BILL GARRETT, Davidson County
Trans:T20130006387 DEEDQC
Recvd: 01/23/13 15:11 4 pgs
Fees:27.00 Taxes:0.00
20130123-0007529

This instrument was prepared by:

Beck and Beck, PLLC
Attorneys at Law
4205 Gallatin Rd.
Nashville, TN 37216

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration for this transfer is $ 1.00.

Roger Elder
AFFIANT

Subscribed and sworn to before me this 22nd day of January, 2013.

Melinda G. Rooker
NOTARY PUBLIC

MELINDA G. ROOKER STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

My Comm Expires: 08-17-15

Address New Owner as follows:	**Send Tax Bills to:**	**Map-Parcel Numbers:**
Roger Elder 5478 Old Hickory Blvd. Ashland City, TN 37015	BANK OF AMERICA P. O. Box 15222 Wilmington, DE 19886-5222	**Map 47 Parcel 166**

QUIT CLAIM DEED

FOR AND IN CONSIDERATION the sum of **One** and No/100 Dollars (**$1.00**), the receipt of which is hereby acknowledged, and for the express purpose to consolidate interest of title to the surviving joint tenant. **I, ROGER ELDER**, a single person , and following the death of joint tenant, **MAX HAROLD BROCK** (DOD 11-24-12, death cert. attached) and does hereby quitclaim and by these presents do transfer and convey, unto **CARSON W. BECK, AS TRUSTEE**, hereinafter called "Grantee", all of my right, title and interest to a certain tract or parcel of land in Davidson County, Tennessee, described as follows, to wit:

BEING Lot No. 1 on the Plan of the Steve Williams Property of record as Instrument No. 20010814-0087408 in the Register's Office of Davidson County, Tennessee, to which reference is made for a more complete description.

BEING the same property conveyed to Roger Elder, a single person, by deed from Ray S. Williams and wife, Karen M. Williams, of record as Instrument No. 20040130-0011928 in the Register's Office of Davidson County, Tennessee.

BEING the same property conveyed to Roger Elder and Max Harold Brock, both unmarried, as joint tenants with rights of survivorship from Mitchell A. Watts, TRUSTEE, of record as Instrument No. 20040206-0014839 in the Register's Office of Davidson County, Tennessee.

This is improved property known as 5478 Old Hickory Boulevard, Ashland City Tennessee 37015.

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

AND NOW I, the said **CARSON W. BECK, AS TRUSTEE**, and no further or otherwise and for the express purpose of carrying out the intent of this conveyance, as above set out, do hereby quitclaim and convey unto **ROGER ELDER**, a single person, as sole owner, and unto his heirs and assigns, all right, title and interest that I, as TRUSTEE, may have in the same property hereinabove described and set forth, to which reference is here made, and said property is conveyed subject to the same limitations, restrictions and encumbrances as may affect the premises, as above set forth.

The preparer of this deed makes no representation as to the title of property described or as to the accuracy of its description herein conveyed as it was prepared without benefit of title search or survey; but strictly by documents provided by the parties involved.

IN **WITNESS** WHEREOF we have hereunto set our hands on this 22nd day of January, 2013.

Roger Elder
ROGER ELDER

Trustee
CARSON W. BECK, TRUSTEE

STATE OF TENNESSEE
COUNTY OF DAVIDSON

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

WITNESS my hand and official seal at office this the 22nd day of January, 2013.

Melinda G. Rooker
NOTARY PUBLIC

MELINDA G. ROOKER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

MY COMMISSION EXPIRES: 08-17-15

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public, in and for said County and State, **CARSON W. BECK,** , the within named bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he as TRUSTEE executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at office this the 22nd day of January, 2013.

Melinda G. Rooker

NOTARY PUBLIC

MELINDA G. ROOKER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

MY COMMISSION EXPIRES: 08-17-15

STATE OF TENNESSEE
Office of Vital Records

1207084

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Max Harold Brock
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): November 24, 2012
4. TIME OF DEATH (Approx.): 6:20 am
5a. AGE-Last Birthday (Years): 56
5b. UNDER 1 YEAR: Months / Days
6a. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): November 16, 1956
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tn.

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
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) _____
8b. FACILITY NAME (If not institution, give street and number): Alive Hospice @ St. Thomas Hospital
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: ☐ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☒ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Laborer
11b. KIND OF BUSINESS/INDUSTRY: Domestic
12. SOCIAL SECURITY NUMBER: [redacted]6087
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Cheatham
13c. CITY OR TOWN: Ashland City
13d. STREET AND NUMBER: 5478 Old Hickory Blvd.
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37015
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

15. 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

16. 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

17. DECEDENT'S 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

PARENTS

18. FATHER'S NAME (First, Middle, Last): Braxton Brock
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Delois Crismon

DISPOSITION

20a. INFORMANT'S NAME: Jeanb Ligon
20b. RELATIONSHIP TO DECEDENT: Sister
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 3121 Friars Bridge Pass, Franklin, Tn. 37064
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Hills of Calvary Cemetery
21c. LOCATION - City or Town and State: Nashville, Tn.
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Terrell A. Broady
22b. LICENSE NUMBER: 4009
22c. SIGNATURE OF EMBALMER: ▶ Terrell A. Broady
22d. LICENSE NUMBER: 4117
23a. NAME AND ADDRESS OF FUNERAL HOME: Terrell Broady Funeral Home, Inc. 3855 Clarksville Pike, Nashville, Tn. 37218
23b. LICENSE NUMBER OF FUNERAL HOME: 1137

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Linda L. Bowers, RR
25. DATE FILED (Month, Day, Year): NOV. 29, 2012

CERTIFIER

26. CERTIFIER (Check only one):
26a. ☒ PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.
26b. ☐ 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.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

27a. SIGNATURE OF CERTIFIER: ▶ John Shuster
27b. LICENSE NUMBER: 45946
27c. DATE SIGNED (Month, Day, Year): NOV. 28, 2012
27d. NAME AND ADDRESS: JOHN SHUSTER, MD 1718 Patterson Street, Nashville, TN 37203

MEDICAL CERTIFICATION

28. PART I. Enter the chain of events (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.

		Approximate interval Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. METASTATIC BREAST CANCER	MONTHS
Due to (or as a consequence of)	b.	
Due to (or as a consequence of)	c.	
Due to (or as a consequence of)	d.	

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

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

29a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No

30. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☒ Unknown
32. 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
33. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____
34a. DATE OF INJURY (Month, Day, Year): N/A
34b. TIME OF INJURY
34c. INJURY AT WORK? ☐ Yes ☐ No
34d. PLACE OF INJURY - at home, farm, street, factory, office, building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

PH-1659 (Rev. 10/2011) RDA 1369

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.

5653186

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Foreman
Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

Date Issued: NOV 29 2012

SEAL OF THE STATE OF TENNESSEE — DEPARTMENT OF AGRICULTURE — DEPARTMENT OF COMMERCE

CERTIFICATION OF VITAL RECORD