BILL GARRETT, Davidson County
Trans:T20110032308 DEEDQC
Recvd: 06/01/11 09:28 4 pgs
Fees:22.00 Taxes:0.00
20110601-0041545

This instrument prepared by:
Kristen P. Thornton
2080 Ventana Way
El Cajon, CA 92020

QUITCLAIM DEED

TITLE OF DOCUMENT

ADDRESS NEW OWNER AS FOLLOWS:
Kristen P. Thornton, Trustee
2080 Ventana Way
El Cajon, CA 92020

MAIL TAX STATEMENT TO:
Kristen P. Thornton, Trustee
2080 Ventana Way
El Cajon, CA 92020

MAP PARCEL NUMBERS:
092 16 0E 105.00

FOR AND IN CONSIDERATION of ONE AND NO/100 DOLLAR ($1.00), cash in hand paid by the grantee, the receipt and sufficiency of which is hereby acknowledged, **Kristen P. Thornton, a widow not since remarried** by these presents do hereby quitclaim and convey unto the said **Kristen P. Thornton, as Trustee of the Kristen P. Thornton Revocable Trust, dated** 5/18/11, Grantees herein, their successors and assigns, all their right, title and interest in and to the following certain real estate in **Davidson** County, **Tennessee**, described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF.

The express purpose of this conveyance is to Transfer into a Revocable Trust.

Being the same property conveyed to **George W. Thornton and wife, Kristen P. Thornton** by **Special Warranty Deed** from **Adelicia Development, LLC** recorded **December 20, 2007** in Document No. **20071220-0145946**, said Register's Office.

Death Recital: George W. Thornton also known as George Windrow Thornton, became deceased on October 7, 2010, leaving **Kristen P. Thornton**, as surviving spouse and tenant by the entirety.

This is unimproved ( ) property known as 900 20th Avenue South, Unit 1109
Improved (✓) Nashville, Tennessee 37212

Whenever used, the singular number shall include the plural, the plural the singular and the use of any gender shall be applicable to all genders.

Witness our hand this 18th day of May, 20 11, the corporate party, if any, having caused its name to be signed hereto by its duly authorized officers on said day and date.

x Kristen P. Thornton

Kristen P. Thornton

ACKNOWLEDGMENT

STATE OF California)

COUNTY OF San Diego) ss

Personally appeared before me, Judith M. Copeland, a Notary Public in and for said County and State, **Kristen P. Thornton** the within named bargainor, individual(s), with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he/she/they executed the within instrument for the purposes therein contained.

Given under my hand and official seal of office at San Diego, CA this 18th day of May, A.D., 20 11.

NOTARY STAMP/SEAL

JUDITH M. COPELAND
COMM. #1817086
Notary Public - California
San Diego County
My Comm. Expires Oct. 11, 2012

Judith M Copeland

NOTARY PUBLIC

Notary Commission Expires: 10-11-12

AFFIDAVIT OF VALUE

STATE OF California)

COUNTY OF San Diego)

I, or we, hereby swear or affirm that to the best of affiants knowledge, Information, and belief, the actual consideration for this transfer is $0.00 Recordation Tax Code 67-4-409(a) (3)(F).

Subscribed and sworn to before me this the 18th day of May, 20 11.

(Affix Seal)

x Kristen P. Thornton

Affiant

Judith M Copeland

Notary Public

My Commission Expires: 10-11-12

JUDITH M. COPELAND
COMM. #1817086
Notary Public - California
San Diego County
My Comm. Expires Oct. 11, 2012

EXHIBIT "A"
LEGAL DESCRIPTION

ALL INTEREST IN THE FOLLOWING DESCRIBED REAL ESTATE SITUATED IN THE COUNTY OF DAVIDSON, STATE OF TENNESSEE, TO WIT:

BEING UNIT NO. 1109, TOGETHER WITH THE APPURTENANT INTEREST IN THE COMMON ELEMENTS OF THE ADELICIA, A CONDOMINIUM, A HORIZONTAL PROPERTY REGIME ESTABLISHED BY MASTER DEED OF RECORD IN INSTRUMENT NO. 20060222-0020964, AS AMENDED AND RESTATED BY INSTRUMENT OF RECORD IN INSTRUMENT NO. 20071212-0143307, REGISTER'S OFFICE FOR SAID COUNTY (COLLECTIVELY, THE "MASTER DEED"), SAID UNIT BEING DEPICTED ON THE CONDOMINIUM PLAT ATTACHED AS EXHIBIT "B" TO THE AFOREMENTIONED MASTER DEED.

BEING PART OF THE SAME PROPERTY CONVEYED TO CRP VENTURE I, LLC BY DEED FROM LAURENCE M. PAPEL, TRUSTEE, OF RECORD IN INSTRUMENT NO. 20040908-0108846, BY DEEDS FROM TENNESSEE ASSOCIATION OF REALTORS, INC., OF RECORD IN INSTRUMENT NO. 20050119-0006713 AND INSTRUMENT NO. 20050119-006714, AND BY DEED FROM CORNER PARTNERSHIP, LLC, TO ADELICIA DEVELOPMENT, LLC, OF RECORD IN INSTRUMENT NO. 20071207-0141927, SAID REGISTER'S OFFICE. THE SAID CRP VENTURE I, LLC CHANGED ITS NAME TO ADELICIA DEVELOPMENT, LLC BY ARTICLES OF AMENDMENT TO THE ARTICLES OF ORGANIZATION OF RECORD AS INSTRUMENT NO. 20050314-0027989, SAID REGISTER'S OFFICE AND FILED WITH THE SECRETARY OF STATE, CONTROL NUMBER 0476783.

TOGETHER WITH PARKING SPACE NUMBER 52, WHICH IS ASSIGNED AS LIMITED COMMON ELEMENTS APPURTENANT TO THE ABOVE DESCRIBED UNIT, AS SET FORTH AND DEFINED IN THE MASTER DEAD.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

3052010171187 — STATE FILE NUMBER

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, NO ITEMS OR ALTERATIONS
VS-11 (REV 3/07)

3201037015339 — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT - FIRST (Given)	2. MIDDLE	3. LAST (Family)
GEORGE	WINDROW	THORNTON

AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST):

4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs.	IF UNDER ONE YEAR Months	Days	IF UNDER 24 HOURS Hours	Minutes	6. SEX
12/29/1945	64					M

8. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS/RDP (at Time of Death)	7. DATE OF DEATH mm/dd/ccyy	9. HOUR (24 Hours)
CA	559-66-1012	[X] YES [ ] NO [ ] UNK	MARRIED	10/07/2010	1450

13. EDUCATION - Highest Level/Degree (see instructions on back)	14/15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? (If yes, see worksheet on back)	16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)
ASSOCIATE	[ ] YES [X] NO	CAUCASIAN

17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED	18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	19. YEARS IN OCCUPATION
PROGRAM MANAGER	AEROSPACE	45

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location)				
2080 VENTANA WAY				
21. CITY	**22. COUNTY/PROVINCE**	**23. ZIP CODE**	**24. YEARS IN COUNTY**	**25. STATE/FOREIGN COUNTRY**
EL CAJON	SAN DIEGO	92020	64	CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP	27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)
KRISTEN PLATT THORNTON, WIFE	2080 VENTANA WAY, EL CAJON, CA 92020

SPOUSE/RDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/RDP - FIRST	29. MIDDLE	30. LAST (BIRTH NAME)	
KRISTEN	-	PLATT	
31. NAME OF FATHER/PARENT - FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
DUANE	J	THORNTON	MI
35. NAME OF MOTHER/PARENT - FIRST	**36. MIDDLE**	**37. LAST (BIRTH NAME)**	**38. BIRTH STATE**
MARY	RUTH	PUCKETT	TN

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION	
10/12/2010	FT ROSECRANS NATIONAL CEMETERY	SAN DIEGO, CA 92106

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NUMBER
CR/BU	NOT EMBALMED	-

44. NAME OF FUNERAL ESTABLISHMENT	45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE mm/dd/ccyy
EL CAMINO MEMORIAL - LA MESA	FD296	WILMA WOOTEN, MD	10/12/2010

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE
KAISER FOUNDATION HOSPITAL	[X] IP [ ] ER/OP [ ] DOA	[ ] Hospice [ ] Nursing Home/LTC [ ] Decedent's Home [ ] Other

104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	106. CITY
SAN DIEGO	4647 ZION AVENUE	SAN DIEGO

CAUSE OF DEATH

107. CAUSE OF DEATH — Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

		Time Interval Between Onset and Death	108. DEATH REPORTED TO CORONER?
IMMEDIATE CAUSE (Final disease or condition resulting in death)	(a) SEPSIS	(a) DAYS	[ ] YES [X] NO
Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	(b) HEPATIC ABSCESS	(b) DAYS	109. BIOPSY PERFORMED? [ ] YES [X] NO
	(c) INTESTINAL DIVERTICULAR ABSCESS	(c) WEEKS	110. AUTOPSY PERFORMED? [ ] YES [X] NO
	(d) DIVERTICULOSIS COLON	(d) YEARS	111. USED IN DETERMINING CAUSE? [ ] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107:
ALZHEIMERS DEMENTIA

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)
COMPUTER TOMOGRAPHY PLACEMENT HEPATIC DRAINS 09/30/2010

115A. IF FEMALE, PREGNANT IN LAST YEAR? [ ] YES [ ] NO [ ] UNK

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since / Decedent Last Seen Alive	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NUMBER	117. DATE mm/dd/ccyy
(A) mm/dd/ccyy: 10/01/2010 (B) mm/dd/ccyy: 10/07/2010	LINDA EILEEN FITTS M.D.	G69048	10/07/2010

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: LINDA EILEEN FITTS M.D.
4647 ZION AVENUE, SAN DIEGO, CA 92120

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
MANNER OF DEATH: [ ] Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could not be determined

120. INJURED AT WORK?	121. INJURY DATE mm/dd/ccyy	122. HOUR (24 Hours)
[ ] YES [ ] NO [ ] UNK		

123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)

124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)

125. LOCATION OF INJURY (Street and number, or location, and city, and zip)

126. SIGNATURE OF CORONER / DEPUTY CORONER	127. DATE mm/dd/ccyy	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER

STATE REGISTRAR	A	B	C	D	E		FAX AUTH.#	CENSUS TRACT
						010001001608815		

A002177949

County of San Diego – Department of Health Services – 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.

Wilma J. Wooten, M.D.

DATE ISSUED: October 13, 2010

WILMA J. WOOTEN, MD
REGISTRAR OF VITAL RECORDS
County of San Diego

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar

IF ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE