This Instrument Prepared by
BROKERS ESCROW SERVICES, INC.
P. O. BOX 140255
211 DONELSON PIKE, SUITE 2
NASHVILLE, TENNESSEE 37214

Send tax bill to new owner:
Margaret Helen Murphy
3409 Lauer Drive
Nashville, Tn 37214

Davidson County DEEDQC
Recvd: 03/01/11 12:26 3 pgs
Fees:17.00 Taxes:0.00
20110301-0016395

MAP 97-9
PARCEL 30

"Prepared by information provided by the parties hereto, without benefit of a title examination"

QUITCLAIM DEED

For and in consideration of love and affection and for the express purpose of creating a remainder interest in Steven Daniel Burnett and Jennifer Leann Burnett Masters, I, **Margaret Helen Felts Burnett Murphy, retaining a life estate,** grant and convey unto **Steven Daniel Burnett and Jennifer Leann Burnett Masters**, their heirs and assigns, a remainder interest, as tenants in common, in the following described tract of land in Davidson County, Tennessee, to wit:

Land in Davidson County Tennessee, being Lot No. 11 on the Plan of Hickory Bend Section Seven, as of record in Book 3600, page 29, Registers's Office for Davidson County, Tennessee,

Said Lot No. 11 fronts 65.0 feet on the southeasterly side of Lauer Drive and extends back 145.6 feet, on the southwesterly line and 97.46 feet, more or less, on the northeasterly line, to a dead line in the rear on which is a broken line measuring a total of 87.02 feet thereon.

Being the same property conveyed to James D. Burnett, Jr. And wife, Margaret Helen Burnett of record in Book 4337, page 864, RODC. James D. Burnett conveyed his interest to Margaret Helen Burnett by Quitclaim Deed of record in Book 8252, page 186, RODC.
Margaret Helen Murphy, formerly Margaret Helen Burnett, conveyed her interest to Phillip Chad Murphy and Margaret Helen Murphy, husband and wife, by deed dated December 28, 1994 of record in Book 9582, page 171, Register's Office for Davidson County, Tennessee. Phillip Chad Murphy died July 24, 2008, (State of Tennessee Certificate of Death #0804509, attached as Exhibit "A") leaving Margaret Helen Murphy, as sole owner as surviving Tenant by the entirety.

Margaret Helen Murphy, Margaret Helen Burnett, Margaret Helen Felts Burnett, and Margaret Helen Felts Burnett Murphy are one and the same person.

Improved property commonly known as: 3409 Lauer Drive, Nashville, TN 37214

GRANTOR makes no representation or warranty, express or implied, as to the exact amount of acreage or square footage in the property, or as to the ownership of the minerals located on, under or within the property. Grantor makes no representations or warranties, express or implied, with respect to the condition of the property conveyed hereby, including improvements located thereon, including, without limitation, the habitability, condition or fitness thereof for any particular use or purpose. Grantee agrees that the property conveyed hereby, including improvements located thereon, is conveyed by Grantor and accepted by Grantee in an "as is, where is" and "with all faults" condition.

THIS conveyance is made expressly subject to all covenants, conditions, restrictions, and reservations contained in former deeds and other instruments of record applicable to said property, insofar as same are presently binding thereon, and to any easements apparent from an inspection of said property.

IN WITNESS WHEREOF I have hereunto set my hand on this the 1st day of March, 2011.

Margaret Helen Felts Burnett Murphy

Margaret Helen Felts Burnett Murphy

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and state, the within named Margaret Helen Felts Burnett Murphy, the bargainor, with whom I am personally acquainted, and who acknowledged that she executed the within instrument for the purposes therein contained.

IN WITNESS WHEREOF I have hereunto set my hand on this the 1st day of March, 2011.

Toni Waynick

Notary Public
My commission expires:

TONI M WAYNICK
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF WILSON

MY COMMISSION EXPIRES:
JUNE 24, 2012

STATE OF TENNESSEE
COUNTY OF DAVIDSON
The actual consideration or value, whichever is greater for this transfer is $-0-.

Margaret Helen Felts Burnett Murphy

Affiant

Subscribed and sworn to before me this 1st day of March, 2011.

Toni Waynick

Notary Public

TONI M WAYNICK
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF WILSON

MY COMMISSION EXPIRES:
JUNE 24, 2012

CERTIFICATION
I, Toni Waynick, do hereby make oath that I am 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.

Toni Waynick

State of Tennessee;County of Davidson
On this 1st day of March, 2011, personally appeared before me, Rebecca Waynick, a notary public for this county and state, Toni Waynick, who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Rebecca Waynick

REBECCA WAYNICK
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF WILSON

MY COMMISSION EXPIRES:
JULY 24, 2011

EXHIBIT A

STATE OF TENNESSEE
Office of Vital Records

0804509

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): Philip Chad Murphy
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): July 24,2008
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]8161
5a. AGE-LAST BIRTHDAY (Years): 59
5b. UNDER 1 YEAR (MONTHS / DAYS)
5c. UNDER 1 DAY (HOURS / MIN.)
6. DATE OF BIRTH (Month, Day, Year): Sept 24,1948
7. BIRTHPLACE (City and State or Foreign Country): Scottsburg, Indiana
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [X] 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
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): Helen Felts
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Assemblyman
12b. KIND OF BUSINESS/INDUSTRY: Diesel Plant
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 3409 Lauer Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37214
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No; Specify, if yes:
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+):

NAME OF DECEDENT: For use by physician or medical examiner

PARENTS

17. FATHER'S NAME (First, Middle, Last): Elmer Murphy
18. MOTHER'S NAME (First, Middle, Maiden Surname): Thelma Railing

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Helen F. Murphy
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3409 Lauer Drive Nashville, Tennessee 37214

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): Hermitage Memorial Gardens
20c. LOCATION-City or Town, State: Hermitage, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Gary Michael Morgan
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5220
21c. SIGNATURE OF EMBALMER: Mary Katherine Moore
21d. LICENSE NUMBER OF EMBALMER: 5995
22a. NAME AND ADDRESS OF FUNERAL HOME: Hermitage Funeral Home 535 Shute Lane PO Box 757 Hermitage, Tennessee 37076
22b. LICENSE NUMBER OF FUNERAL HOME: 540

REGISTRAR

23. REGISTRAR'S SIGNATURE: Marsha J. Blaney, DR
24. DATE FILED (Month, Day, Year): August 7, 2008

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 [X] SIGNATURE AND TITLE OF PHYSICIAN: MD
25b. LICENSE NUMBER: 37608
25c. DATE SIGNED (Month, Day, Year): 07/29/08
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): Ernesto Vazquez 3939 Central Pike 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 Pulmonary Embolism — DUE TO (OR AS A CONSEQUENCE OF):
b. Coronary Artery Disease — 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.:

PH-1669 (REV. 6/99) RDA 1399

2730709

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

AUG 07 2008
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