BILL GARRETT, Davidson County
Trans:T20110078828 DEEDQC
Recvd: 12/13/11 12:53 3 pgs
Fees:17.00 Taxes:0.00
20111213-0097031

This Instrument Prepared By:
James E. Zwickel
Attorney at Law
P.O.Box 8436
Hermitage, Tennessee 37076

QUITCLAIM DEED

Address New Owners:	Send Tax Bills To:	Map & Parcel Nos.:
Kovich Liston Kelton & JoAnn Kelton **713 Elissa Drive** **Nashville, TN 37217**	**SAME**	**10705003400**

FOR AND IN CONSIDERATION of the sum of Ten ($10.00) Dollars, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, **Kovich Liston Kelton**, the Grantor, for the purpose of creating a tenancy by the entirety with right of survivorship with his wife JoAnn Kelton, does hereby quitclaim, transfer and convey whatever right, title and interest he has in property in the following described real estate to Kovich Liston Kelton and wife JoAnn Kelton as tenants by the entirety, with right of survivorship, said property being located in Davidson County, State of Tennessee, to wit:

Land in Davidson County, Tennessee,

BEING Lot No. 118 on the Plan of Bel-Air Subdivision, Section II, as of record in Book 2900, page 32, Register's Office for Davidson County, Tennessee, to which plan reference is made for a more complete description also known as 713 Elissa Drive, Nashville, Tennessee.

BEING the same property devised by Will to Kovich Liston Kelton by Margaret L. Hutton, deceased, filed as Instrument No. 20091105-0102367, Register's Office for Davidson County, Tennessee, having been entered in the Seventh Circuit Court for Davidson County, Tennessee in Case Number 09P214, the said Margaret L. Hutton, deceased having died on December 20, 2008 and having been pre-deceased by her late husband, Harold Dana Hutton, deceased, who died on November 14, 1986 as evidenced by the Death Certificate of Harold Dana Hutton appended hereto as Exhibit A.

BEING the same property conveyed to Harold D. Hutton and wife, Margaret L. Hutton by deed from James R. Gilmer & wife, Edith H. Gilmer of record in Book 6068, page 898, Register's Office For Davidson County, Tennessee.

This conveyance subject to Restrictive Covenants of record in Book 2959, page 215 and as amended in Book 2964, page 1, and such easements and setback lines of record in Book 3600, page 32, Register's Office for Davidson County, Tennessee.

IN WITNESS WHEREOF, Grantor has executed this instrument on the 12th day of December, 2011.

GRANTOR: _____
Kovich Liston Kelton

(STATE OF TENNESSEE)
(COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned _____, a Notary Public in and for said County and State, **Kovich Liston Kelton**, the within named Grantor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he executed the within instrument for the purpose therein contained.

Witness my hand and seal, this 12th day of December, 2011.

MICHAEL B. COLYER STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY My Commission Expires July 6, 2015

_____
Notary Public

My Commission Expires: July 6, 2015

(STATE OF TENNESSEE)
(COUNTY OF DAVIDSON)

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

_____
Affiant

Subscribed and sworn to before me, this the 12th Day of December, 2011.

_____
Notary Public

MICHAEL B. COLYER STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY My Commission Expires July 6, 2015

THIS INSTRUMENT WAS PREPARED FROM INFORMATION PROVIDED BY THE PARTIES. NO INDEPENDENT TITLE EXAMINATION WAS MADE.

Metropolitan Government of Nashville and Davidson County

Richard H. Fulton, Mayor

J. M. BISTOWISH, M.D., REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY

NOV 25 1986

J. M. Bistowish M.D.

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

VITAL RECORDS

8605337 BECOMES A LEGAL RD WHEN PROPERLY EXE- D AND FILED.

OR PRINT IN AANENT BLACK INK.

DECEASED

L RESIDENCE WHERE DE- ED LIVED. IF DEATH OC- IED IN INSTITUTION, GIVE DENCE BEFORE ADMIS-

PARENTS AND INFORMANT

IIT REQUIRED PRIOR TO SPORTATION OF BODY BY MON CARRIER OR RE- L FROM STATE.

DISPOSITION

CERTIFIER

ATH NOT ATTENDED BY ICIAN, AUTHORIZED OF- AL SIGN HERE. ANY ICIAN OR MEDICAL EX- NER EXECUTING CER- ATE MUST COMPLETE SIGN MEDICAL CER- CATION WITHIN 48 IRS. POWER OF NATURE CANNOT BE EGATED.

CAUSE

BIRTH NO. _____ STATE FILE NO.

DECEASED—NAME (FIRST / MIDDLE / LAST)	DATE OF DEATH (MONTH, DAY, YEAR)
1. Harold Dana Hutton	2. November 14, 1986

AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR: MOS. / DAYS	UNDER 1 DAY: HOURS / MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)	ORIGIN OR DESCENT—ITALIAN, MEXICAN, GERMAN, ETC (SPECIFY)	SEX
3a. 52	3b.	3c.	4. April 25, 1934	5. Caucasian	6. American	7. Male

COUNTY OF DEATH	CITY, TOWN OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.)	IF HOSP., OR INST., INDICATE DOA, OP/Emer., Inp., Resident (Specify)
7a. Davidson	7b. Nashville	7c. Yes	7d. Southern Hills Hospital	7e. Inpatient

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Tennessee	9. USA	10. Married	11. Margaret Louise Tennenny

SOCIAL SECURITY NUMBER (IF NONE, SPECIFY)	SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE)	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY
12a. 408 48 2570	12b. U.S. Army	13a. Appliance Service	13b. Nashville Electric Service

RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (SPECIFY YES OR NO)	CENSUS TRACT NO.
14a. Tennessee	14b. Davidson	14c. Nashville	14d. 713 Elissa Drive	14e. Yes	14f.

FATHER—NAME	MOTHER—MAIDEN NAME	INFORMANT—NAME	MAILING ADDRESS
15. Clarence Dana Hutton	16. Betty Maxine Poole	Margaret L. Hutton	Same

BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY)	DATE (MONTH, DAY, YEAR)	CEMETERY OR CREMATORY—NAME	LOCATION: CITY OR TOWN	STATE
18a. Burial	18b. Nov. 17, 1986	18c. Woodlawn Memorial Park	18d. Nashville,	Tennessee

FUNERAL DIRECTOR (SIGNATURE)	LICENSE NO.	EMBALMER (SIGNATURE)	LICENSE NO.
19a. M S Brown	19b. 3080	19c. Ronnie H Reed	19d. 3964

FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR
20. Woodlawn Funeral Home 689 Thompson Ln Nashville Tn. 37204	Esther D Mabry	21. 11-24-86

PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED.	SIGNATURE	DEGREE	DATE SIGNED (MONTH, DAY, YEAR)
22a.	James H. Haynes, MD		22b. 11/24/86

MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.	SIGNATURE	TITLE	DATE SIGNED (MONTH, DAY, YEAR)
23a.			23b.

CERTIFIER—NAME (TYPE OR PRINT)	MAILING ADDRESS (STREET OR R.F.D. NO. / CITY OR TOWN / STATE / ZIP)
24a. James H. Haynes, M. D.	24b. Nashville, TN.

25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cardiopulmonary Arrest	5 minutes
DUE TO, OR AS A CONSEQUENCE OF (b)	Alcoholic Cardiomyopathy	1 week
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST — DUE TO, OR AS A CONSEQUENCE OF (c)	Alcoholism	20 years

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

26. AUTOPSY (YES OR NO): No

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	DESCRIBE HOW INJURY OCCURRED
27a.	27b.	27c.	27d.

INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY (HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY))	LOCATION: STREET OR R.F.D. NO. / CITY OR TOWN / STATE
27e.	27f.	27g.

PH-1659
Rev. 9/81 CRC

202-06-002

Exhibit A to Kovich L. Kelton Quitclaim Deed