BILL GARRETT, Davidson County
Trans:T20130061640 DEEDQC
Recvd: 07/19/13 09:46 3 pgs
Fees:17.00 Taxes:0.00
20130719-0074793

FROM: WILLIAM C. LEWIS, JR., SUCCESSOR TRUSTEE

TO: WILLIAM C. LEWIS, JR., INDIVIDUALLY

QUITCLAIM DEED

ADDRESS NEW OWNER AS FOLLOWS: **SEND TAX BILLS TO:** **MAP-PARCEL NUMBERS**

William C. Lewis, Jr.
5138 Buena Vista Pike
Nashville, Tennessee 37218

Same

Map 049-00-0
Parcel 133.00

This instrument prepared by:

Larry D. Craig
Attorney at Law
305 Fourteenth Avenue, North
Nashville, Tennessee 37203

Upon information furnished by the parties and without benefit of title examination or title insurance and no closing thereon.

LARRY D. CRAIG NOTARY PUBLIC AT LARGE CHEATHAM COUNTY, TENN.

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration or value, whichever is greater, for this transfer is $0.00.

William C Lewis Jr., Affiant
Sworn to and subscribed before me this 19th day of July, 2013.

NOTARY PUBLIC

My Commission Expires: 10-28-2015

I, William C. Lewis, Jr., Successor Trustee of the Mavis Athalene Lewis Living Trust UAD September 3, 2010, by virtue of the death of Mavis Athalene Lewis, Trustee, do hereby quitclaim to William C. Lewis, Jr., individually, all of the interest in the following land in Davidson County, Tennessee, to wit:

A small tract of land in the 12th Civil District of Davidson County, Tennessee, and described according to a survey made by George W. Watkins, Surveyor, March 7, 1953, as follows:

Beginning at a point in the center line of Buena Vista Pike, 378.6 feet north of the northwest corner of the school lot; thence North 74 degrees 15 minutes East 640 feet to the center line of Whites Creek; thence with the center line of the same North 4 degrees East 95 feet more or less to a point; thence South 77 degrees 45 minutes West 680 feet more or less to the center line of Buena Vista Pike; thence with the center line of the same South 18 degrees East 125 feet to the beginning, containing 1.58 acres more or less.

Together with all covenants and easements as set forth in Book 2141, Page 557, Register's Office for Davidson County, Tennessee, as attached to and run with the aforedescribed tract of land.

Being the same property conveyed to Mavis Athalene Lewis, as Trustee of the Mavis Athalene Lewis Living Trust, dated September 3, 2010, by deed of record from Mavis Athalene Lewis, a single woman, of record in Instrument No. 20101022-0084867, Register's Office for Davidson County, Tennessee, and being the same property as originally conveyed to Mavis Athalene Lewis by deed of record in Book 6231, Page 586, said Register's Office.

Exhibited hereto is the certificate of death of Mavis Athalene Lewis who died on March 30, 2013. The Mavis Athalene Lewis Living Trust UAD September 3, 2010, was in full force and effect on the date of the death of Mavis Athalene Lewis who was the original named Trustee therein. By virtue of the aforestated declaration of trust and the death of Mavis Athalene Lewis, William C. Lewis was named as the Successor Trustee. Said trust named William C. Lewis, Jr. as the residuary beneficiary and this instrument is being executed to carry out and finally administer the provisions of the said trust agreement and declaration. William C. Lewis, Jr., as Successor Trustee, is duly authorized to execute this quitclaim deed without the joinder of any other person or entity.

This is improved property known as 5138 Buena Vista Pike, Nashville, Tennessee 37218.

Witness my hand this 19th day of July, 2013.

William C Lewis Jr

WILLIAM C. LEWIS, JR., SUCCESSOR
TRUSTEE OF THE MAVIS ATHALENE LEWIS
LIVING TRUST UAD SEPTEMBER 3, 2010

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a notary public in and for said County and State, the within named William C. Lewis, Jr., Successor Trustee, the bargainor, with whom I am personally acquainted, and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee this 19th day of July, 2013.

NOTARY PUBLIC

My commission expires: 10-28-2015

LARRY D. CRAIG
NOTARY PUBLIC AT LARGE
CHEATHAM COUNTY, TENN.

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Mavis Athalene Lewis
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): March 30, 2013
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 83
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): October 14, 1929
7. BIRTHPLACE (City and State or Foreign Country): Henderson County, Tennessee

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): NHC-Healthcare Hendersonville
8c. CITY OR TOWN: Hendersonville
8d. COUNTY OF DEATH: Sumner

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): N/A
11a. DECEDENT'S USUAL OCCUPATION: Secretary-Retired
11b. KIND OF BUSINESS/INDUSTRY: Insurance
12. SOCIAL SECURITY NUMBER: [redacted]8955
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 5138 Buena Vista Pike
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37218
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): William C. Lewis Sr.
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Elizabeth Gardner

20a. INFORMANT'S NAME: William C. Lewis
20b. RELATIONSHIP TO DECEDENT: Brother
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 5138 Buena Vista Pike Nashville, TN 37218

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Independence Cemetery
21c. LOCATION – City or Town and State: Lexington, TN 38351

22a. SIGNATURE OF FUNERAL DIRECTOR: ► John Cavness
22b. LICENSE NUMBER: 5287
22c. SIGNATURE OF EMBALMER: ► Ron Reed
22d. LICENSE NUMBER: 3964

23a. NAME AND ADDRESS OF FUNERAL HOME: Pafford Funeral Home, 71 Monroe Avenue, Lexington, Tennessee 38351
23b. LICENSE NUMBER OF FUNERAL HOME: 60

REGISTRAR

24. REGISTRAR'S SIGNATURE: ► Teresa Hendricks, DR
25. DATE FILED (Month, Day, Year): April 8, 2013

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: ►
27b. LICENSE NUMBER: 016446
27c. DATE SIGNED (Month, Day, Year): 4/4/13
27d. NAME AND ADDRESS:

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): 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

a. Failure to thrive
Due to (or as a consequence of):
b. End stage dementia
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.

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)
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 Ooccurred
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

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

SPH-1659 (Rev. 10/2011) RDA 1399

5644044

Teresa S. Hendricks
STATE REGISTRAR

SUSAN M. PHILLIPS
LOCAL REGISTRAR

APR 09 2013
Date Issued

CERTIFICATION OF VITAL RECORD