BILL GARRETT, Davidson County
Trans:T20110081552 DEEDQC
Recvd: 12/27/11 10:50 3 pgs
Fees:17.00 Taxes:0.00
20111227-0100653

This instrument prepared by:
Leila Hansen, Esq.
9041 South Pecos Road, Suite 3900
Henderson, Nevada 89074

5612992-1 -113042

QUITCLAIM DEED

TITLE OF DOCUMENT

ADDRESS NEW OWNER AS FOLLOWS:	MAIL TAX STATEMENT TO:	MAP PARCEL NUMBERS:
Kathrine C. Stone	Kathrine C. Stone	Map/Parcel:
486 Westcrest Drive	486 Westcrest Drive	16102005900
Nashville, Tennessee 37211	Nashville, Tennessee 37211	

FOR AND IN CONSIDERATION of ONE AND NO/100 DOLLAR ($1.00), cash in hand paid by the grantee, the receipt and sufficiency of which is hereby acknowledged, **Kathrine C. Stone, an unmarried woman, surviving spouse of James Lee Stone as per attached certified copy of Certificate of Death** by these presents do hereby quitclaim and convey unto the said **Kathrine C. Stone, an unmarried woman**, Grantees herein, their successors and assigns, all their right, title and interest in and to the following certain real estate in **Davidson** County, **Tennessee**, described as follows:

BEING LOT NO. 7, ON THE PLAN OF MCMURRAY HILLS, OF RECORD IN BOOK 3700, PAGE 5, REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE, TO WHICH PLAN REFERENCE IS HEREBY MADE FOR A MORE COMPLETE AND ACCURATE LEGAL DESCRIPTION.

The express purpose of this conveyance is to Remove Deceased from Title.

Being the same property conveyed to James Lee Stone and Kathrine C. Stone, husband and wife by Deed from Kenneth Edward Adams and Roberta Anne Adams, husband and wife of record in Book 7289, Page 671, said Register's Office.

This is unimproved (X) property known as 486 Westcrest Drive, Nashville, Tennessee 37211
Improved ( )

Whenever used, the singular number shall include the plural, the plural the singular and the use of any gender shall be applicable to all genders.

7744 5839 12cc 1st

When Recorded Return To:
Indecomm Global Services
2925 Country Drive
St. Paul, MN 55117

Witness our hand this 7 day of December, 20 11, the corporate party, if any, having caused its name to be signed hereto by its duly authorized officers on said day and date.

Kathrine C. Stone

Kathrine C. Stone

ACKNOWLEDGMENT

STATE OF Tn)

COUNTY OF Davidson) ss

Personally appeared before me, Tonya Greer, a Notary Public in and for said County and State, **Kathrine C. Stone** the within named bargainor, individual(s), with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he/she/they executed the within instrument for the purposes therein contained.

Given under my hand and official seal of office at Nashville, Tn. this 7 day of December, A.D., 2011.

NOTARY STAMP/SEAL

TONYA GREER
STATE OF TENNESSEE NOTARY PUBLIC
RUTHERFORD COUNTY

Tonya Greer
NOTARY PUBLIC
Notary Commission Expires: 1-19-13

AFFIDAVIT OF VALUE

STATE OF Tn)

COUNTY OF Davidson)

I, or we, hereby swear or affirm that to the best of affiants knowledge, Information, and belief, the actual consideration for this transfer is $ 1.00.
Subscribed and sworn to before me this the 7 day of December, 20 11.

(Affix Seal)

Kathrine C. Stone
Affiant

Tonya Greer
Notary Public
My Commission Expires: 1-19-13

TONYA GREER
STATE OF TENNESSEE NOTARY PUBLIC
RUTHERFORD COUNTY

·U02339357·
1639 12/17/2011 77445839/1

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 0004407

TYPEWRITE IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): James Lee Stone
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): August 3, 2009
4. SOCIAL SECURITY NUMBER: [redacted]-4547
5a. AGE-Last Birthday (Years): 78
5d. DATE OF BIRTH (Month, Day, Year): Oct 3, 1930
7. BIRTHPLACE (City and State or Foreign Country): Brighton, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9. PLACE OF DEATH: 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9a. FACILITY NAME (If not institution, give street and number): Centennial Medical Center
9b. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9c. COUNTY OF DEATH: Davidson
10. MARITAL STATUS: Married
11. SURVIVING SPOUSE (If wife, give maiden name): Kay Cheatham
12a. DECEDENT'S USUAL OCCUPATION: Accounts Payable Clerk
12b. KIND OF BUSINESS/INDUSTRY: TRW
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 486 Westcrest Drive
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37211
14. WAS DECEDENT OF HISPANIC ORIGIN? Yes [ ] No [X]
15. RACE: White
16. DECEDENT'S EDUCATION: 12
17. FATHER'S NAME: Alton Stone
18. MOTHER'S NAME: Thelma Pinner
19a. INFORMANT'S NAME: Kay Stone
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS: 486 Westcrest Drive, Nashville, Tennessee 37211
20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION: Middle Tennessee Veterans Cemetary
20c. LOCATION: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: David Dill
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5144
21c. SIGNATURE OF EMBALMER: David Dill
21d. LICENSE NUMBER OF EMBALMER: 5170
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Inc., Hickory Chapel 5852 Holeansville Road, Nashville, Tennessee 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 760
23a. REGISTRAR'S SIGNATURE: Linda L. Bowers DR
24. DATE FILED: August 12, 2009
25a. CERTIFICATE - 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
25b. LICENSE NUMBER: 018938
25c. DATE SIGNED: 8/10/2009
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
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER): Lawrence J. Pass, M.D. 2400 Patterson St., Ste. 307, Nashville, TN 37203
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. End Stage Pulmonary Fibrosis — Approximate Interval Between Onset and Death: 3 months
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to the 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.
coronary artery disease, peripheral vascular disease
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)
BIRTH NO.
RDA 1999

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.

3560831

Sharon M. Leinbach
STATE REGISTRAR

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

10/6/2009
Date Issued

CERTIFICATION OF VITAL RECORD