QUITCLAIM DEED

KNOWN ALL MEN BY THESE PRESENTS, that **Pazetta Mallette** for and in consideration of Ten Dollars and 00/100's ($10.00) do/does hereby bargain, sell, remise, quitclaim, and convey unto, **Pazetta B. Mallette; John M. Mallette, Jr. (son); and Pazetta Ann Mallette (daughter) as Joint Tenants with Right of Survivorship** all his/her right, title, and interest to the following described real estate, located in **Davidson County, Tennessee**, described as follows:

4011 West Hamilton Rd.
Nashville, TN 37218

Being Lot No. 7, Block HH on the revised Map of Fairview Subdivision, as shown on Map prepared by Blachard & Parrish, Engineers, May 26, 1939, not of record.

Beginning at a point in the southwesterly margin of West Hamilton Road at the common corner of Lots Nos. 6 and 7; thence in a southwesterly direction along the line between Lots Nos. 6 and 7 of said Block, 295.6 feet to the rear common corner of Lots Nos. 6 and 7; thence south 28° 55' East, 303.3 feet along the rear line of Lot No. 7 to a point; thence northeasterly 442.8 feet to a point in the southwesterly margin of West Hamilton Road; thence northwesterly 100 feet, more or less, along Road, to the point of beginning.

Being part of the same property conveyed to Fred Carver Webb and wife, Edna Reed Webb, by deed from George Liddle, Jr., and wife, Roxie Liddle, of record in Book 3219, page 239, Register's Office for said County.

Being the same property conveyed to John Michael Mallette and wife, Pazetta Mallette, by Warranty Deed, dated August 28, 1963, of record in Book 3617, page 607, in Register's Office for Davidson County, Tennessee.

Being the same property conveyed to Pazetta Mallette by operation of law upon the expiration of her husband, John Michael Mallette, Sr. on August 21, 1995, of record with the Tennessee Department of Health, Death Certificate No. 8504480. Thereby, Pazetta Mallette is titled with fee simple interest in said property. *See*, **Exhibit A**, *Death Certificate of John Michael Mallette, Sr.*

IN TESTIMONY WHEREOF he/she has (ve) hereunto set his/her hand(s) and seal(s) this 30th day of December 2010.

Pazetta Mallette
Pazetta Mallette

Davidson County DEEDQC
Recvd: 01/04/11 11:09 4 pgs
Fees:22.00 Taxes:0.00
20110104-0001022

STATE OF TENNESSEE **County of Davidson**

On the 30th day of December, 2010, before me a Notary Public in and for the said State and County, duly commissioned and qualified, personally appeared **Pazetta Mallette** with whom I

am personally acquainted, and who acknowledged the execution of the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed.

Witness my hand and official seal this **30th** day of **December, 2010.**

My Commission Expires: **My Commission Expires: May 6, 2013**

Notary Public

RACHEL L. BELL STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

Sworn and subscribed to me this **30th** day of **December, 2010.**

The actual consideration for this transfer is –0-.

Affiant

Witness my hand and official seal this **30th** day of **December, 2010.**

My Commission Expires: **My Commission Expires: May 6, 2013**

Notary Public

RACHEL L. BELL STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

Sworn and subscribed to me this **30th day** of **December, 2010.**

Prepared by: Bell & Kinslow, PLLC at 2109 Buena Vista Pike, Nashville, TN 37218

Tax Parcel Number 069-03-0-070.00

Improved property known as/Address of owner: Pazetta Mallette, Pazetta Ann Mallette and John M. Mallette, Jr., 4011 West Hamilton Rd., Nashville, TN 37218

Send Tax Bills to: SAME

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

AUG 23 1995

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

EXHIBIT A

TENNESSEE DEPARTMENT OF HEALTH AUG 23 1995

CERTIFICATE OF DEATH

STATE FILE NUMBER 850448

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): JOHN MICHAEL MALLETTE, SR.
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): AUGUST 21, 1995
4. SOCIAL SECURITY NUMBER (of Deceased): 457-42-7936
5a. AGE – LAST BIRTHDAY (Years): 63
5b. UNDER 1 YEAR – MOS / DAYS
5c. UNDER 1 DAY – HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 8/6/1932
7. BIRTHPLACE (City and State or Foreign Country): HOUSTON, TEXAS
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [XX] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 4011- WEST HAMILTON ROAD
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE, TENNESSEE
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): PAZETTA BERRYMAN
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): EDUCATOR/SCIENTIST
12b. KIND OF BUSINESS/INDUSTRY: TENNESSEE STATE UNIVERSITY
13a. RESIDENCE – STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE, TENNESSEE
13d. STREET AND NUMBER OR RURAL LOCATION: 4011-WEST HAMILTON ROAD
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37218
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No
Specify, if yes:
15. RACE – American Indian, Black, White, etc. (Specify): BLACK
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): XXXXXXXXXXXXX; College (1-4 or 5+): XXXXXXXX

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): JULES LOVELESS
18. MOTHER'S NAME (First, Middle, Maiden Surname): LYDIA MYERS

INFORMANT

19a. INFORMANT'S NAME (Type/Print): PAZETTA BERRYMAN MALLETTE
19b. RELATIONSHIP TO DECEASED: WIFE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4011- WEST HAMILTON ROAD-NASHVILLE, TN. 37218

DISPOSITION

20a. METHOD OF DISPOSITION: XXX Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): GREENWOOD CEMETERY
20c. LOCATION – City or Town, State: NASHVILLE, TENNESSEE
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ MARY KATHRYN PATTON
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3379
21c. SIGNATURE OF EMBALMER: ▶ RONALD STEWART
21d. LICENSE NUMBER OF EMBALMER: 3732
22a. NAME AND ADDRESS OF FUNERAL HOME: PATTON BROTHERS FUNERAL DIRECTORS-1306 - SOUTH ST. NASHVILLE, TN. 37212
22b. LICENSE NUMBER OF FUNERAL HOME: 185

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Marsha H. Jones
24. DATE FILED (Month, Day, Year): August 28, 1995

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 [ ] SIGNATURE AND TITLE OF PHYSICIAN: ▶ Alan Cohen
25b. LICENSE NUMBER: 88101
25c. DATE SIGNED (Month, Day, Year): 8/23/95
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):

SEE INSTRUCTIONS ON OTHER SIDE

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. myelofibrosis colon cancer
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.
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

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 Ooccurred
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 1399

PINNACLE
Title & Escrow, LLC

2109 Buena Vista Pike Nashville, TN 37218 / (615) 256-3353 office/ (615) 256-3331 fax

I, Rachel L. Bell, do hereby make oath that I am a licensed attorney and/or the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

Signature

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, Tiffany R. Addison, a notary public for this county and state, Rachel L. Bell who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Notary Signature

MY COMMISSION EXPIRES: _____

TIFFANY R. ADDISON
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY, TENN.
My Commission Expires MAR. 4, 2013