BILL GARRETT, Davidson County
Trans:T20110053860 DEEDQC
Recvd: 08/31/11 12:37 4 pgs
Fees:22.00 Taxes:0.00
20110831-0067516

THIS INSTRUMENT PREPARED BY:
Curphey & Badger Law
28100 US Hwy 19 North, Suite 300
Clearwater, Fl 33761

QUIT CLAIM DEED

New Owner(s) Address and mail tax statements to:
Ricky J Brown
949 Maxwell Avenue
Nashville, TN 37206

Property Tax ID#: 08208033200
File #: HLCE-SS13966-WV

For and in consideration of Zero and 00/100 Dollars ($0.00) and NO other good or valuable consideration, We, RICKY J BROWN, an unmarried man, surviving joint tenant of MARK A MANASCO, deceased, as Grantors, and RICKY J BROWN, an unmarried man, as Grantee, hereby convey all right, title and interest that we may have in and to the following described real property located in Davidson County, Tennessee, to wit:

LAND IN DAVIDSON COUNTY, TENNESSEE, BEING THE SOUTHERLY 150 FEET, MORE OR LESS, LOT NO. 10 OF BLOCK "C" ON THE PLAN OF EASTWOOD ADDITION, OF RECORD IN BOOK 332, PAGE 63, REGISTER'S OFFICE FOR DAVIDSON COUNTY.

SAID LOT NO. 10 FRONTS 50.0 FEET ON THE NORTHERLY MARGIN OF MAXWELL AVENUE AND EXTENDS BACK BETWEEN PARALLEL LINES 150.0 FEET, MORE OR LESS, TO A DEAD LINE.

PARCEL ID: 08208033200

Commonly Known as 949 Maxwell Avenue, Nashville, TN 37206

DERIVATION CLAUSE
The instrument constituting the source of the Borrower's interest in the foregoing described property was a WARRANTY DEED recorded under instrument No. 20000516-0049023 in the Register's Office of Davidson County, Tennessee.

In witness whereof, this Grantor has hereunto set a hand and seal on this the date first above written.

Erik L Schroeder
Witness

RICKY J BROWN

Erin L. Schroeder
Printed Name

Witness

Printed Name

STATE OF Tennessee }

COUNTY OF ~~Montgomery~~ GB Davidson

Personally appeared before me, the undersigned authority, a Notary Public, in and for said State and County, the within named bargainer, of RICKY J BROWN, an unmarried man, surviving joint tenant of MARK A MANASCO, deceased, with whom I am personally acquainted, (or whose identity was proved to me on the basis of satisfactory evidence), and who acknowledged and executed the within instrument as Grantor's free act and deed for the purposes therein contained.

Witness my hand and official seal at office in the State and County aforesaid on this the 13th day of August, 2011.

Erik L Schroeder
Notary Public
My Commission Expires 02/23/2015

ERIN L. SCHROEDER
STATE OF TENNESSEE NOTARY PUBLIC
MONTGOMERY COUNTY

I hereby swear or affirm that to the best of my knowledge, information and belief that actual consideration for the transfer is $0.00.

Affiant's Name

Subscribed and sworn to before me this the 13th day of August, 2011.

Erik L Schroeder
Notary
My Commission expires: 02/23/2015

ERIN L. SCHROEDER
STATE OF TENNESSEE NOTARY PUBLIC
MONTGOMERY COUNTY

Name and Address of Property Owner:

Name and Address of the Person or Entity Responsible for the Payment of the Real Property Tax:

VALUE AFFIDAVIT

STATE OF ~~TENNESSEE~~ California
COUNTY OF Orange

The actual **consideration or value**, whichever is greater, for this transfer is $ -0-.

Wendy Valdez
Affiant

Subscribed and sworn to before me this 16th day of August, 2011.

M. L. Baldwin
Notary Public

My Commission Expires: 6-11-14

M. L. BALDWIN
COMM. # 1892342
NOTARY PUBLIC-CALIFORNIA
ORANGE COUNTY
MY COMM. EXP. JUNE 11, 2014

STATE OF TENNESSEE
Office of Vital Records

1100177

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Mark Anthony Manasco
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): January 12, 2011
4. SOCIAL SECURITY NUMBER: [redacted]-1497
5a. AGE-Last Birthday (Years): 47
5b. UNDER 1 YEAR (Months)
5c. UNDER 1 DAY (Hours, Minutes)
6. DATE OF BIRTH (Month, Day, Year): September 07, 1963
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? No
9a. PLACE OF DEATH (Check only one): 1 Inpatient
9b. FACILITY NAME (If not Institution, give street and number): Vanderbilt University Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS AT TIME OF DEATH: Never Married
11. SURVIVING SPOUSE (If wife, give maiden name)
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Manager
12b. KIND OF BUSINESS/INDUSTRY: Banking/Finance
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN, OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 949 Maxwell Ave
CENSUS TRACT: 12
13e. INSIDE CITY LIMITS? Yes
13f. ZIP CODE: 37206
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes-If yes, specify Cuban, Mexican, Puerto Rican, etc.) No
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+): 4+

PARENTS

17. FATHER'S NAME (First, Middle, Last): Andrew Jackson Monasco
18. MOTHER'S NAME (First, Middle, Maiden Surname): Barbara Sue Jenkins

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Ricky Brown
19b. RELATIONSHIP TO DECEASED: Personal Rep.
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 949 Maxwell Ave., Nashville, TN 37208

DISPOSITION

20a. METHOD OF DISPOSITION: Cremation
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Cole & Garrett Crematory
20c. LOCATION-City or Town, State: Hendersonville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Wayne Sims
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5243
21c. SIGNATURE OF EMBALMER
21d. LICENSE NUMBER OF EMBALMER
22a. NAME AND ADDRESS OF FUNERAL HOME: Cole & Garrett Funeral Home and Cremation Sevices 127 N. Main St., Goodlettsville, Tennessee 37072
22b. LICENSE NUMBER OF FUNERAL HOME: 718

REGISTRAR

23. REGISTRAR SIGNATURE: Shawnbeth Strother, Dep.
24. DATE FILED (Month, Day, Year): January 19, 2011

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. SIGNATURE AND TITLE OF PHYSICIAN: Tina Harkert, MD ICU Attending Physician
25b. LICENSE NUMBER: MD 26607
25c. DATE SIGNED (Month, Day, Year): 1/18/2011
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. SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER
26c. DATE SIGNED (Month, Day, Year)
27. NAME AND ADDRESS OF CERTIFIER (If physician or medical examiner, type/print)

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE ITEM 25 OR ITEM 26 WITHIN 48 HOURS.

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. E Coli Septic Shock — DUE TO (OR AS A CONSEQUENCE OF): — <24 hours
b. AIDS — DUE TO (OR AS A CONSEQUENCE OF): — >1 year
c. — DUE TO (OR AS A CONSEQUENCE OF):
d.

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: hyperbilirubinemia
29a. WAS AN AUTOPSY PERFORMED? No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? No

30a. MANNER OF DEATH: Natural
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
31c. INJURY AT WORK? 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)

FH-1599 (REV. 6-98) — STATE ID — RDA 1389

4510509

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.

JAN 18 2011

Teresa S. Hendricks
STATE REGISTRAR

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

Date Issued

CERTIFICATION OF VITAL RECORD