THIS INSTRUMENT PREPARED BY:
BECK & BECK, Attorneys at Law, PLLC
4205 Gallatin Road
Nashville, TN 37216

BILL GARRETT, Davidson County
Trans:T20110079808 DEEDQC
Recvd: 12/16/11 13:49 5 pgs
Fees:27.00 Taxes:0.00
20111216-0098272

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The actual consideration or value, whichever is greater, for this transfer is One ($1.00) Dollar.

AFFIANT

Subscribed and sworn to before me, this 14 day of December 2011.

Notary Public

My Commission Expires: 6-6-2014

ADDRESS NEW OWNERS:
Steven Lee McElroy
4000 Anderson Rd., Unit # 20
Nashville, TN 37217

SEND TAX BILLS TO:
Steven Lee McElroy
4000 Anderson Rd., Unit #20
Nashville, TN 37217

MAP/ Parcel: 136-03-0A-020.00-CO

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ADMINISTRATOR'S QUITCLAIM DEED

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KNOW ALL MEN BY THESE PRESENTS that I, STEVEN LEE MCELROY, Administrator for the Estate of TRAVIS L. MCELROY, being one and the same person, am affecting this quitclaim as a means of clarifying the title to this property. Under the laws of Probate of the State of Tennessee, the estate of TRAVIS L. MCELROY was probated in the Probate Court of Davidson County, Docket No. 11P-1145 on July 28, 2011. STEVEN LEE MCELROY, was named Administrator for the Estate of TRAVIS L. MCELROY. (See attached Letters of Administration). BETTYE JANE MCELROY, wife, predeceased her husband, TRAVIS L. MCELROY, her date of death was November 15, 2006. STEVEN LEE MCELROY is the only child of TRAVIS L. and BETTYE JANE MCELROY and the sole heir of his father's estate. For and in consideration of the sum of One dollar ($1.00), cash in hand paid, the receipt of which is hereby acknowledged, STEVEN LEE MCELROY, Administrator for the Estate of TRAVIS L. MCELROY, has bargained and sold and hereby [convey,] remise, release and forever quitclaims to STEVEN LEE MCELROY and all of his heirs and assigns, such of their right, title and interest in and to a certain tract [parcel] of land in Davidson County, Tennessee, as will create an estate in and to said tract [parcel] of land, which is described as follows:

Being all of Townhouse No. 20, Building No. 4 in a Horizontal Property Regime of Priest Lake Park Condominium Townhouses, Phase 1, according to plat and survey of record in Plat Book 4460, page 79, and Revised in Plat Book 4469, page 88, of the Register's Office of Davidson County, Tennessee, to which plat reference is here made for more complete details of location and description of said lot.

Being the same property conveyed to David Rowland by Warranty Deed of record in Deed Book 7163, page 77, of the Register's Office of Davidson County, Tennessee.

SUBJECT to any and all matters of record and as shown in Plat Book 4460, page 79 and revised in Plat Book 4460, page 88; and to public utility and drainage easements, setback lines and other special requirements or restriction imposed by the appropriate governmental body, utility and/or health department; all of record in the Register's Office of Davidson County, Tennessee, and to all zoning and subdivision regulations of appropriate governmental body along with any easements and right of ways of public roads and utilities; all of the Register's Office of Davidson County, Tennessee.

Being the same property conveyed to Travis L. McElroy and Bettye McElroy, by David Rowland by Warranty Deed dated August 12, 1997 of record in Deed Book 10567, page 686, of the Register's Office of Davidson County, Tennessee.

This is improved property known as 4000 Anderson Rd., Unit # 20, Nashville, TN 37217.

Said property is conveyed subject to such limitations, restrictions and encumbrances as may affect the premises.

WITNESS my hand this 14 day of December, 2011.

STEVEN LEE MCELROY, ADMINISTRATOR

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, Jeff Shadlow, a Notary Public, in and for said County and State, **STEVEN LEE MCELROY** the within named bargainor, 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 purposes therein contained.

WITNESS my hand and official seal at office this the 14 day of December, 2011.

NOTARY PUBLIC
MY COMMISSION EXPIRES: 1-6-2014

SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE

LETTERS OF ADMINISTRATION

11P1145

TO STEVEN LEE MCELROY :

It appearing to the Court, that TRAVIS L. MCELROY, has died, and leaving no will, and the Court being satisfied as to your claim to the Administration , and you having given bond pursuant to Order, if required, and qualified as directed by law, and the Court having ordered that Letters of Administration be issued to you:

THESE ARE THEREFORE to authorize and empower you to take into your possession and control all the goods, chattels, claims, and papers of the said estate, and return a true and perfect inventory thereof to this Court; to collect and pay all debts, and to do and transact all the duties in relation to said estate, to deliver the residue thereof to those who are by law entitled.

WITNESS, Richard R. Rooker, Clerk of Probate Court, at my office, this July 28, 2011

RICHARD R. ROOKER CIRCUIT COURT CLERK

Richard R. Rooker, Clerk

_____ D.C.

STATE OF TENNESSEE
DAVIDSON COUNTY

I, Richard R. Rooker, Clerk of the Probate Court, do hereby certify that the foregoing is a full, true and perfect copy of Letters of Administration, issued to STEVEN LEE MCELROY, as Administrator of the estate of TRAVIS L. MCELROY, deceased, and I do further certify that STEVEN LEE MCELROY is still acting as Administrator of the estate, and all acts as such are entitled to full faith and credit, as it appears from the records filed in my office at Nashville, Tennessee.

WITNESS my hand and official seal, this 28 day of July, 2011.

RICHARD R. ROOKER CIRCUIT COURT CLERK

Richard R. Rooker, Clerk

_____ D.C.

STATE OF TENNESSEE
Office of Vital Records

1101017

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): TRAVIS LEE McELROY
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): July 14, 2011
4. SOCIAL SECURITY NUMBER: [redacted]3918
5a. AGE-LAST BIRTHDAY: 76
5b. UNDER 1 YEAR: MOS. DAYS
5c. UNDER 1 DAY: HOURS MIN.
6. DATE OF BIRTH (Month, Day, Year): October 25, 1934
7. BIRTHPLACE (City and State or Foreign Country): RUSSELL SPRINGS, KY
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] 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): VA TN VALLEY HEALTHCARE SYSTEM
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE, TN
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify): WIDOWED
11. SURVIVING SPOUSE (If wife, give maiden name): N/A
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): LOAD MASTER
12b. KIND OF BUSINESS/INDUSTRY: UNITED STATES AIR FORCE
13a. RESIDENCE-STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 4000 ANDERSON ROAD # 20
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37217
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] 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+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): VELMER BURTON
18. MOTHER'S NAME (First, Middle, Maiden Surname): BEULAH McELROY

INFORMANT

19a. INFORMANT'S NAME (Type/Print): VA TN VALLEY HEALTHCARE SYSTEM
19b. RELATIONSHIP TO DECEASED: VA FILE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1310 24TH AVENUE SOUTH, NASHVILLE, TN 37212

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [X] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): MIDDLE TN CREMATION CENTER
20c. LOCATION (City or Town, State): MOUNT JULIET, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: TONYA SCALES HAYNES
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5681
21c. SIGNATURE OF EMBALMER: N/A
21d. LICENSE NUMBER OF EMBALMER: N/A
22a. NAME AND ADDRESS OF FUNERAL HOME: NEW GENERATION FH, 2930 MURFREESBORO PIKE, ANTIOCH, TN 37013
22b. LICENSE NUMBER OF FUNERAL HOME: 1217

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda K. Bowers, RR
24. DATE FILED (Month, Day, Year): July 15, 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. 1 [X] SIGNATURE AND TITLE OF PHYSICIAN: William Lawson M.D.
25b. LICENSE NUMBER: 31749
25c. DATE SIGNED (Month, Day, Year): Jul 15, 2011
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): WILLIAM E. LAWSON, M.D. 1310 24TH AVE. SOUTH, NASHVILLE, TN 37212

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.

SEE INSTRUCTIONS ON OTHER SIDE

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	Septic Shock with Multi-System Organ Failure	6 Days
DUE TO (OR AS A CONSEQUENCE OF): b.	E-Coli Bacteremia, Pneumonia, Endocarditis & UTI	6 Days
DUE TO (OR AS A CONSEQUENCE OF): c.	Neutropenia with Pulmonary Aspergillosis	6 Days
DUE TO (OR AS A CONSEQUENCE OF): d.	Rectal Cancer	16 Years

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.

Hypertension, CHF, Diabetes, PTSD, Degenerative Arthritis of the Spine

29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [X] 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: HR. MIN.
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-1850 (REV. 2-93)

BIRTH NO.

RDA 1389

4618582

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

JUL 18 2011

Teresa S. Hendricks
STATE REGISTRAR

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

Date Issued

CERTIFICATION OF VITAL RECORD

METROPOLITAN GOVERNMENT
NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0606456

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): BETTYE JANE McELROY
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): November 15, 2006
4. SOCIAL SECURITY NUMBER: [redacted]0974
5a. AGE-LAST BIRTHDAY (Years): 69
5b. UNDER 1 YEAR: AGE / DATE
5c. UNDER 1 DAY: HOURS / MINS
6. DATE OF BIRTH (Month, Day, Year): February 11, 1937
7. BIRTHPLACE (City and State or Foreign Country): Ardmore, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA; OTHER: 4 Nursing Home 5 [X] Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 4000 Anderson Road Unit #20
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): Travis L. McElroy
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Secretary
12b. KIND OF BUSINESS/INDUSTRY: Construction
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 4000 Anderson Road Unit #20
CENSUS TRACT
13e. INSIDE CITY LIMITS? [X] Yes [ ] No
13f. ZIP CODE: 37217
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.): Yes [ ] No [X]
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+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Sim E. Smith
18. MOTHER'S NAME (First, Middle, Maiden Surname): Hazel Merrell

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Travis L. McElroy
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4000 Anderson Road Unit #20 Nashville, Tennessee 37217

DISPOSITION

20a. METHOD OF DISPOSITION: 1 Burial 2 [X] Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Crawford Mortuary and Crematory
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Neide B. Lloyd
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4114
21c. SIGNATURE OF EMBALMER:
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: Crawford Funeral Home and Cremation Center 2930 Murfreesboro Pike, Antioch, Tennessee 37013
22b. LICENSE NUMBER OF FUNERAL HOME: #1157

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda L. Bowers
24. DATE FILED (Month, Day, Year): November 17, 2006

CERTIFIER

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.
[X] SIGNATURE AND TITLE OF PHYSICIAN:
25b. LICENSE NUMBER: MD 18500
25c. DATE SIGNED (Month, Day, Year): 11/15/06
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.
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 1208 Mallory Ln #382 Franklin TN 37064

CAUSE OF DEATH

See instructions on reverse side.

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Breast Cancer — DUE TO (OR AS A CONSEQUENCE OF):
Approximate Interval Between Onset and Death: 6 yrs
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.

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 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 [X] 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)

BRIM NO.

TDA 1309

PI1-1053V (REV. 6/99)

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

Date Issued NOV 17 2006

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

CERTIFICATION OF VITAL RECORD