This instrument prepared by:
Leila Hansen, Esq.
9041 S. Pecos Road, #3900
Henderson, Nevada 89074
287222

(3)

Davidson County DEEDQC
Recvd: 01/19/12 14:02 4 pgs
Fees:22.00 Taxes:0.00
20120119-0005427

QUITCLAIM DEED

TITLE OF DOCUMENT

ADDRESS NEW OWNER AS FOLLOWS:	**MAIL TAX STATEMENT TO:**	**MAP PARCEL NUMBERS:**
Laura O. Pointer	Laura O. Pointer	Map/Parcel:
3230 Masonwood Drive	3230 Masonwood Drive	05010002700
Nashville, Tennessee 37207	Nashville, Tennessee 37207	

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, **Laura O. Pointer, who acquired title incorrectly as Laura C. Pointer, a widow, surviving spouse of Walter H. Pointer as per the attached certified copy of the Certificate of Death** by these presents do hereby quitclaim and convey unto the said **Laura O. Pointer, a widow**, 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. 753 ON THE PLAN OF PARKWOOD ESTATES, SECTION 4, AS OF RECORD IN BOOK 3300, PAGES 78 AND 80, REGISTER'S OFFICE FOR SAID COUNTY.

SAID LOT NO. 753 FRONTS 92.13 FEET ON THE SOUTHERLY SIDE OF MASONWOOD DRIVE, AND RUNS BACK BETWEEN LINES 130.0 FEET ON THE WESTERLY LINE AND 126.2 FEET ON THE EASTERLY LINE TO A DEAD LINE IN THE REAR ON WHICH IT MEASURES 90.1 FEET.

The express purpose of this conveyance is to Removing Deceased From Title.

Being the same property conveyed to Walter H. Pointer and wife, Laura C. Pointer by Deed from Dorothy L. Martin, unmarried of record in Book 5348, Page 810, said Register's Office.

This is unimproved (X) property known as 3230 Masonwood Drive, Nashville, Tennessee 37207
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.

Witness our hand this 20 day of December, 2011, the corporate party, if any, having caused its name to be signed hereto by its duly authorized officers on said day and date.

Laura O. Pointer

ACKNOWLEDGMENT

STATE OF Tennessee)

COUNTY OF Davidson) ss

Personally appeared before me, Peggy Niemann, a Notary Public in and for said County and State, **Laura O. Pointer** 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 20 day of December, A.D., 2011.

NOTARY STAMP/SEAL

PEGGY L. NIEMANN
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON CO., TN

My Commision Expires May 05, 2015

NOTARY PUBLIC
Notary Commission Expires: 05-05-15

AFFIDAVIT OF VALUE

STATE OF Tennessee)

COUNTY OF Davidson)

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

Subscribed and sworn to before me this the 20 day of December, 2011.

(Affix Seal)

Affiant

Notary Public
My Commission Expires: 05-05-15

PEGGY L. NIEMANN
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON CO., TN

My Commision Expires May 05, 2015

STATE OF TENNESSEE
Office of Vital Records

0407299 — 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): WALTER HENRY POINTER IV
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): JANUARY 8, 2004
4. SOCIAL SECURITY NUMBER: [redacted]-7021
5a. AGE-LAST BIRTHDAY (Years): 69
5b. UNDER 1 YEAR — MOS. / DAYS
5c. UNDER 1 DAY — HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 9/18/1934
7. BIRTHPLACE (City and State or Foreign Country): DAVIDSON COUNTY, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one) — HOSPITAL: 1 [ ] Inpatient 2 [X] ER/Outpatient 3 [ ] DOA — OTHER: 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): LAURA CHUNN
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): PSYCHIATRIC TECH
12b. KIND OF BUSINESS/INDUSTRY: MENTAL HEALTH
13a. RESIDENCE-STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 3230 MASONWOOD 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.) Yes O [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): 12TH — College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution.

PARENTS

17. FATHER'S NAME (First, Middle, Last): WALTER H. POINTER, III
18. MOTHER'S NAME (First, Middle, Maiden Surname): RUBY E. HENDERSON

INFORMANT

19a. INFORMANT'S NAME (Type/Print): LAURA POINTER
19b. RELATIONSHIP TO DECEASED: WIFE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3230 MASONWOOD 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): MIDDLE TN VETERANS
20c. LOCATION-City or Town, State: NASHVILLE, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ MELVIN J. SMITH
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4502
21c. SIGNATURE OF EMBALMER: ▶ PATRICK TUCKER
21d. LICENSE NUMBER OF EMBALMER: 5072
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: ▶ Teresa S. Bowen
24. DATE FILED (Month, Day, Year): January 15, 2004

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.
1 [X] SIGNATURE AND TITLE OF PHYSICIAN: ▶ M.D.
25b. LICENSE NUMBER: 32217
25c. DATE SIGNED (Month, Day, Year): 1/13/04
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):

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. Metastatic Non-Small Cell Lung Cancer — 5 months
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.

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 [ ] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year): N.A.
31b. TIME OF INJURY: N.A.
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-1659 (REV. 8/99) — BIRTH NO. — RDA 1306

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.

4907413

Teresa S. Hendricks
STATE REGISTRAR

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

12/19/2011
Date Issued

CERTIFICATION OF VITAL RECORD

True Copy Certification

I, Kara Crees, do hereby make oath that I am a licensed attorney and/or the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the orginal document executed and authenticated according to law.

Kara Crees
Signature

State of PA

County of Beaver

Personally appeared before me, Melanie Miller, a notary public for this county and state, Kara Crees who acknowledge that this certification of an electronic document is true and correct and whose signature I have witnessed.

Notary's Signature

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Melanie Miller, Notary Public
Hopewell Twp., Beaver County
My Commission Expires April 27, 2014
Member, Pennsylvania Association of Notaries

My Commission Expires: 4-27-2014
Notary' Seal (If on Paper)