TN 37216

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The actual consideration or value, whichever is greater, for this transfer is One ($1.00) Dollar.

Sylvia Heaney
AFFIANT

Subscribed and sworn to before me, this 30 day of April, 2010.

Notary Public

My Commission Expires: 1-6-2014

ADDRESS NEW OWNERS:
Judy Helms, et al
1807 Hayden Drive
Nashville, TN 37216

SEND TAX BILLS TO:
Same

MAP AND PARCEL: 083-14-0-086.00

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NOTICE OF EXPIRATION OF LIFE ESTATE AND CURRENT TITLE

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KNOW ALL MEN BY THESE PRESENTS that I, Sylvia Heaney, Beneficiary of the Estate of Grace M. Beasley Brown, being one and the same person, am affecting this Notice as a means of clarifying the title to this property. Under the laws of Probate of the State of Tennessee, the estate of Grace M. Beasley Brown was probated in the Probate Court of Davidson County, No. 95P1739 on October 14, 1995.

Said Will granted a life estate to Willie L. Traughber and wife, Gloria Traughber recorded in Book 10250, Page 655. Gloria Traughber died February 23, 2001. (Death Certificate attached). Willie L. Traughber died March 28, 2010. (Death Certificate attached). With both life estate designees deceased, the life estate ceases to exist.

As to present title after the life estate, the Will states "I give permission for my home to be titled to Sylvia J. Heaney with the understanding that she will use her best judgement for the proper and advantageous management, investment and distribution of my Estate.

Sylvia J. Heaney, the same person named above, stipulates that the distribution of the estate be divided between the five grandchildren named in the Will, Sylvia J. Heaney, Judy Carnegie Helms, Ronald S. Phillips' heirs (Cassandra Hollingshead, Joshua Phillips and Justin Phillips), Deborah L. Segraves and Gloria J. Travis. Each grandchild is to receive a one-fifth share and the one-fifth share of Ronald S. Phillips is divided equally between his three children named above.

Being Lot No. 22 on the Plan of the Subdivision of the 56 acre tract of J. I. D. Hinds, Trustee, not of record.

According to a printed copy of said plan. said lot no. 22 fronts 50 feet on the northerly side of Russell Street and runs back between parallel lines 160 feet to the alley.

Being the same real property conveyed to Joseph Ballantine, Jr. & wife, Elaine R. Ballantine, by deed from E. E. Myers, Trustee, dated October 13, 1949, filed November 21, 1949, and recorded in Book 1779, page 173, Registrar's Office for Davidson County, TN.

Being the same real property conveyed to Grace M. Brown, by deed from Joseph Ballantine, Jr. & wife, Elaine R. Ballantine, dated June 28, 1958, and recorded in Book 2794, Page 128, Registrar's Office for Davidson County, TN.

This conveyance is subject to easements, restrictions, set back lines of record and taxes for 2010 applicable to said property.

This Notice is subject to such limitations, restrictions and encumbrances as may affect the premises.

WITNESS my hand this 30 day of April, 2010.

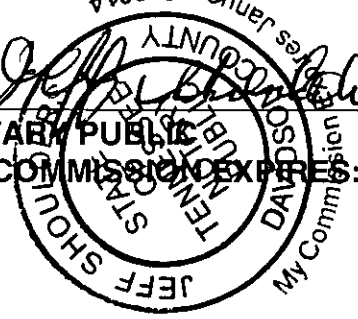
Sylvia Heaney

Sylvia Heaney

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, _____, a Notary Public, in and for said County and State, **Sylvia Heaney,** the within named bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that she executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at office this the 30 day of April, 2010.



_____
NOTARY PUBLIC
MY COMMISSION EXPIRES: 1-6-2014

STATE OF TENNESSEE
Office of Vital Records

100118

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): WILLIE L TRAUGHBER
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): March 28, 2010
4. SOCIAL SECURITY NUMBER (If Deceased): [redacted]-9131
5a. AGE-LAST BIRTHDAY (Years): 89
5b. UNDER 1 YEAR (Months): 5c. UNDER 1 DAY (Hours): 5d. (Minutes)
6. DATE OF BIRTH (Month, Day, Year): February 25, 1921
7. BIRTHPLACE (City and State or Foreign Country): NASHVILLE, TN

DECEDENT

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [✓] Yes 2 [ ] No
8a. PLACE OF DEATH (Check only one): HOSPITAL 1 [✓] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
8b. FACILITY NAME (If not institution, give street and number): VA TN VALLEY HEALTHCARE SYSTEM
8c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE TN
8d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): WIDOWED
11. SURVIVING SPOUSE (If wife, give maiden name): N/A
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): SELF EMPLOYED
12b. KIND OF BUSINESS/INDUSTRY: FOOD SERVICE
13a. RESIDENCE-STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 2001 RUSSELL STREET
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [✓] Yes 2 [ ] No
13f. ZIP CODE: 37206
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Not of Hispanic Origin, Cuban, Mexican, Puerto Rican, etc.) 1 [ ] Yes 2 [✓] No
15. RACE-American Indian, Black, White, etc. (Specify): WHITE
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 7; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): GEORGE TRAUGHBER
18. MOTHER'S NAME (First, Middle, Maiden Surname): GRACE BEASLEY

INFORMANT

19a. INFORMANT'S NAME (Type/Print): VA TN VALLEY HEALTHCARE SYSTEM
19b. RELATIONSHIP TO DECEASED: VA FILE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1310 24TH AVENUE SOUTH, NASHVILLE TN 37212

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [✓] Burial 2 [ ] Cremation 3 [✓] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): SPRING HILL CEMETERY
20c. LOCATION (City or Town, State): NASHVILLE, TN

FUNERAL DIR.

21a. SIGNATURE OF FUNERAL DIRECTOR: JOHN PHIFER
21b. LICENSED NUMBER OF FUNERAL DIRECTOR: 5318
21c. SIGNATURE OF EMBALMER: DON GARRISON
21d. LICENSE NUMBER OF EMBALMER: 4287
22a. NAME AND ADDRESS OF FUNERAL HOME: SPRING HILL FH & CEMETERY, 5110 GALLATIN RD, NASHVILLE, TN 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 1046

REGISTRAR

23. REGISTRAR'S SIGNATURE: Tonya L Boulware-Fo
24. DATE FILED (Month, Day, Year): March 30, 2010

CERTIFIER

25a. I attest, 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 [✓] SIGNATURE AND TITLE OF PHYSICIAN: Barbara M Snook MD
25b. LICENSE NUMBER: TN 36001
25c. DATE SIGNED (Month, Day, Year): 5/29/2010
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): BARBARA SNOOK, M.D. 1310 24TH AVE SOUTH, NASHVILLE, TN 37212

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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. End Stage COPD — Approximate interval Between Onset and Death: years
DUE TO (OR AS A CONSEQUENCE OF): b. Congestive Heart Failure — years
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: DUE TO (OR AS A CONSEQUENCE OF): 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

See instructions on other side.

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. 2-93 RDA 1389

3916192

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

Sharon M. Leinbach
STATE REGISTRAR

Tonya Y. Foreman
Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

4/16/2010
Date Issued

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

1101242

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE 2001 009275

1 DECEDENT'S NAME (First, Middle, Last): Gloria Belk Traughber	2 SEX: Female	3 DATE OF DEATH (Month, Day, Year): February 23, 2001	
4 SOCIAL SECURITY NUMBER: [redacted] 5523	5a AGE-LAST BIRTHDAY (Years): 77	5b UNDER 1 YEAR: MONTHS / DAYS	5c UNDER 1 DAY: HOURS / MINUTES
6 DATE OF BIRTH (Month, Day, Year): 2/17/1924	7 BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee		

8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] 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): Centennial Medical Center 083	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): William Traughber	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Co-owner	12b KIND OF BUSINESS/INDUSTRY: Pizza's by Pepe
13a RESIDENCE-STATE: Tennessee	13b COUNTY: Davidson	13c CITY, TOWN OR LOCATION: Nashville	13d STREET AND NUMBER OR RURAL LOCATION: 2001 Russell Street
13e INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No	13f ZIP CODE: 37206	14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 [ ] Yes 2 [X] No	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+)		

17 FATHER'S NAME (First, Middle, Last): Captain Joe A. Belk	18 MOTHER'S NAME (First, Middle, Maiden Surname): Margaret Matthews		
19a INFORMANT'S NAME (Type/Print): William Traughber	19b RELATIONSHIP TO DECEASED: Husband	19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2001 Russell Street Nashville, TN. 37206	
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): Spring Hill Cemetery	20c LOCATION-City or Town, State: Nashville, Tennessee	
21a SIGNATURE OF FUNERAL DIRECTOR: Bailey E Worrell Jr	21b LICENSE NUMBER OF FUNERAL DIRECTOR: 2480	21c SIGNATURE OF EMBALMER: Lynn Gauthier	21d LICENSE NUMBER OF EMBALMER: 4052
22a NAME AND ADDRESS OF FUNERAL HOME: EASTLAND FUNERAL HOME 904 Gallatin Road Nashville, Tennessee 37206-3230		22b LICENSE NUMBER OF FUNERAL HOME: 120	
23 REGISTRAR'S SIGNATURE: [signature]	24 DATE FILED (Month, Day, Year): March 12, 2001		

25a PHYSICIAN - To the best of my knowledge, death occurred at the time, place, and due to the cause(s) and manner as stated
1 SIGNATURE AND TITLE OF PHYSICIAN: [signature]
25b LICENSE NUMBER: MD 18938
25c DATE SIGNED (Month, Day, Year): 3/3/01

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)

MED-EX-IATE AND CERTIFI

27 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

3870734

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

Sharon M. Leinbach
STATE REGISTRAR

Date Issued Apr-16-2010

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD