This document was prepared by Kenneth Burnett II 1420 Finnland Dr. Nashville TN 37207

[Address of new owners as Follows.
Kenneth Burnett II
1420 Finnland Dr 37207
Nashville TN]

Send Tax bills to
Kenneth Burnett II
1420 Finland Dr
Nashville TN 37207

Above Space Reserved for Recording
[If required by your jurisdiction, list above the name & address of: 1) where to return this form; 2) preparer; 3) party requesting recording.]

Quitclaim Deed

Date of this Document: 01/24/2012

Reference Number of Any Related Documents: Prior Deed Ref. # Book 8436 Page 420

Grantor:
Name Barbara L. Gaston
Street Address 948 Seymore Ave.
City/State/Zip Nashville TN, 37216

BILL GARRETT, Davidson County
Trans: T20120005723 DEEDQC
Recvd: 01/24/12 15:25 3 pgs
Fees: 17.00 Taxes: 0.00
20120124-0006741

Grantee:
Name Kenneth O. Burnett II
Street Address 1420 Finnland Dr.
City/State/Zip Nashville TN, 37207

Abbreviated Legal Description (i.e., lot, block, plat *or* section, township, range, quarter/quarter *or* unit, building and condo name): Lot

Assessor's Property Tax Parcel/Account Number(s): Map - Parcel number 82-8 296 27W 18960

THIS QUITCLAIM DEED, executed this Tuesday day of 01/24/2012, 2012, by first party, Grantor, Barbara Gaston, whose mailing address is 948 Seymore Ave Nashville TN 37216, to second party, Grantee, Kenneth O. Burnett II, whose mailing address is 1420 Finnland Dr Nashville TN 37207.

WITNESSETH that the said first party, for good consideration and for the sum of _____ Dollars ($_____) paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said second party forever, all the right, title, interest and claim,

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T.A.I.
PICK-UP

Land in Davidson County Tennessee being lot No. 6 of block C on the Plan of eastwood addition as of record of book 332, Page 43, Registered office of said county Said lot No. 6 fronts 50 feet on the Southernly side of Seymore Ave and extends back between Parallel lines 150 feet to an alley.

which the said first party has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of Davidson, State of Tennessee to wit: _____

IN WITNESS WHEREOF, the said first party has signed and sealed these presents the day and year first written above. Signed, sealed and delivered in the presence of:

Signature of Witness Stephen Biggs
Print Name of Witness STEPHEN Biggs

Signature of Witness William Troupe
Print Name of Witness William Troupe

Signature of Grantor Barbara Gaston POA Kenneth Burnett
Print Name of Grantor Barbara Gaston POA Kenneth Burnett

State of Tennessee)
County of Davidson)

On 1-24-12, before me, Kenneth Burnett POA BARBARA GASTON, appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

_____
Signature of Notary

Affiant _____ Known _____ Produced ID
Type of ID P.O.A
(Seal)

STATE OF TENNESSEE
COUNTY OF DAVIDSON
THE ACTUAL CONSIDERATION OR TRUE VALUE, WHICHEVER IS GREATER FOR THIS TRANSFER IS $ 0
Kenneth O Burnett
AFFIANT
SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 24 DAY OF January 2012
Brandi Weiss
Deputy Register

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METROPOLITAN GOVERNMENT OF
NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0603421

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): Earnest Junior Gaston
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): June 06, 2006
4. SOCIAL SECURITY NUMBER: [redacted]4532
5a. AGE-LAST BIRTHDAY (Years): 75
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): June 26,1930
7. BIRTHPLACE (City and State or Foreign Country): Loudon, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [X] Inpatient 2 ER/Outpatient 3 DOA; OTHER 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Vanderbilt 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): Barbara Olds
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Mechanic
12b. KIND OF BUSINESS/INDUSTRY: Self-employed
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 948 Seymour Ave.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37206
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): 6th; College (1-4 or 5+):

NAME OF DECEDENT (For use by physician or institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Earnest Jay Gaston
18. MOTHER'S NAME (First, Middle, Maiden Surname): Lucy Moates

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Barbara Gaston
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 948 Seymour Ave.,Nashville,TN 37206

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): Mt. Sharon Church Cemetery
20c. LOCATION-City or Town, State: Greenbrier, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Daran Ann Felts
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5105
21c. SIGNATURE OF EMBALMER: Keith Stapleton
21d. LICENSE NUMBER OF EMBALMER: 3612
22a. NAME AND ADDRESS OF FUNERAL HOME: Anderson & Garrett Funeral Home, 3501 Old Clarksville Pike, P.O. Box 68, Joelton, TN 37080
22b. LICENSE NUMBER OF FUNERAL HOME: 193

REGISTRAR

23. REGISTRAR'S SIGNATURE: [signature]
24. DATE FILED (Month, Day, Year): June 21, 2006

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the time and place, and due to the cause(s) and manner as stated.
1 [ ] SIGNATURE AND TITLE OF PHYSICIAN: [signature], MD
25b. LICENSE NUMBER: 38041
25c. DATE SIGNED (Month, Day, Year): 6/15/06
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): Jason K.Pereira, M.D., Vanderbilt Internal Medicine, 1215 21st Ave., S.,7th Floor Medical Ct.East, North Tower,Nashville,TN 37232

SEE INSTRUCTIONS ON OTHER SIDE.

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. Ventricular arrhythmia
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. Systolic Congestive Heart Failure
DUE TO (OR AS A CONSEQUENCE OF):
c. Coronary Artery Disease
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: Acute Renal Failure
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)
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)

TH-1658 (REV. 6-99)
CERTIFICATE NO.
RDA 1399

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
JUN 22 2006

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

CERTIFICATION OF VITAL RECORD