QUITCLAIM DEED	STATE OF TENNESSEE COUNTY OF DAVIDSON
This instrument prepared from information furnished by the parties. BILL GARRETT, Davidson County Trans:T20120007375 DEEDQC Recvd: 01/31/12 12:14 3 pgs Fees:17.00 Taxes:0.00 20120131-0008728	THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $0.00 Samuel Lee Brown Affiant SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 30TH DAY OF JANUARY, 2012 Mildred Woods Notary Public MY COMMISSION EXPIRES: May 5, 2015 (Affix Seal)

MILDRED WOODS NOTARY PUBLIC STATE OF TENNESSEE COUNTY OF DAVIDSON

THIS INSTRUMENT WAS PREPARED BY:
Gina R. Crawley, Law Office of GRC, P.O. Box 40265, Nashville, TN 37204

ADDRESS NEW OWNER(S) AS FOLLOWS	SEND TAX BILLS TO: NEW OWNER	PARCEL NUMBERS:
Samuel L. Brown		
1521 16th Avenue North		08115024100
Nashville, TN 37218		

For and in consideration of the sum of One Dollar, cash in hand paid by the hereinafter named GRANTEE, and other good and valuable consideration, the receipt of which is hereby acknowledged, I

Samuel L. Brown, widower
Hereinafter called the GRANTOR, have bargained and sold and by these presents do transfer and convey unto

Samuel L. Brown, widower
Hereinafter called the GRANTEE, their heirs and assigns, all their right, title and interest in and to that certain tract or parcel of land in Davidson County, State of Tennessee, described as follows, to wit:

Being the land in Davidson County, Tennessee that sits easterly 50 feet of the westerly 90 feet of Lot No. 334 on the plan of McGavock, Wetmore and Other' Second Addition called the Addition to the town of McGavock of record in Book 21, Page 41 Register of Deed's Office for Davidson County, Tennessee.

Being the same above property was originally jointly owned by Gloria J. Brown and Mr. Samuel L. Brown; however, Gloria J. Brown passed away on August 2, 2011 as documented on the attached Certificate of Death.

This conveyance is subject to any and all, recorded and unrecorded, zoning regulation, building restrictions and setback lines, easements and rights of way for public utilities.

This is improved property, known as 1521 16th Avenue North, Nashville, TN 37218

Wherever 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 my hand this 30th day of January, 2012.

Samuel Lee Brown
Mr. Samuel L. Brown

State of Tennessee)
County of Davidson)

Before me, Samuel Lee Brown a Notary Public, within and for the State and County aforesaid, personally appeared Samuel L. Brown, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who upon their oath acknowledged himself to be the within named party of the first part, and he as such, being duly authorized so to do, executed the foregoing instrument from the purposes therein contained, the within named party of the first part.

Witness my hand and official seal at Nashville, Tennessee, this 30th day of January, 2012.

Mildred Woods
Notary Public

MILDRED WOODS
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON

My Commission Expires: May 5, 2015

STATE OF TENNESSEE
Office of Vital Records

1184722

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): Gloria Jean Brown
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): August 2, 2011
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-2318
5a. AGE LAST BIRTHDAY (Years): 58
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): July 3 1953
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 1524 16th Ave. North
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): Samuel Brown
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Special Care
12b. KIND OF BUSINESS/INDUSTRY: Metro. Development Center
13a. RESIDENCE - STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1524 16th Ave. No.
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37208
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [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): Charlie Epps
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mattie (Known)

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Samuel Brown
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1524 16th Ave. No. Nashville, TN 37208

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): Greenwood (Main)
20c. LOCATION - City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ William Taylor
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3285
21c. SIGNATURE OF EMBALMER: ▶ Patrick Tucker
21d. LICENSE NUMBER OF EMBALMER: 5072
22a. NAME AND ADDRESS OF FUNERAL HOME: J.W. Adkins Funeral Home, 2510 12th Ave. So. Nashville, Tennessee 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 0705

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Linda K. Bowerman
24. DATE FILED (Month, Day, Year): August 18, 2011

CERTIFIER

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

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: ▶ [signature]
25b. LICENSE NUMBER: MD019090
25c. DATE SIGNED (Month, Day, Year): 8/17/11
29a. 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):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print):

CAUSE OF DEATH

SEE INSTRUCTIONS ON OTHER SIDE

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. Pulmonary Fibrosis	
DUE TO (OR AS A CONSEQUENCE OF):	b. COPD	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. Hypertension	
DUE TO (OR AS A CONSEQUENCE OF):	d. Hyperlipidemia	

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 [X] Natural 5 [ ] Pending Investigation; 2 [ ] Accident; 3 [ ] Suicide 6 [ ] 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-1658 (REV. 6/99)

BIRTH NO.

RDA 139

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.

4838486

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Forman, Local Registrar
Davidson County, Tennessee

AUG 18 2011
Date Issued

CERTIFICATION OF VITAL RECORD