THIS INSTRUMENT WAS PREPARED BY:
Brenda Rhoton Clark, Attorney
1230 Second Avenue South
Nashville, Tennessee 37210
615-244-2445

State of Tennessee
County of Davidson
The actual consideration or value, whichever is greater, for this transfer is $0.00.

Affiant

Subscribed and sworn to before me on this the 4th day of December, 2012.

Notary Public My Commission Expires: 09-09-2014

BRENDA CLARK STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY, TENN.

QUITCLAIM DEED

Address New Owner(s) As Follows:
Lisa Kay Johnson
4001 Ridgemont Drive
Nashville, Tennessee 37027-1518

Send Tax Bills To:
Lisa Kay Johnson
4001 Ridgemont Drive
Nashville, Tennessee 37027-1518

Map & Parcel Numbers:
04110001000

FOR AND IN CONSIDERATION OF the sum of $0.00, Lisa Kay Johnson, by these presents does hereby quitclaim and convey unto Lisa Kay Johnson, unmarried, her successors and assigns, all rights, title and marital interest in and to the following tract of land:

Land in Davidson County, Tennessee, being Lot No. 472 on the Plan of Bellshire Estates, Section "B", of record in Book 2331, page 128, Register's Office for said County, described as follows:

Beginning at a point in the easterly margin of Ridgemont Drive, the common corner of lots 472 and 476; thence with the line between said two lots, eastwardly 110 feet to a point, the common corner of lots 469 and 472; thence with the line between said two lots, southwardly 218.2 feet to a point in the northerly margin of Cheshire Drive; thence with the margin of the same westwardly 105 feet to a point, the beginning of a curve; thence northwestwardly around said curve with a radius of 25 feet; 39.3 feet to a point in the easterly margin of Ridgemont Drive; thence with the margin of the same 240.3 feet to the beginning.

Being the same property conveyed to Martha Johnson and Lisa Kay Johnson, of record in Instrument Number 20060616-0071697, Register's Office for said County. A copy of the Death Certificate of Martha Johnson is attached hereto as Exhibit A.

This conveyance is subject to any and all existing easements and restrictions of record.
This is improved property known as 4001 Ridgemont Drive, Nashville, Tennessee 37027-1518.

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, LISA KAY JOHNSON, with whom I am personally acquainted, and who acknowledged that he executed the instrument for the purposes therein contained.

Subscribed and sworn to before me this 4th day of December, 2012.

Affiant, LISA KAY JOHNSON

Notary Public
My Commission Expires: 09-09-2014

BRENDA CLARK STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY, TENN.

BILL GARRETT, Davidson County
Trans:T20120093701 DEEDQC
Recvd: 12/07/12 10:10 2 pgs
Fees:12.00 Taxes:0.00

20121207-0112902

STATE OF TENNESSEE
Office of Vital Records

Amended by Affidavit of Funeral Director 9/3/2012/jt

12015514

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2012 035556

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Martha Lou Johnson
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): July 23, 2012
4. TIME OF DEATH (Approx.)
5a. AGE-Last Birthday (Years): 85
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): March 3, 1927
7. BIRTHPLACE (City and State or Foreign Country): St. Bethlehem, TN

PLACE OF DEATH
If death occurred in a hospital: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
If death occurred somewhere other than a hospital: ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other residence ☐ Other (Specify)
5b. FACILITY NAME (If not institution, give street and number): 4001 Ridgemont Dr.
5c. CITY OR TOWN: Nashville 094
5d. COUNTY OF DEATH: Davidson 19

8. MARITAL STATUS: ☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown
9. SURVIVING SPOUSE (If wife, give name prior to first marriage)
10a. DECEDENT'S USUAL OCCUPATION: Analyst
10b. KIND OF BUSINESS/INDUSTRY: Research
11. SOCIAL SECURITY NUMBER: 444-48-8645
12a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
12b. COUNTY: Davidson
12c. CITY OR TOWN: Nashville
12d. STREET AND NUMBER: 4001 Ridgemont Dr.
12e. INSIDE CITY LIMITS: ☒ Yes ☐ No
12f. ZIP CODE: 37207
13. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
☐ 8th grade or less
☐ 9th – 12th grade; no diploma
☒ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
☐ Unknown

15. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
☒ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino (Specify)
☐ Unknown

16. RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
☒ White
☐ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe)
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (Specify)
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify)
☐ Other (Specify)
☐ Unknown

17. FATHER'S NAME (First, Middle, Last): Robert Eugene Burton
18. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Mary Christine Morrison
19a. INFORMANT'S NAME: Lisa Johnson
19b. RELATIONSHIP TO DECEDENT: Daughter
19c. MAILING ADDRESS (Street and Number, City, State, Zip Code): PO Box 78614 Nashville, TN 37207

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Woodlawn Memorial Park
20c. LOCATION - City or Town and State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▷ Wayne Slighter
21b. LICENSE NUMBER: 5243
21c. SIGNATURE OF EMBALMER: ▷ Wayne Slighter
21d. LICENSE NUMBER: 5244
21e. NAME AND ADDRESS OF FUNERAL HOME: Cole & Garrett Funeral Home 127 N. Main St. Goodlettsville, TN 37072
21f. LICENSE NUMBER OF FUNERAL HOME: 718

22. RECORDER'S SIGNATURE: ▷ Linda K. Brodeur, RE
23. DATE FILED (Month, Day, Year): August 03, 2012

24. METHOD OF DETERMINATION (Check only one):
24a. ☒ PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.
24b. ☐ 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 stated.

25a. SIGNATURE OF CERTIFIER: ▷ Judson E Rogerson
25b. LICENSE NUMBER: 117687
25c. DATE SIGNED (Month, Day, Year): 31 July 2012 07-31-2012
25d. NAME AND ADDRESS

26. PART I. Enter the chain of event(s) (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Chronic debilitation 2° to dementia
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST
Due to (or as a consequence of): b.
Due to (or as a consequence of): c.
Due to (or as a consequence of): d.
Approximate interval: Onset to death

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

26a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☐ No
26b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

27. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
28. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown
29. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
30. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
31c. INJURY AT WORK? ☐ Yes ☐ No
31d. PLACE OF INJURY – at home, farm, street, factory, office building, etc. (Specify)
32. DESCRIBE HOW INJURY OCCURRED
33. LOCATION OF INJURY (Street and Number, City or Town, State)

FH-1080 (Rev. 10/2011)
ROA 1300

5278231

I hereby certify the above to be a true and correct copy of the original document on file in department. This certified copy is valid only when printed on security paper showing the 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

EXHIBIT A

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Foreman Local Registrar
Davidson County, Tennessee

9/19/2012
Date Issued

CERTIFICATION OF VITAL RECORD