This Instrument Was Prepared By:

William B. Herbert IV
211 Union Street, Suite 200
Nashville, Tennessee 37201

STATE OF TENNESSEE)
COUNTY OF Davidson)

The actual consideration for this transfer is $ 10.00.

Frances W. Smith
Affiant

BILL GARRETT, Davidson County
Trans:T20100059849 DEEDQC
Recvd: 09/23/10 08:43 3 pgs
Fees:12.00 Taxes:0.00
20100923-0075584

Subscribed and sworn to before me on this 17th day of Sept, 2010.

Colleen Singleton
Notary Public

COLLEEN SINGLETON
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

My Commission Expires: 3/3/2014

Address New Owners as Follows:	Send Tax Bills to:	Property Identification Number:
Frances W. Smith and Carole L. Smith 5023 Bonnameade Drive Hermitage, Tennessee 37076	SAME	07416002300

QUITCLAIM DEED

KNOW ALL MEN BY THESE PRESENTS that Frances W. Smith, for and in consideration of the sum of Ten and No/100 Dollars ($10.00), cash in hand paid, love and affection, and other good and valuable consideration, the receipt of which is hereby acknowledged, has bargained and sold, and does hereby convey, remise, release and forever quitclaim unto Frances W. Smith and Carole L. Smith, their heirs and assigns, her entire right, title and interest in and to a certain parcel of land located in the 14th Council District of Davidson County, Tennessee, described as follows:

BEING lot No. 461 on the plan of Hermitage Hills, Section 5, as of record in Book 3300, pages 1 and 2, Register's Office for said county.

Said lot No. 461 fronts 83.5 feet on the southerly side of Bonnameade Drive and extends back 155 feet on the easterly line and 155 feet on the westerly line to a dead line, measuring 83.5 feet thereon.

Being part of the real property conveyed to Martin Zeitlin, Trustee, by deed from Royal Homes, Inc., dated November 14, 1961, filed January 8, 1962, and recorded in book 3317, page 23, said Register's Office.

This conveyance is made subject to a ten-foot easement for drainage and public utilities along a rear line of premises, 40-foot building setback line from Bonnameade Drive and conditions of owners certificate as shown on plan of record in book 3300, pages 1 and 2, said Register's Office, and to restrictive covenants contained in an instrument of record in book 3222, page 154, said Register's Office.

Being the same property conveyed to Banford Smith, Jr. and wife, Frances W. Smith, by deed from Martin Zeitlin, Trustee, of record in Book 3431, Page 425, Register's Office for Davidson County, Tennessee.

This instrument and the interest hereby released and quitclaimed are subject to such limitations, restrictions and encumbrances as may affect the premises.

WITNESS my hand this 17th day of September, 2010.

Frances W. Smith

Frances W. Smith

STATE OF TENNESSEE)
COUNTY OF Davidson)

Before me, Colleen Singleton, a Notary Public in and for the State and County aforesaid, personally appeared before me, Frances W. Smith, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who, upon oath, acknowledged that she executed the foregoing instrument for the purposes therein contained.

Witness my hand and official seal at office in Davidson County, Tennessee, this the 17th day of Sept, 2010.

Colleen Singleton

Notary Public

My commission expires: 3/3/2014

COLLEEN SINGLETON
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 2009 016000

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Banford Smith Jr
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): April 7, 2009
4. SOCIAL SECURITY NUMBER: [redacted]4374
5a. AGE LAST BIRTHDAY (Years): 85
5b. UNDER 1 YEAR (Months)
5c. UNDER 1 DAY (Hours, Minutes)
6. DATE OF BIRTH (Month, Day, Year): Oct 2, 1923
7. BIRTHPLACE (City and State or Foreign Country): Woodbury, Tennessee
8. 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): Summit Medical Center 085
9c. CITY, TOWN OR LOCATION OF DEATH: Hermitage
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Frances Waggoner
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: Overnite Transportation
13a. RESIDENCE STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Hermitage
13d. STREET AND NUMBER OR RURAL LOCATION: 5023 Bonnameade Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? [X] Yes [ ] No
13f. ZIP CODE: 37076
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
15. RACE (American Indian, Black, White, etc. (Specify)): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Banford Smith Sr
18. MOTHER'S NAME (First, Middle, Maiden Surname): Alice Tina Young

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Frances Smith
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 5023 Bonnameade Drive Hermitage, Tennessee 37076

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [X] Other (Specify): Entombment
20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place): Hermitage Mausoleum
20c. LOCATION (City or Town, State): Old Hickory, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Doug Raines
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2300
21c. SIGNATURE OF EMBALMER: [signature]
21d. LICENSE NUMBER OF EMBALMER: 4934
22a. NAME AND ADDRESS OF FUNERAL HOME: Hermitage Funeral Home 535 Shute Lane Old Hickory, Tennessee 37076
22b. LICENSE NUMBER OF FUNERAL HOME: 540

REGISTRAR

23. REGISTRAR'S SIGNATURE: [signature] DR
24. DATE FILED (Month, Day, Year): April 20, 2009

CERTIFIER

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: [signature]
25b. LICENSE NUMBER: UL 035479
25c. DATE SIGNED (Month, Day, Year): 4, 14, 2009
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): Dr Michael Ramos 5651 Trinity Blvd 408 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.

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. ACUTE RESPIRATORY FAILURE
DUE TO (OR AS A CONSEQUENCE OF): b. ANOXIC ENCEPHALOPATHY
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: Severe COPD
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 [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. (Specify))
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

PH 1639 (REV 6/99)
BIRTH NO
RDA 1398

3478604

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: May-22-2009

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD