This instrument prepared without the benefit of a title search and with information provided by the parties. The preparer of this instrument makes no representation or guarantees as to the condition of title.

This Instrument prepared by:
Tessa N. Lawson, Attorney
145 South Jefferson Avenue, Suite A-2
Cookeville, TN 38501

Map and Parcel Number
Map: 148-03
Group: 148
Parcel: 5DU-13611

PROPERTY OWNERS:
Bridgett D. Looney and husband, Christopher J. Looney
~~James Terry Bates~~ and wife, Kathy Bates
1203 GRAY BAR LANE
NASHVILLE, TN 37215

SEND TAX BILLS:
Carolyn Bates
P.O. Box 6
Buffalo Valley, Tn 38548

QUITCLAIM DEED WITH LIFE ESTATE

FOR AND IN CONSIDERATION OF ONE DOLLAR ($1.00), cash in hand paid, the receipt of which is hereby acknowledged and subject to the reservation of a life estate, **Ann C. Neely, widow of Bobby L. Neely***, hereinafter called "Grantors," have this day bargained and sold, and do hereby quitclaim and convey unto **Bridgett D. Looney, a married person, and James Terry Bates, a married person**, hereinafter called "Grantees," their heirs, successors and assigns, all of Grantors' right, title and interest in and to the following-described property:

Being Lot No. 1032, Section 10, Cherokee Hills Subdivision, of record in Book 4660, page 27, Register's Office, Davidson County, Tennessee, to which Plan reference is here made for a more complete legal description.

Being the same property conveyed to Stanley Byron Birdwell and wife Laura Nell Birdwell by deed from Jessie L. Atkins and wife, Lorene B. Atkins of record in Book 4823, page 325, Register's Office, Davidson County, Tennessee.

Subject to restrictions of record Book 4702, page 84 said Register's Office.

This conveyance is subject to any and all existing easements of record.

***Ann C. Neely expressly retains a life estate in said property for her use and enjoyment for her natural life.**

The source of this description is the previous and last conveyance.

Previous and last conveyance a deed from Stanley Byron Birdwell and wife Laura Nell Birdwell to Bobby L. Neely and wife, Ann C. Neely of record ID Reference 57438 in Book 6723, Page 644, Register's Office of Davidson County, Tennessee.

This property is conveyed subject to taxes, restrictions and encumbrances as may affect the same, whether of record or not.

BILL GARRETT, Davidson County
Trans:T20100064640 DEEDQC
Recvd: 10/12/10 14:32 3 pgs
Fees:17.00 Taxes:0.00
20101012-0081773

This instrument prepared without the benefit of a title search and with information provided by the parties. The preparer of this instrument makes no representation or guarantees as to the condition of title.

IN WITNESS WHEREOF, the Grantors have executed this instrument on this 6th day of October, 2010.

Ann C. Neely by Carolyn Bates
Ann C. Neely By: Carolyn Bates by Power of Attorney dated 4th Oct and recorded in Record Book *, Page ____ Register's Office of Davidson County, Tennessee. * 20100119000 4546

STATE OF TENNESSEE)
COUNTY OF PUTNAM)

Personally appeared before me, the undersigned, a Notary Public in and for the State and county aforesaid, Carolyn Bates, to me known (or proved to me on the basis of satisfactory evidence) to be the person who executed the foregoing instrument in behalf of Ann C. Neely, and who acknowledged that she executed the same as the free act and deed of Ann C. Neely.

WITNESS my hand, at office, this 6 day of Oct., 2010.

My Commission expires: 6/18/13

Notary Public

TESSA LAWSON STATE OF TENNESSEE NOTARY PUBLIC PUTNAM COUNTY

STATE OF TENNESSEE)
COUNTY OF PUTNAM)

The actual consideration for this transfer is $0.00.

Carolyn Bates
Affiant

Subscribed and sworn to before me this 6 day of Oct, 2010.

Notary Public

My Commission Expires: 6/18/13

TESSA LAWSON STATE OF TENNESSEE NOTARY PUBLIC PUTNAM COUNTY

STATE OF TENNESSEE
Office of Vital Records

0906973

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): Bobby Lyvoy Neely
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): November 25, 2009
4. SOCIAL SECURITY NUMBER: [redacted] 8306
5a. AGE-LAST BIRTHDAY (Years): 72
5b. UNDER 1 YEAR: MONTHS / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Oct. 11, 1937
7. BIRTHPLACE (City and State or Foreign Country): Davidson County, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 X No
8a. PLACE OF DEATH (Check only one): HOSPITAL: 1 X 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): Southern Hills Medical Center
8c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
8d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Ann Carr
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Mechanic
12b. KIND OF BUSINESS/INDUSTRY: Trucking
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Antioch
13d. STREET AND NUMBER OR RURAL LOCATION: 533 Spann Court
CENSUS TRACT: 105
13e. INSIDE CITY LIMITS? XX 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 0 X No
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 11; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Billy Neely
18. MOTHER'S NAME (First, Middle, Maiden Surname): Rebecca Webb

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Ann Neely
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 533 Spann Court, Antioch, TN 37013

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): Woodlawn Memorial Park
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Robert E. Fuqua
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 6060
21c. SIGNATURE OF EMBALMER: ▶ Mary Katherine Moore
21d. LICENSE NUMBER OF EMBALMER: 5995
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn-Roesch-Patton Funeral Home and Memorial Park, 660 Thompson Lane, Nashville, TN 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Marshall Stanley DR
24. DATE FILED (Month, Day, Year): December 9 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.
SIGNATURE AND TITLE OF PHYSICIAN: ▶ Malek Al-Omary MD
25b. LICENSE NUMBER: 27510
25c. DATE SIGNED (Month, Day, Year): 12/08/2009
26a. MEDICAL EXAMINER - On the basis of examination and investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated.
1 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. Malek Al-Omary, 393 Wallace Road, Ste 104, Nashville, TN 37211

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. CARDIO PULMONARY ARREST
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
b. MALIGNANT NEOPLASM OF LUNGS
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 X No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No
30. MANNER OF DEATH: 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be Determined 4 Homicide
31a. DATE OF INJURY (Month, Day, Year):
31b. TIME OF INJURY:
31c. INJURY AT WORK? 1 Yes 2 X 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)

SEE INSTRUCTIONS ON OTHER SIDE

PH-1899 (REV. 6/99)
BIRTH NO.
RDA 1309

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.

3565831

DEC 09 2009

Sharon M. Leinbach
STATE REGISTRAR

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

Date Issued

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796 36

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD