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.

Lois Holland, AFFIANT

Brenda Watson, AFFIANT

Subscribed and sworn to before me, this 31st day of January, 2012.

Notary Public

My Commission Expires: 8-17-15

BILL GARRETT, Davidson County
Trans:T20120013711 DEEDQC
Recvd: 02/24/12 12:47 4 pgs
Fees:22.00 Taxes:0.00
20120224-0016224

STATE OF NORTH CAROLINA)
COUNTY OF _____)

Subscribed and sworn to before me, this 3 day of February, 2012.

Notary Public

My Commission Expires: 8/17/28

ADDRESS NEW OWNERS:
Lois Holland
501 E. Angela Circle
Goodlettsville, TN 37072

SEND TAX BILLS TO:
Lois Holland
501 E. Angela Circle
Goodlettsville, TN 37072

Brenda Watson
14 Alice Green Lane
Tyron, NC 28782

MAP/ Parcel: **052 05 0 043.00**

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EXECUTOR'S QUITCLAIM DEED

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KNOW ALL MEN BY THESE PRESENTS that we, LOIS HOLLAND and BRENDA WATSON, Co-Administrator's for the Estate of BESSIE MARGUREE L. ADCOCK, each being one and the same person, are affecting this quitclaim as a means of clarifying the title to this property. Under the laws of Probate of the State of Tennessee, the estate of BESSIE MARGUREE L. ADCOCK, was probated in the Probate Court of Davidson County, Docket No. 11P-1277 on August 25, 2011. BESSIE MARGUREE L. ADCOCK, was a widow at the time of her death; her husband, Robert Cecil Adcock having pre-deceased her on September 9, 1986. LOIS HOLLAND and BRENDA WATSON, were named Co-Administrator's for the Estate of BESSIE MARGUREE L. ADCOCK. (See attached Letters of Administration). For and in consideration of the sum of One dollar ($1.00), cash in hand paid, the receipt of which is hereby acknowledged, LOIS HOLLAND and BRENDA WATSON, Co-Administrator's for the Estate of BESSIE MARGUREE L. ADCOCK , have bargained and sold and hereby [convey,] remise, release and forever quitclaims to BESSIE MARGUREE L. ADCOCK'S two children in equal shares, LOIS HOLLAND and BRENDA WATSON and all of their 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. 13 of Block "J" on the Map of the Revised Plan of Power and Roth Madison Park Subdivision, as of record in Book 843, page 7, Register's Office for Davidson County, Tennessee.

Said Lot No. 13 fronts 60 feet on the east side of Walnut Avenue and extends back between parallel lines 200 feet to a dead line.

Being the same property acquired by the party of the first part pursuant to the provisions of the National Housing and Urban Development Act (79 Stat. 667), by deed dated June 18, 1968 and recorded in Book 4245, Page 683, office of the Register, County of Davidson, State of Tennessee.

Being the same property conveyed to Bessie M. Adcock by Deed from Robert C. Weaver, Secretary of Housing and Urban Development, of record in Book 4272, page 856, Register's Office for Davidson County, Tennessee.

Being the same property conveyed to A. T. Levine, Jr. as Trustee by Quitclaim Deed, dated March 7, 1979, from Bessie M. Adcock and husband, Robert Cecil Adcock for the express purpose of creating an estate as tenants by the entirety, then re-conveyed from A. T. Levine, Jr., Trustee to Bessie M. Adcock and husband, Robert Cecil Adcock, of record in Book 5411, page 873, Register's Office for Davidson County, Tennessee.

This is improved property known as 837 Walnut Street, Madison, TN 37115.

Said property is conveyed subject to such limitations, restrictions and encumbrances as may affect the premises.

WITNESS my hand this 31st day of January, 2012.

Lois Holland
LOIS HOLLAND, Co-Administrator

Brenda Watson
BRENDA WATSON, Co-Administrator

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, a Notary Public, in and for said County and State, **LOIS HOLLAND** 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.

MELINDA G. ROOKER
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY

WITNESS my hand and official seal at office this the 31st day of January, 2012.

Melinda G. Rooker
NOTARY PUBLIC

MY COMMISSION EXPIRES: 8-17-15

STATE OF NORTH CAROLINA)
COUNTY OF Polk)

Personally appeared before me, a Notary Public, in and for said County and State, **BRENDA WATSON** 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.

MAY WALDROP
NOTARY PUBLIC
POLK COUNTY, NC

WITNESS my hand and official seal at office this the 3 day of February, 2012.

January Waldrop
NOTARY PUBLIC

MY COMMISSION EXPIRES: 8/17/2013

SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE

LETTERS OF ADMINISTRATION

11P1277

TO LOIS HOLLAND and BRENDA WATSON :

It appearing to the Court, that BESSIE MARGUREE L. ADCOCK, has died, and leaving no will, and the Court being satisfied as to your claim to the Administration , and you having given bond pursuant to Order, if required, and qualified as directed by law, and the Court having ordered that Letters of Administration be issued to you:

THESE ARE THEREFORE to authorize and empower you to take into your possession and control all the goods, chattels, claims, and papers of the said estate, and return a true and perfect inventory thereof to this Court; to collect and pay all debts, and to do and transact all the duties in relation to said estate, to deliver the residue thereof to those who are by law entitled.

WITNESS, Richard R. Rooker, Clerk of Probate Court, at my office, this August 25, 2011

Richard R. Rooker, Clerk

_____ D.C.

STATE OF TENNESSEE
DAVIDSON COUNTY

I, Richard R. Rooker, Clerk of the Probate Court, do hereby certify that the foregoing is a full, true and perfect copy of Letters of Administration, issued to LOIS HOLLAND and BRENDA WATSON, as Co-Administratrices of the estate of BESSIE MARGUREE L. ADCOCK, deceased, and I do further certify that LOIS HOLLAND and BRENDA WATSON are still acting as Administrator of the estate, and all acts as such are entitled to full faith and credit, as it appears from the records filed in my office at Nashville, Tennessee.

WITNESS my hand and official seal, this 25th day of August, 2011.

Richard R. Rooker, Clerk

_____ D.C.

STATE OF TENNESSEE
Office of Vital Records

8604414

19094
10
19094 BIRTH NO

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

86-029256 STATE FILE NO

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS AND INFORMANT

DISPOSITION

CERTIFIER

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE. ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

CAUSE

1. DECEASED—NAME: Robert Cecil Adcock
2. DATE OF DEATH (MONTH, DAY, YEAR): Sept.9,1986
3a. AGE—LAST BIRTHDAY (YEARS): 68
4. DATE OF BIRTH (MONTH, DAY, YEAR): May 7,1918
5a. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC (SPECIFY)): White
5b. ORIGIN OR DESCENT—ITALIAN, MEXICAN, CUBAN, ETC (SPECIFY): American
6. SEX: Male
7a. COUNTY OF DEATH: Davidson
7b. CITY, TOWN OR LOCATION: Madison
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.): 837 Walnut St.Priv.Res.
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Tennessee 43
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Mrs. Margaree Lassiter
12a. SOCIAL SECURITY NUMBER: [redacted]-8414
12b. SERVICE IN ARMED FORCES (SPECIFY YES OR NO OR DATES OF SERVICE): No
12c. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Barber 457
12d. KIND OF BUSINESS OR INDUSTRY: Dye Bros. Barber Shop 780
13a. RESIDENCE—STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN, OR LOCATION: Madison
13d. STREET AND NUMBER: 837 Walnut St.
13e. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
13f. CENSUS TRACT NO.:
15. FATHER—NAME: Benton A. Adcock
16. MOTHER—MAIDEN NAME: Mattie Smiley
17. INFORMANT—NAME: Margaree Adcock Madison Tn.37115 837 Walnut St.
18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial
18b. DATE (MONTH, DAY, YEAR): Sept.11,86
18c. CEMETERY OR CREMATORY—NAME: Woodlawn
18d. LOCATION—CITY OR TOWN, STATE: Nashville, Tennessee
19a. FUNERAL DIRECTOR (SIGNATURE): Steven Tidwell
19b. LICENSE NO.: 3531
19c. EMBALMER (SIGNATURE): Jack Smith
19d. LICENSE NO.: 3787
20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Forest Lawn Goodlettsville,Tn.37072 150 Patterson Rd
21. REGISTRAR—SIGNATURE: Luther D. Gross
DATE RECEIVED BY LOCAL REGISTRAR: 10-3-86
22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE: Mark Donnell, M. D. DEGREE: MD
22b. DATE SIGNED (MONTH, DAY, YEAR): 9-25 86
MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE / TITLE / DATE SIGNED
23a. CERTIFIER—NAME (TYPE OR PRINT): Mark Donnell, M. D.
23b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP):
24. 25. PART I DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(a) Alzheimers Disease	2yrs
DUE TO, OR AS A CONSEQUENCE OF	(b) multiple micro infarcts	2yrs
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST	(c)	3310

PART II OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) Parkinson's Dis
AUTOPSY (YES OR NO): No
26. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
27a. DATE OF INJURY (MONTH, DAY, YEAR):
27b. HOUR:
27c. M.
27d. DESCRIBE HOW INJURY OCCURRED:
27e. INJURY AT WORK (SPECIFY YES OR NO):
27f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY):
27g. LOCATION—STREET OR R.F.D. NO., CITY OR TOWN, STATE:

PH-1659
Rev. 9/81

4947784

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 Sep-01-2011

CERTIFICATION OF VITAL RECORD