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

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

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

Evelyn Harris
AFFIANT

Subscribed and sworn to before me, this 11th day of January 2012.

Melinda G. Rooker
Notary Public

My Commission Expires: 8-17-15

MELINDA G. ROOKER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

ADDRESS NEW OWNERS:

Evelyn Harris
2004 Graceland Drive
Goodlettsville, TN 37072

SEND TAX BILLS TO:

Same as Owner

BILL GARRETT, Davidson County
Trans:T20120006742 DEEDQC
Recvd: 01/30/12 08:20 4 pgs
Fees:22.00 Taxes:0.00
20120130-0007991

MAP/ Parcel: **083-15-0-013.00**

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EXECUTRIX'S QUITCLAIM DEED

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KNOW ALL MEN BY THESE PRESENTS that I, **EVELYN HARRIS**, Executrix for the **ESTATE OF MARIE ESTELLE BRIDGES**, 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, **ESTATE OF MARIE ESTELLE BRIDGES**, was probated in the Probate Court of Davidson County, Docket No. 11P-409 on May 5, 2011. **EVELYN HARRIS**, was named Executrix for the **ESTATE OF MARIE ESTELLE BRIDGES** (See attached Letters Testamentary). For and in consideration of the sum of One dollar ($1.00), cash in hand paid, the receipt of which is hereby acknowledged, **EVELYN HARRIS**, Executrix for the **ESTATE OF MARIE ESTELLE BRIDGES**, has bargained and sold and hereby [convey,] remise, release and forever quitclaim to **EVELYN HARRIS** and all of her 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:

Land in Davidson County, Tennessee, being Lot No. 284 on the Plan of Fortland Park, Section III, as of record in Book 2900, page 61, Register's Office for said County. Said Lot No. 284 fronts 80 feet on the north side of Fortland Drive, and extends back 227.7 feet on the east line and 175.4 feet on the west line, to a dead line in the rear, on which it measures 95.63 feet.

Being the same property conveyed to Dobson and Johnson, Inc. by deed from Albert W. Johnson, Trustee, as of record in Book 3185, page 391, of said Register's Office.

Being the same property conveyed to David E. Bridges and wife, Marie Estelle Jones Bridges by deed from Dobson and Johnson, Inc., and A. P. Ottarson, Jr., Receiver as Aforesaid, as of record in Book 3249, page 223, of said Register's Office.

This is improved property known as **2808 Fortland Drive, Nashville, TN 37206.**

Said property is conveyed subject to such restrictive covenants of record in Book 1788, page 445 and in Book 2997, page 394, and subject to all matters shown on the recorded plan of record in Book 2900, page 61, of said Register's Office; and any other limitations, restrictions and encumbrances as may affect the premises.

WITNESS my hand this 11th day of January, 2012.

Evelyn Harris
EVELYN HARRIS, Executrix

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, Melinda G. Rooker, a Notary Public, in and for said County and State, **EVELYN HARRIS** the within named bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that she executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at office this the 11th day of January, 2012.

Melinda G. Rooker
NOTARY PUBLIC
MY COMMISSION EXPIRES: 8-17-15

MELINDA G. ROOKER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE

LETTERS TESTAMENTARY

11P409

To EVELYN HARRIS :

It appearing to the Court that MARIE ESTELLE BRIDGES has died leaving a written will, in which you are appointed Executrix, which has been duly approved by the Court; and you having been qualified according to law, and it having been ordered by said Court that Letters Testamentary issue to you.

These are, therefore, to empower you, the said EVELYN HARRIS to enter upon the execution of said will, and take into your possession all of the property, and to make, within sixty days from this date, a perfect inventory thereof, and make due collection for all debts, and after paying all the just demands against the Testator, and settling up the business according to law; you will pay over and deliver the property and effects that may remain in your hands, and do all other things that may be required, according to the provisions of the said will and the laws of the land.

Witness, Richard R. Rooker, Clerk of the Probate Court, at office, this May 05, 2011 .

Richard R. Rooker, Clerk

RICHARD R. ROOKER CIRCUIT COURT CLERK

D.C.

STATE OF TENNESSEE
DAVIDSON COUNTY

I, Richard R. Rooker, Clerk of the Probate Court of said County, do hereby certify that the foregoing is a true and perfect copy of LETTERS TESTAMENTARY, issued to EVELYN HARRIS, Executrix of the estate of MARIE ESTELLE BRIDGES deceased, and I do further certify that EVELYN HARRIS is still acting Executrix of the estate of MARIE ESTELLE BRIDGES, and acts as such are entitled to full faith and credit, as appears from the records in my office at Nashville, Tennessee.

Witness my hand and official seal, at this office, this the 5th day of May, 2011.

Richard R. Rooker, Clerk

RICHARD R. ROOKER CIRCUIT COURT CLERK

D.C.

STATE OF TENNESSEE
Office of Vital Records

0201774

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2002 012378

DECEDENT

1. DECEDENT'S NAME (First Middle Last): DAVID E BRIDGES
2. SEX: Male
3. DATE OF DEATH (Month Day Year): March 24, 2002
4. SOCIAL SECURITY NUMBER: [redacted]-0618
5a. AGE LAST BIRTHDAY (Years): 83
5b. UNDER 1 YEAR MOS / DAYS
5c. UNDER 1 DAY HOURS / MIN
6. DATE OF BIRTH (Month Day Year): Feb.8,1919
7. BIRTHPLACE (City and State or Foreign Country): Lebanon, Tn
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? [X] Yes [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL [ ] 1 Inpatient [ ] 2 ER/Outpatient [ ] 3 DOA; OTHER [ ] 4 Nursing Home [X] 5 Residence [ ] 6 Other (Specify)
9b. FACILITY NAME (If not institution give street and number): 2808 Fortland Drive
9c. CITY TOWN OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Never Married, Married, Widowed, Divorced (Specify)): Married
11. SURVIVING SPOUSE (If wife give maiden name): Marie Jones
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Owner
12b. KIND OF BUSINESS/INDUSTRY: Battery Co
13a. RESIDENCE STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2808 Fortland Dr
CENSUS TRACT
13e. INSIDE CITY LIMITS? [X] Yes [ ] 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): 12; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First Middle Last): David Bridges
18. MOTHER'S NAME (First Middle Maiden Surname): Rosa Adams

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Marie Bridges
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2808 Fortland Dr, Nashville, Tn. 37206

20a. METHOD OF DISPOSITION: [X] 1 Burial [ ] 2 Cremation [ ] 3 Removal from State [ ] 4 Donation [ ] 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place): Woodlawn Cemetery
20c. LOCATION City or Town, State: Nashville, Tn

21a. SIGNATURE OF FUNERAL DIRECTOR: Kent Wildman
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4535
21c. SIGNATURE OF EMBALMER: Mike McPherson
21d. LICENSE NUMBER OF EMBALMER: 5401
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn Funeral Home, 660 Thompson Ln, Nash.Tn. 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933
23. REGISTRAR'S SIGNATURE: Robert W. Rhodes Sr
24. DATE FILED (Month Day Year): April 04, 2002
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 [ ] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: TN 7680
25c. DATE SIGNED (Month Day Year): 4/1/02
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):

4810580

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

Teresa S. Hendricks
STATE REGISTRAR

Date Issued May-18-2011

CERTIFICATION OF VITAL RECORD