This transfer is exempt from the Tennessee Real estate according tax pursuant to T.C.A. § 67-4-409(a)(3)(F)

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration for this transfer is $-0-

Rose A. Smith, Affiant

Subscribed and sworn before me this 28th day of December, 2011.

Notary Public
My Commission Expires: 7-23-2013

JEANEAN WEST
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF SUMNER

This instrument was prepared by:
R. Keith Gordon, Esq.
Lodestone Legal Group, PLLC
198 E. Main Street, Suite 4
Franklin, TN 37064

BILL GARRETT, Davidson County.
Trans:T20120005848 DEEDQC
Recvd: 01/25/12 10:15 3 pgs
Fees:17.00 Taxes:0.00
20120125-0006892

QUITCLAIM DEED

New Owner(s)	Send Tax Bills To	Map & Parcel Nos.
Rose A. Smith, Trustee, The Rose Ann Smith Family Trust, 2105 Rosecliff Drive Nashville, TN 37206	First Horizon P.O. Box 809 Memphis, TN 38101	083-04-0 031.00

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, Rose A. Smith ("Grantor"), by these presents do hereby demise, release, quitclaim and convey unto Rose A. Smith, as Trustee of THE ROSE ANN SMITH FAMILY TRUST dated December 28, 2011 ("Grantee"), all of my right, title and interest in and to the following described real property located in Davidson County, Tennessee:

Being Lot No. 6 on the Plan of Corder Heights Subdivision, of record in Plat Book 1835, Page 77, Register's Office for Davidson County, Tennessee, to which plan reference is hereby made for a more complete and accurate legal description thereof.

Being the same property conveyed to Rose A. Smith and husband, Charles M. Smith by Warranty Deed dated July 28th, 2006 in Instrument No. 20060804-0095760, in the Register's Office of Davidson County, Tennessee.

This is improved property located at: 2105 Rosecliff Drive, Nashville TN 37206.

Charles M. Smith, spouse of Rose A. Smith and grantee with Rose A. Smith in Instrument No. 20060804-0095760 died on October 7, 2006. A true and correct copy of his death certificate is attached herewith as evidence of the authority of Rose A. Smith, a sole Grantor, to transfer said property.

WITNESS my hand this 28th day of December, 2011

Rose A. Smith, Grantor

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State aforesaid, the within named Grantor, Rose A. Smith, with whom I am personally acquainted (or whose identity was proven to me on the basis of satisfactory evidence) and who acknowledged that the Grantor executed this Quitclaim Deed for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this 28th day of December, 2011.

Notary Public

My Commission Expires: 7-23-2013

JEANEAN WEST
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF SUMNER

This Quitclaim Deed Was Prepared By:
LODESTONE LEGAL GROUP, PLLC
198 E. Main Street, Suite 4
Franklin, TN 37064
615-807-1240

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): Charles Meredith Smith
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): October 7, 2006
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]5892
5. DATE OF BIRTH (Month, Day, Year): May 10, 1933
6. AGE (Last Birthday): 73
7. BIRTHPLACE (City and State or Foreign Country): Boston, MA
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 36 O'Neil Galloway
9c. CITY, TOWN, OR LOCATION OF DEATH: Jackson
9d. COUNTY OF DEATH: Madison
10. MARITAL STATUS (Never Married, Married, Divorced, Widowed): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Rose Levitkis
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Air Force Master Sergeant
12b. KIND OF BUSINESS/INDUSTRY: Air Force
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2105 Rosecliff Drive
CENSUS TRACT
14a. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
14b. ZIP CODE: 37206
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No) (Mexican, Puerto Rican, etc.) 1 [ ] Yes 2 [X] No. Specify, if yes:
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+): 2
17. FATHER'S NAME (First, Middle, Last): Charles Smith
18. MOTHER'S NAME (First, Middle, Maiden Surname): Celia Meredith
19a. INFORMANT'S NAME (Type/Print): Rose Smith
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2105 Rosecliff Drive Nashville, TN 37206
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 Veteran's Cemetery
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: James Dudney
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3171
21c. SIGNATURE OF EMBALMER: John C Shipley
21d. LICENSE NUMBER OF EMBALMER: 5319
22a. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill Funeral Home, 5110 Gallatin Road, Nashville, Tennessee, 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 1046
23. REGISTRAR'S SIGNATURE: Julia Lee, Deputy Registrar
24. DATE FILED (Month, Day, Year): OCT 24 2006

25. 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.
25a. 1 [ ] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER
25c. DATE SIGNED (Month, Day, Year)
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.
26. 2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER: T Emison, MD
26b. LICENSE NUMBER: 015749
26c. DATE SIGNED (Month, Day, Year): Oct 23, 2006
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print):

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS

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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Probable M.I.
DUE TO (OR AS A CONSEQUENCE OF): b. ASCVD
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: DUE TO (OR AS A CONSEQUENCE OF): c.
DUE TO (OR AS A CONSEQUENCE OF): d.
Approximate Interval Between Onset and Death: a. b. c. d.
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: SP CABG, Diabetes, HTN, HLipids, COPD
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 [ ] No
30. MANNER OF DEATH: 1 [X] Natural 6 [ ] Pending Investigation; 2 [ ] Accident; 3 [ ] Suicide 8 [ ] Could not be Determined; 4 [ ] Homicide
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)

PH-1659 REV. 2-93

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. RDA 1399

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Sharon M. Leinbach
STATE REGISTRAR

T Emison MD
Tony R. Emison, MD
Local Registrar
Jackson Madison County

OCT 24 2006
Date Issued

GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE

DEPARTMENT OF HEALTH XVI AGRICULTURE