Grantee: Rose Marie Alexander
3733 N. Lamar
Mount Juliet, TN 37122

Map & Parcel No.: 133-11-123

Send tax notice to:
Rose Marie Alexander
3733 N. Lamar Rd.
Mount Juliet, TN 37122

BILL GARRETT, Davidson County
Trans:T20130035557 DEEDQC
Recvd: 04/30/13 13:31 5 pgs
Fees:27.00 Taxes:0.00
20130430-0043064

EXECUTOR'S QUITCLAIM DEED

William Howard Evans died on July 6, 2013, leaving a will dated April 29, 2012. The will was admitted to probate on August 28, 2012 in the Seventh Circuit Court, Probate Division of Davidson County, Tennessee, Docket Number 12P 1314 . The will named Rose Marie as executor. The executor is duly qualified. All debts of the decedent have been paid. The Tennessee Inheritance Tax clearance has been received being receipt number 441739684, a copy of which is attached as Exhibit A. The TennCare release has been received, a copy of which is attached as Exhibit B. The executor by signing this Deed releases any right the executor has to recover this property in the event of the subsequent insolvency of this estate. In accordance with the provisions of the will of William Howard Evans, Rose Marie Alexander, in her capacity as Executrix, quitclaims to Rose Marie Alexander in her individual capacity all right, title and interest in the following described real estate in Davidson County, Tennessee:

Land in Davidson County, Tennessee, being Lot No. 142 on the Plan of Valley View Meadows, Section II, as of record in Book 3600, page 60, Register's Office for said County. Said lot No. 142 fronts 80 feet on the northwesterly side of Cathy Jo Drive and extends back 139 feet on the northeasterly line and 129.85 feet on the southwesterly line to a dead line in the rear on which is a broken line on which it measures 109.08 feet. This is improved property known as 312 Cathy Jo Drive, Nashville, Tennessee 37211.

SUBJECT TO Governmental zoning and subdivision ordinances or regulations in effect thereon.

William Howard Evans acquired fee simple interest in said property following the death of his wife Dorothy L. Evans, with whom he owned the property as tenants by the entirety. A copy of the death certificate of Dorothy L. Evans is attached as Exhibit C.

REFERENCE is made to prior title recorded in Book 4913, Page 790 In the Register's Office of Davidson County, Tennessee.

The undersigned received 100% interest in the real estate described above by virtue of being the recipient of the real estate under the provisions of the decedent's Will, probated in the Seventh Circuit Court, Probate Division, of Davidson County, Tennessee, Case No. 12P 1314.

This transfer is by Quitclaim and we make no warranties about the title.

Witness my hand at Nashville, Tennessee this 16thh day of April , 2013.

Estate of William Howard Evans

By: Rose Marie Alexander, Executor
Rose Marie Alexander, Executor

Signed April 26 , 2013 .

By: Rose Marie Alexander
Rose Marie Alexander

T. STEVEN PERRY
STATE OF TENNESSEE NOTARY PUBLIC
FAYETTE COUNTY
My Commission Expires May 28, 2014

STATE OF TENNESSEE
COUNTY OF Davidson

Sworn to and subscribed before me this 26th day of April, 2013.

T. Steven Perry
Notary Public

My commission expires: May 28, 2014

Prepared by
T. Steven Perry
315 Raintree Dr.
Hendersonville, TN. 37075

Exhibit "A"

7119433121121

TENNESSEE DEPARTMENT OF REVENUE

Inheritance Tax Closing Letter (This is not a bill for tax due)

November 24, 2012

EVANS W H
ATTN: STEVEN PERRY
315 RAINTREE DR
HENDERSONVLLE TN 37075-5210

Account Type:	INHERIT TX
Account No.:	441739684
Date of Death:	July 6, 2012
County:	DAVIDSON
SSN:	XXX-XX-1086

A sworn return for inheritance tax has been filed with this department by the representative of the above estate.

As provided in Section 67-8-420, Tennessee Code Annotated, this receipt or certificate authorizes the court of the county in which such estate was administered to permit a final settlement or accounting by the estate representative.

The liability, as denoted in this closure letter, has been paid to the State of Tennessee. This is not a bill:

Inheritance Tax:	$0.00
Estate Tax:	$0.00
Interest:	$0.00
Penalty:	$0.00
Total:	$0.00

DETACH BELOW AND RETAIN FOR YOUR RECORDS

TENNESSEE DEPARTMENT OF REVENUE

EVANS W H
ATTN: STEVEN PERRY
315 RAINTREE DR
HENDERSONVLLE, TN 37075-5210

November 24, 2012

Account Type:	INHERIT TX
Account No.:	441739684
Date of Death:	July 6, 2012
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Inheritance Tax:	$0.00
Estate Tax:	$0.00
Interest:	$0.00
Penalty:	$0.00
Total:	$0.00

RV-N0019001

Exhibit "B"

State of Tennessee
Department of Finance and Administration
Bureau of TennCare
Third Party Liability Division
310 Great Circle Road, 4th Floor
Nashville, Tennessee 37243
Toll Free: 866-389-8444 • FAX: 615-413-1941

Bill Haslam
Governor

Mark A. Emkes
Commissioner

10/30/2012

STEVEN PERRY
LEGAL COUNSEL
315 RAINTREE DR.
HENDERSONVILLE, TN 37075

RE: WILLIAM EVANS H.
Last Four Of SSN 1086

Dear STEVEN PERRY:

This letter constitutes notification of the release of the State of Tennessee's Bureau of TennCare against the above estate for the marked reason:

X This serves as a release of the Bureau of TennCare's interest in recovery from the above referenced estate as required by T.C.A. §71-5-116(c) (2). Based on a review of the information provided on the Request for Release of Estate Recovery Cost Claim form, we do not find long term TennCare benefits paid by the State of Tennessee on behalf of this individual.

_____ This release is based upon the surviving spouse deferral, which meets the criteria defined in T.C.A. §71-5-116(c). The State of Tennessee does reserve the right to file a claim for long term care/nursing home services against the estate of the surviving spouse upon the death of the surviving spouse.

_____ This release is based upon the decedents age exception, which meets the criteria defined in T.C.A. §71-5-116(c). The State of Tennessee recovers payments made only on behalf of individuals fifty-five years of age or older.

If there are questions, you may contact the Estate Recovery Unit at (866) 389-8444.

Sincerely,

Jangela J. Howard

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

Exhibit "C"

0403427

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): Dorothy Lois Evans
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): June 21, 2004
4. SOCIAL SECURITY NUMBER (for Decedent): 414-30-4966
5a. AGE-LAST BIRTHDAY (Years): 77
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Feb 6, 1927
7. BIRTHPLACE (City and State or Foreign Country): Humboldt, 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): 312 Cathy Jo Drive
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): W. Howard Evans
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Supervison
12b. KIND OF BUSINESS/INDUSTRY: Bank
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 312 Cathy Jo Drive
CENSUS TRACT: 6
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37211
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): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

NAME OF DECEDENT For use by physician or medical examiner

PARENTS

17. FATHER'S NAME (First, Middle, Last): John Perry Smith
18. MOTHER'S NAME (First, Middle, Maiden Surname): Bertie Mai Moss

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Mr. W. Howard Evans
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 312 Cathy Jo Drive Nashville, Tennessee 37211

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): Woodlawn Memorial Park
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Wendell L. Byrd
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2556
21c. SIGNATURE OF EMBALMER: ▶ Jason Peek
21d. LICENSE NUMBER OF EMBALMER: 5659
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Inc. 3620 Nolensville Rd., Nashville, Tennessee 37211-
22b. LICENSE NUMBER OF FUNERAL HOME: 396

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Robert W. Rhodes Jr
24. DATE FILED (Month, Day, Year): June 28, 2004

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and manner as stated.
1 [X] SIGNATURE AND TITLE OF PHYSICIAN ▶
25b. LICENSE NUMBER: MD-016055
25c. DATE SIGNED (Month, Day, Year): 6/23/04
26a. 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):

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

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): William Charles Penley, M.D. 2011 Church Street Suite 800, Nashville, TN 37203

CAUSE OF DEATH

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.

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Metastatic adenocarcinoma of the lung — Approximate Interval Between Onset and Death: 17 mo.
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: b.
DUE TO (OR AS A CONSEQUENCE OF): c.
DUE TO (OR AS A CONSEQUENCE OF): d.

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 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year):
31b. TIME OF INJURY: M
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-1859 (REV. 6/98)

BIRTH NO

RDA 1399

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 Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Tonya Y. Ruttlen
Tonya Y. Ruttlen
Local Registrar

Date Issued JUN 28 2004

CERTIFICATION OF VITAL RECORD