BILL GARRETT, Davidson County
Trans:T20110057273 DEEDQC
Recvd: 09/15/11 10:07 6 pgs
Fees:32.00 Taxes:0.00
20110915-0071562

This Instrument Prepared by:
MARTIN A. KOOPERMAN
DUZANE, KOOPERMAN & MONDELLI
603 Woodland Street
Nashville, TN 37206-4211
(615) 259-1214

This firm did not conduct a title search, issue a title opinion letter, or issue the title insurance regarding the sale of this property.

QUITCLAIM DEED FROM THE ADMINISTRATOR OF THE ESTATE OF VIOLET LAVADA RAYMOND

ADDRESS OF NEW OWNER:
Don William Raymond
904 N. 16th St.
Nashville, TN 37206

SEND TAX BILLS TO:
Same

MAP & PARCEL NO.
094 02 0 215.00

VIOLET LAVADA RAYMOND died intestate on March 11th, 2011. A Petition for Letters of Administration was filed in the Probate Court for Davidson County, Tennessee, Docket No. 11P-644. Don William Raymond was appointed as the Administrator of the Estate of Violet Lavada Raymond. The Administrator is duly qualified. All debts of the decedent have been paid. The inheritance tax clearance has been received, being Account No. 441597284, a copy of which is attached as Exhibit A. The Administrator, by signing this Quit Claim Deed, releases any right the Administrator has to recover this property in the event of the subsequent insolvency of this Estate. The Administrator hereby conveys to DON WILLIAM RAYMOND, BILLY RAYMOND, LEO RAYMOND, JAMES RAYMOND, ANTHONY RAYMOND, DANIEL RAYMOND, MARIE SMITH, FRANCES RAYMOND, LARRY RAYMOND and BARNEY RAYMOND as tenants in common, all right, title and interest in the following described real estate in Davidson County, Tennessee:

> BEING the south part of Lot No. 17 on the Map of United Electric Railway Plan, of record in Book 161, Page 8, Register's Office for Davidson County, Tennessee.
>
> Said part of Lot No. 17 fronts 50 feet on the north side of Eastside Avenue and runs back between parallel lines 150 feet to a 10 foot alley in the rear.

BEING the same property conveyed to Doyce R. Raymond by Warranty Deed from Ruby Lee Denney, unmarried, of record in Book 9015, Page 921, Register's Office for Davidson County, Tennessee. The said Doyce R. Raymond having died on April 15th, 2008. See death certificate attached as Exhibit B.

BEING the same property conveyed to Violet Lavada Raymond by the Last Will and Testament of Doyce Robert Raymond dated June 20th, 1986 and attached hereto as Exhibit C to this Administrator's Quit Claim Deed.

This is improved property known as 2005 Eastside Ave., Nashville, TN 37206.

WITNESS my hand this 12 day of Sept, 2011.

Don William Raymond
DON WILLIAM RAYMOND, Administrator of the Estate of Violet Lavada Raymond

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 Administrator, DON WILLIAM RAYMOND, with whom I am personally acquainted, or proved to me based upon satisfactory information, and who acknowledged that he is the Administrator of the Estate of Violet Lavada Raymond, and that as such Administrator, he executed the within Quitclaim Deed for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this 12th day of September, 2011.

Martin A. Kooperman
NOTARY PUBLIC AT LARGE

MARTIN A. KOOPERMAN STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY, TENN.

My Commission Expires: 5/7/15

The actual consideration or value, whichever is greater, for this transfer is $0.00.

Don W Raymond
AFFIANT

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Sworn to and subscribed before me this 12th day of September, 2011.

MARTIN A. PERMAN STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY TENN.

Martin A. Perlman
NOTARY PUBLIC

My Commission Expires: 5/5/15

N0019001

DAVIDSON COUNTY PROBATE COURT
DOCKET NO: 11P-644

6864684110829

TENNESSEE DEPARTMENT OF REVENUE

Inheritance Tax Closing Letter (This is not a bill for tax due)

September 2, 2011

ESTATE OF VIOLET L RAYMOND
ATTN: MARTIN A KOOPERMAN
603 WOODLAND ST
NASHVILLE TN 37206-4211

Account Type:	INHERIT TX
Account No.:	441597284
Date of Death:	March 11, 2011
County:	DAVIDSON
SSN:	XXX-XX-4722

A sworn return for inheritance tax has been filed with this department by the representative of the above estate.

As provided in Section 67-8-420, Tennessee Code Annotated, this receipt or certificate authorizes the court of the county in which such estate was administered to permit a final settlement or accounting by the estate representative.

The liability, as denoted in this closure letter, has been paid to the State of Tennessee. This is not a bill:

Inheritance Tax:	$0.00
Estate Tax:	$0.00
Interest:	$0.00
Penalty:	$0.00
Total:	$0.00

DETACH BELOW AND RETAIN FOR YOUR RECORDS

TENNESSEE DEPARTMENT OF REVENUE

ESTATE OF VIOLET L RAYMOND
ATTN: MARTIN A KOOPERMAN
603 WOODLAND ST
NASHVILLE, TN 37206-4211

September 2, 2011

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Estate Tax:	$0.00
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Penalty:	$0.00
Total:	$0.00

EXHIBIT
A

RV-N0019001

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0802414

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): Doyce Robert Raymond
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): April 15, 2008
4. SOCIAL SECURITY NUMBER (of Deceased): 412-26-5430
5. AGE - LAST BIRTHDAY (Years): 87
6. DATE OF BIRTH: Nov 16, 1920
7. BIRTHPLACE (City and State or Foreign Country): Lawrenceburg, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [X] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not Institution, give street and number): Imperial Manor Convalescent Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Madison
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Lavada Blade
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Self-employed
12b. KIND OF BUSINESS/INDUSTRY: Silver Plating
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2005 Eastside Ave
CENSUS TRACT: 3 UA
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37206-
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): 8; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Floyd Dudley Raymond
18. MOTHER'S NAME (First, Middle, Maiden Surname): Bessie Lee Walls

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Mrs. Marie Smith
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2918 Cowhorn Hollow Rd Prospect, 38477

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): ts Hill Cemetery
20c. LOCATION—City or Town, State: Pulaski, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: L BP
LICENSE NUMBER OF FUNERAL DIRECTOR: 3397
21c. SIGNATURE OF EMBALMER: L BP
21d. LICENSE NUMBER OF EMBALMER: 3728
22a. NAME AND ADDRESS OF FUNERAL HOME: Bennett-May-Giles County Funeral Home, LLC 1910 Elkton Pike, Pulaski, Tennessee 38478
22b. LICENSE NUMBER OF FUNERAL HOME: 1133

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda R Bowles DR
24. DATE FILED (Month, Day, Year): April 24, 2008

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 [X] SIGNATURE AND TITLE OF PHYSICIAN:
25b. LICENSE NUMBER: MD18500
25c. DATE SIGNED (Month, Day, Year): 4/23/08
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): S. D'Amico MD 7001 Mallory Ln /FRANKLIN TN 37067

CAUSE OF DEATH

28. PART I. Enter the disease, 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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Renal Failure
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.
Approximate Interval Between Onset and Death: WKS
SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
CAD, Hx Sepsis
29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [X] 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, Yr.):
31b. TIME OF INJURY:
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)

PH-1639 (REV. 6/98)
BIRTH NO.
RDA 1366

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 Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977

[redacted]

Tonya Y Foreman
Local Registrar

Date Issued APR 24 2008

SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE 47

EXHIBIT
tabbies
B

LAST WILL AND TESTAMENT OF DOYCE ROBERT RAYMOND

I, Doyce Robert Raymond, presently residing at 2007 Eastside Avenue, Nashville, Tennessee, hereby revoking all other Wills by me at any time heretofore made, do hereby make, publish and declare this to be my Last Will and Testament.

I appoint my wife, Violet Lavada Raymond, Executrix of this my Will and expressly excuse her from furnishing bond in such capacity.

I give, devise and bequeath all of my property, real, personal or mixed, to my said wife to be her property absolutely.

In the event my said wife should predecease me, I appoint my son, Don Raymond, a resident of Davidson County, Tennessee, Executor of this my Will and expressly excuse him from furnishing bond in such capacity.

In the event my said wife should predecease me, I give, devise and bequeath all of my property, real, personal or mixed, to my ten children who are Billy G. Raymond, Leo J. Raymond, Francies Inez Crabtree, Don W. Raymond, Marie D. Smith, Daniel L. Raymond, Larry J. Raymond, Anthony W. Raymond, Barney D. Raymond and James L. Raymond, to be their property absolutely, share and share alike.

WITNESS MY HAND at Nashville, Tennessee this 20th day of June, 1986.

Doyce Robert Raymond
TESTATOR

On this, 20th day of June, 1986 Doyce Robert Raymond executed the foregoing instrument as his Last Will and Testament, and we, at his request, in his sight and presence and in the sight and presence of each other have signed our names as attesting witnesses.

J. L. Watson ADDRESS 3805 Dalton Ave. Nashville

Edna Woods ADDRESS "

EXHIBIT C