QUIT CLAIM DEED

The GRANTOR, Charlene Williams, a widow of Thomas E Williams, for and in consideration of $10 (ten dollars) in hand paid , conveys and quit claims to Edward Jones, GRANTEE, the right, title and interest, if any, which GRANTOR may have in the following described real estate:

Being in the 21st Civil District of Davidson County, Tennessee, and bounded, limited, and described as follows, to wit:

BEGINNING at a stone on the north side of the present road or passway; thence West 160 feet to the southeast corner of the Nix land; thence at a right angle North 160 feet along the east line of the land conveyed by Maggie Banks, a widow, to John Thomas Nixon and wife and extending along the Maggie Banks' line 10 feet to the northwest corner of the land conveyed by Maggie Banks to Thomas Williams and wife, Charlene Williams; thence at a right angle South 160 feet along the south line of the Williams land to the southeast corner of the Williams' land and the east line of the Maggie Banks' land; thence along the east line of the Maggie Banks' land 160 feet to the point and place of beginning. Being all of the remainder of the Maggie Banks' land described in Deed of record from Sherry Lee Carter, et al, to Robert Banks, deceased, and wife, Maggie Banks, of record in Book 1970, page 390, Register's Office of Davidson County, Tennessee.

Map 076 080 Parcel 007 00

13th day of OCT, 2011.

Charlene Williams
Charlene Williams

STATE OF TN,
COUNTY OF Davidson

SALLY R. PHILLIPS
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY

Notary Public

My Commission Expires SEPT. 9, 2014

On this day personally appeared, before me Charlene Williams, to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and official seal on this 13th October 2011

STATE OF TENNESSEE
COUNTY OF DAVIDSON
The actual consideration or true value, whichever is greater for this transfer is
$ 0
Fletcher Williams Affiant
Subscribed and sworn before me this the
3 Day of November, 2011.
Brandi Weiss, Deputy Register

BILL GARRETT, Davidson County
Trans:T20110069339 DEEDQC
Recvd: 11/03/11 14:31 3 pgs
Fees:17.00 Taxes:0.00
20111103-0085903

PICK-UP

T.A.T.

11/3/2011

Charlene Williams AND her heirs AND ASSIGNS FOREVER AND Doescovenant Thats She lAwfully seized AND possessed of said land Fee Simple, have a good right TO convey it and the Same is unencumbered Except Taxes and the instrument is made Subject to All Taxes For the Consideration of TEN Dollars Sold LAND Described in Book 1970 Page 390 TO EDWARD Jones of 923 Youngs LAne Nashville Tennessee 37207 IT is Also Agreed that EDWARD JONES of 923 Young LAne Will Be responsible FOR all Property TAXES From This Date of NOVember 3RD 2011 FORWARD The MAP 070 080 Parcel 007 00 CURRENT DEED Ref Book 4910 PAGE 248 Prepared By charlene williams 805 YOKLEY DR NASHVILLE TN 37207

X Charlene Williams

X Edward Jones

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0501872

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): THOMAS EUGENE WILLIAMS
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): MARCH 30, 2005
4. SOCIAL SECURITY NUMBER (of Decedent): [redacted]6911
5a. AGE LAST BIRTHDAY (Years): 80
5b. UNDER 1 YEAR Months / Days
5c. UNDER 1 DAY Hours / Min.
6. DATE OF BIRTH (Month, Day, Year): NOV 1 1924
7. BIRTHPLACE (City and State or Foreign Country): NASHVILLE, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): SKYLINE MEDICAL CENTER
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): 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.): AIR TOOL OPERATOR
12b. KIND OF BUSINESS/INDUSTRY: NASHVILLE GAS COMPANY
13a. RESIDENCE-STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 505 YOKLEY DRIVE
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37207
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 [ ] Yes 2 [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) / College (1-4 or 5+)

PARENTS

17. FATHER'S NAME (First, Middle, Last)
18. MOTHER'S NAME (First, Middle, Maiden Surname): MARY NICHOLS

INFORMANT

19a. INFORMANT'S NAME (Type/Print): CHARLENE WILLIAMS
19b. RELATIONSHIP TO DECEASED: WIFE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 505 YOKLEY DRIVE NASHVILLE, TN 37207

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): GREENWOOD CEMETERY
20c. LOCATION-City or Town, State: NASHVILLE, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4602
21c. SIGNATURE OF EMBALMER: JUDD SELLERS
21d. LICENSE NUMBER OF EMBALMER: 5267
22a. NAME AND ADDRESS OF FUNERAL HOME: SMITH BROTHERS FUNERAL DIRECTORS, INC. 706 MONROE STREET, NASHVILLE, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 809

REGISTRAR

23. REGISTRAR'S SIGNATURE: [signature]
24. DATE FILED (Month, Day, Year): April 8, 2005

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

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: [signature]
25b. LICENSE NUMBER: MD35567
25c. DATE SIGNED (Month, Day, Year): 4-6-05
25a. 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
25b. LICENSE NUMBER
25c. DATE SIGNED (Month, Day, Year)
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

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.	Pneumonia with Respiratory Failure	
DUE TO (OR AS A CONSEQUENCE OF): b.	Lung Cancer	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST — DUE TO (OR AS A CONSEQUENCE OF): c.	COPD	
DUE TO (OR AS A CONSEQUENCE OF): d.	Acute renal Insufficiency	

SEE INSTRUCTIONS ON OTHER SIDE

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 [X] 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
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-1650 (REV. 6-99)
BIRTH NO.
RDA 1306

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.

Tonya Y Ruttlen
Tonya Y Ruttlen
Local Registrar

4/27/2005
Date Issued

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

CERTIFICATION OF VITAL RECORD