CHRISTINE CLARK
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON

STATE OF TENNESSEE }
COUNTY OF DAVIDSON}
THE ACTUAL CONSIDERATION FOR THIS TRANSFER IS $1.00.

AFFIANT

SUBSCRIBED AND SWORN TO BEFORE, THIS THE ____ DAY OF September 28, 2012.

NOTARY PUBLIC

My Commission expires: November 4, 2013

THIS INSTRUMENT PREPARED BY:

Broker Title & Escrow, LLC 58 Music Square West, Nashville, TN 37203

NAME	ADDRESS

NAME & ADDRESS OF PROPERTY OWNER:	SEND TAX BILLS TO:	MAP & PARCEL NUMBERS:
Selma Levay Walston	same	115-13-0-024
(NAME)	(NAME)	
787 Rodney Drive		
(ADDRESS)		
Nashville, TN 37205		
(CITY) (STATE) (ZIP)	(CITY) (STATE) (ZIP)	

Quitclaim Deed

For and in Consideration of the sum of $1.00 cash in hand paid by the hereinafter named grantee, and other good and valuable consideration, the receipt of which is hereby acknowledged,

Selma A. Levay, the Grantor,

By these presents, do remise, release and QUITCLAIM unto

Selma Levay Walston, the Grantee

All of their rights, title and interests in a certain tract or parcel of land in **Davidson County**, Tennessee, described as follows, to wit:

Land in Davidson County, Tennessee, being Lot No. 211 on the Plan of West Meade Hills, Section Eight of record in Plat Book 3600, Pages 61 and 62, Register's
Office for said County.

Said Lot No. 211 fronts 147.05 feet on the westerly margin of Rodney Drive and extends back 417.70 feet on the northerly line and 453.1 feet on the southerly line to a dead line in the rear, measuring 82.15 feet thereon.

Being the same property conveyed to ROBERT D. WALSTON AND WIFE, SELMA A. LEVAY, by deed from A. SCOTT ROSS AND SPOUSE, HEATHER C. ROSS, of record as Instrument No. 20040817-0099346, dated August 16, 2004, said Register's Office.

This is Unimproved (X) property, known as

787 Rodney Drive	Nashville, TN 37205
(House Number) (Street)	(City) (State) (Zip)

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 our hands this 27 day of Sep 2012.

Selma Levay Walston

BILL GARRETT, Davidson County
Trans:T20120093281 DEEDQC
Recvd: 12/06/12 10:55 3 pgs
Fees:17.00 Taxes:0.00
20121206-0112379

INDIVIDUAL ACKNOWLEDGEMENTS:

STATE OF TENNESSEE }
COUNTY OF DAVIDSON }

Personally appeared before me, the undersigned authority, a Notary Public in and for said County and State, the within named Selma Levay Walston, aka Selma A. Levay, the bargainor(s), with whom I am personally acquainted (or proved to me in 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 28 day of Sept, 2012.

My Commission expires:
9-8-13

GREGORY LEE FAIRBETTER
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON

Notary Public

CERTIFICATION OF VITAL RECORD

MACON COUNTY, ILLINOIS

X PERMANENT CERTIFICATE
TEMPORARY CERTIFICATE

REGISTRATION DISTRICT NO. 580
REGISTERED NUMBER 1112

STATE OF ILLINOIS

MEDICAL EXAMINER'S – CORONER'S CERTIFICATE OF DEATH

STATE FILE NUMBER

Type, or Print in PERMANENT INK See Coroner's or Funeral Directors Handbook for INSTRUCTIONS

DECEASED

1. DECEASED–NAME (FIRST, MIDDLE, LAST): Robert D. Walston
2. SEX: Male
3. DATE OF DEATH (MONTH, DAY, YEAR): November 9, 2006
4. COUNTY OF DEATH: Macon
5a. AGE–LAST BIRTHDAY (YRS): 62
5b. UNDER 1 YEAR (MOS / DAYS)
5c. UNDER 1 DAY (HOURS / MIN)
5d. DATE OF BIRTH (MONTH, DAY, YEAR): December 2, 1943
6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: Decatur
6b. HOSPITAL OR OTHER INSTITUTION–NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): 3750 N. Woodford Apt. 503
6c. IF HOSP. OR INST., INDICATE D.O.A. (EMER. RM. INPATIENT (SPECIFY)): Residence
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): Detroit, Michigan
8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): Selma Harja
9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO): NO
10. SOCIAL SECURITY NUMBER: 386-40-5956
11a. USUAL OCCUPATION: Engineer
11b. KIND OF BUSINESS OR INDUSTRY: Engineering Co.
12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): Elementary/Secondary (0-12): 12; College (1-4 or 5+): 4
13a. RESIDENCE (STREET AND NUMBER): 787 Rodney Dr.
13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO.: Nashville
13c. INSIDE CITY (YES/NO): Yes
13d. COUNTY: DAVIDSON
13e. STATE: TN
13f. ZIP CODE: 37205
14a. RACE (WHITE, BLACK, AMERICAN INDIAN etc.) (SPECIFY): White
14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES–IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): X NO ☐ YES SPECIFY:

PARENTS

15. FATHER–NAME (FIRST, MIDDLE, LAST): Floyd Walston
16. MOTHER–NAME (FIRST, MIDDLE, (MAIDEN) LAST): Helen Bromley
17a. INFORMANT'S NAME (TYPE OR PRINT): Selma Walston
17b. RELATIONSHIP: Wife
17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 787 Rodney Dr. Nashville, TN 37205

CAUSE

18. 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) FATTY CHANGE OF THE LIVER
DUE TO, OR AS A CONSEQUENCE OF: (b)
DUE TO, OR AS A CONSEQUENCE OF: (c)
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I: MODERATE CARDIOMEGALY

19a. AUTOPSY (YES/NO): YES
19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO): YES
20a. NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY):
20b. DATE OF INJURY (MONTH, DAY, YEAR):
20c. HOUR: M.
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18):
20e. INJURY AT WORK (YES/NO):
20f. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY):
20g. LOCATION (CITY, VIL. OR TOWN; OR TWP., OR RD. DIST. NO.; COUNTY, STATE):
20h. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES ☐ NO ☐

CERTIFIERS

21a. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUISITION, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT
21b. THE DECEDENT WAS PRONOUNCED DEAD ON (MONTH, DAY, YEAR): November 9, 2006
21c. AT: 10:12 A.M. P.M.
22a. CORONER'S – MEDICAL EXAMINER'S SIGNATURE: Michael E. Ray
22b. DATE SIGNED (MONTH, DAY, YEAR): NOVEMBER 28, 2006
23a. CORONER'S PHYSICIAN'S NAME (Type or Print):
23b. DATE SIGNED (MONTH, DAY, YEAR):

DISPOSITION

24a. BURIAL, CREMATION, REMOVAL, DONATION: Cremation
24b. CEMETERY OR CREMATORY–NAME: B.F.H. Cremation Services
24c. LOCATION (CITY OR TOWN, STATE): Decatur, Illinois
24d. DATE (MONTH, DAY, YEAR): Nov 15, 2006
25a. FUNERAL HOME (NAME, STREET AND NUMBER OR R.F.D., CITY OR TOWN, STATE, ZIP): Brintlinger and Earl Funeral Home 2827 N. Oakland Ave. Decatur, IL. 62526
25b. FUNERAL DIRECTOR'S SIGNATURE:
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 034-015050
26a. LOCAL REGISTRAR'S SIGNATURE: Stephen M Bean
26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): Nov 28, 2006

VR202 (Rev. 5-89) Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

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CERTIFIED COPY OR ABSTRACT OF VITAL RECORDS

STATE OF ILLINOIS }
COUNTY OF MACON }

I, Stephen M. Bean, Macon County Clerk, do hereby certify that the foregoing is a true and correct copy of record of the original records in the office of the COUNTY CLERK, MACON COUNTY, DECATUR, ILLINOIS

NOV 28 2006

Stephen M Bean

STEPHEN M. BEAN
COUNTY CLERK

THE STATE OF ILLINOIS

COUNTY CLERK

VOID IF ALTERED OR ERASED