QUITCLAIM DEED

This instrument was prepared from information supplied by the parties. No title examination, survey, or settlement has been performed and Trustland Title & Escrow, LLC, shall not be responsible for any matter that could have been resolved by a title examination, survey, or settlement.

ADDRESS OF NEW OWNER:	SEND TAX BILLS TO:	MAP-PARCEL NO.
Jan VanBrackle 5609 Kristin Lane Brentwood, TN 37027	NEW OWNER	Map: 160-14 Parcel: 9

THIS INSTRUMENT PREPARED BY:
Residential & Commercial Title Services, LLC
1720 West End Avenue, Suite 400
Nashville, Tennessee 37203

STATE OF TENNESSEE
COUNTY OF DAVIDSON
The actual consideration or value, whichever is greater, for this transfer is $-0-

Jan VanBrackle
Affiant

BILL GARRETT, Davidson County
Trans:T20130067868 DEEDQC
Recvd: 08/07/13 14:39 4 pgs
Fees:22.00 Taxes:0.00
20130807-0082949

Subscribed and sworn to before me, this the 7th day of August, 2013.

Notary Public

My Commission Expires: _____
(Affix Seal)

JESSICA LASCELLE
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.
My Commission Expires OCT. 18, 2016

FOR AND IN CONSIDERATION of the sum of One ($1.00) Dollar, cash in hand paid by the hereinafter named Grantee, and other good and valuable considerations, the receipt of which is hereby acknowledged, the undersigned **CATHERINE S. TAYLOR, A WIDOW**, hereinafter called the Grantor, has bargained and sold, and by these presents does transfer and quitclaim to **JAN VANBRACKLE**, hereinafter called the Grantees, its successors and assigns, all of Grantor's interest in and to a certain tracts or parcels of land in Davidson County, State of Tennessee, described as follows: to-wit:

SEE EXHIBIT "A" ATTACHED HERETO

This is improved property located at 5609 Kristin Lane, Brentwood, TN 37027.

Whenever used, the singular number shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

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

IN WITNESS WHEREOF, this instrument has been executed this 7th day of August, 2013.

Catherine S. Taylor by Jan VanBrackle, attorney in fact
Catherine S. Taylor by Jan VanBrackle,
Attorney in fact

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

Personally appeared before me, a Notary Public in and for said County and State, the within named Jan VanBrackle with whom I am personally acquainted (or whose identity was proved to me on the basis of satisfactory evidence), and who acknowledged the execution of the within instrument on behalf of Catherine S. Taylor, as attorney-in-Fact and as the free Act and Deed of the said Principal.

WITNESS my hand and official seal at Nashville, Tennessee, this 7th day of August, 2013.

NOTARY PUBLIC

My Commission Expires: _____

JESSICA LASCELLE
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.
My Commission Expires OCT. 18, 2016

EXHIBIT "A"
LEGAL DESCRIPTION

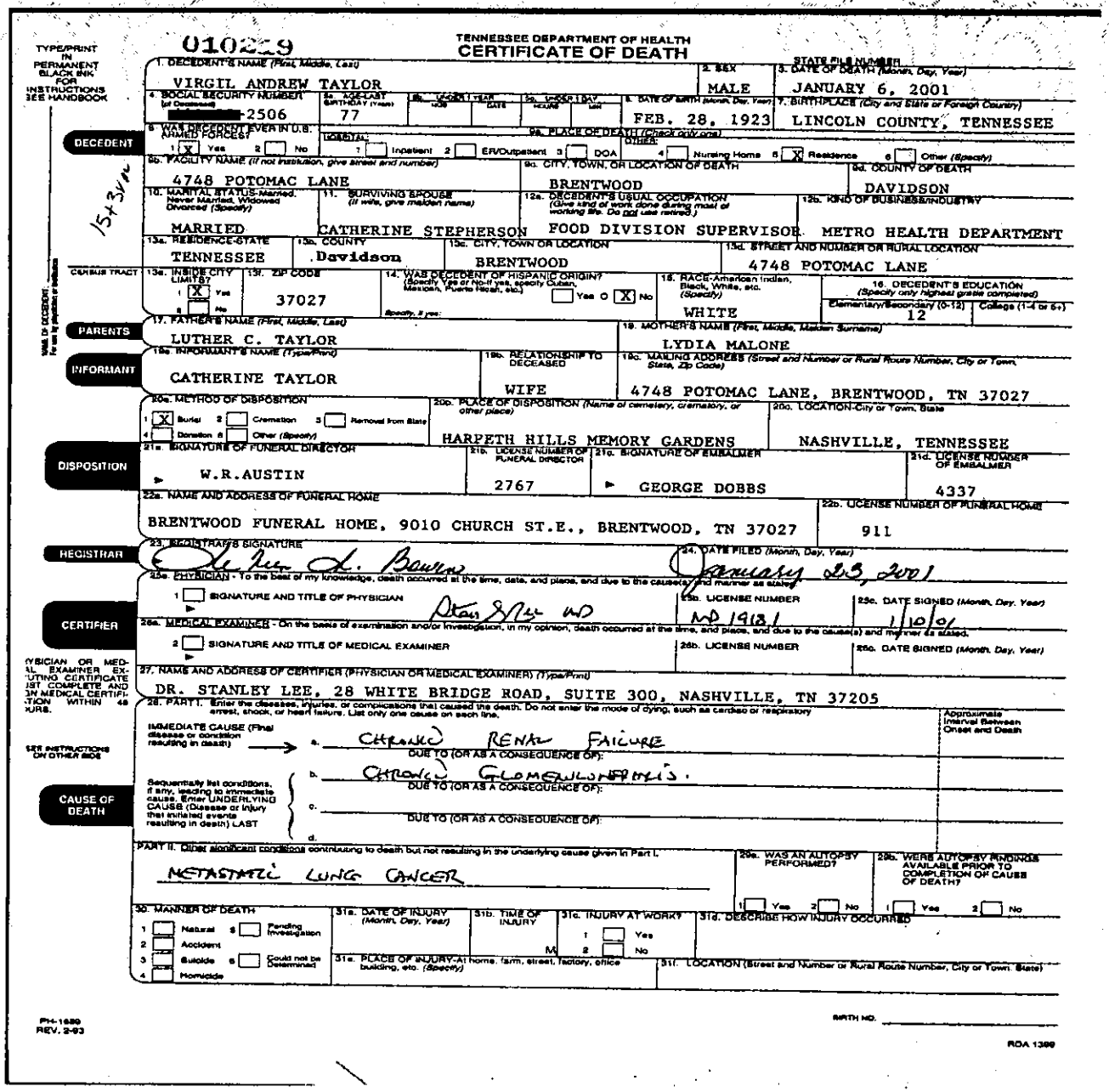
Land in Davidson County, Tennessee, being Lot No. 9 on the Plan of Brenthurst, as of record in Plat Book 5200, page 492, Register's Office for said County, to which plan reference is made for a more complete description.

Being the same property conveyed to Virgil A. Taylor and wife, Catherine S. Taylor by Deed from William D. Mosely and wife, Virginia R. Mosely, dated February 22, 1989, filed of record in Book 7777, Page 709, Register's Office for Davidson County, Tennessee. Virgil A. Taylor having since died on January 6, 2001, according to the attached death certificate known as Exhibit "B".

This instrument is executed on behalf of Catherine S. Taylor, by Jav VanBrackle pursuant to a Power of Attorney executed by Catherine S. Taylor on August 5, 2013, of record in 20130807-0082948, Register's Office for Davidson County, Tennessee. The affidavit of said Attorney in Fact is attached as Exhibit "C" to the instrument and incorporated herein by reference.

STATE OF TENNESSEE
Office of Vital Records

"Exhibit B"



TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 010229

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): VIRGIL ANDREW TAYLOR
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): JANUARY 6, 2001
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-2506
4a. AGE-LAST BIRTHDAY (Years): 77
4b. UNDER 1 YEAR: MONTHS / DAYS / HOURS / MINUTES
4c. UNDER 1 DAY: HOURS / MINUTES
5. DATE OF BIRTH (Month, Day, Year): FEB. 28, 1923
7. BIRTHPLACE (City and State or Foreign Country): LINCOLN COUNTY, TENNESSEE
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] 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): 4748 POTOMAC LANE
9c. CITY, TOWN, OR LOCATION OF DEATH: BRENTWOOD
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): CATHERINE STEPHERSON
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): FOOD DIVISION SUPERVISOR
12b. KIND OF BUSINESS/INDUSTRY: METRO HEALTH DEPARTMENT
13a. RESIDENCE-STATE: TENNESSEE
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: BRENTWOOD
13d. STREET AND NUMBER OR RURAL LOCATION: 4748 POTOMAC LANE
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37027
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Specify, if yes: Yes [ ] No [X]
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+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): LUTHER C. TAYLOR
19. MOTHER'S NAME (First, Middle, Maiden Surname): LYDIA MALONE

INFORMANT

18a. INFORMANT'S NAME (Type/Print): CATHERINE TAYLOR
18b. RELATIONSHIP TO DECEASED: WIFE
18c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4748 POTOMAC LANE, BRENTWOOD, TN 37027

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): HARPETH HILLS MEMORY GARDENS
20c. LOCATION-City or Town, State: NASHVILLE, TENNESSEE
21a. SIGNATURE OF FUNERAL DIRECTOR: W.R.AUSTIN
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2767
21c. SIGNATURE OF EMBALMER: GEORGE DOBBS
21d. LICENSE NUMBER OF EMBALMER: 4337
22a. NAME AND ADDRESS OF FUNERAL HOME: BRENTWOOD FUNERAL HOME, 9010 CHURCH ST.E., BRENTWOOD, TN 37027
22b. LICENSE NUMBER OF FUNERAL HOME: 911

REGISTRAR

23. REGISTRAR'S SIGNATURE: Debra L. Bowers
24. DATE FILED (Month, Day, Year): January 23, 2001

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 [ ] SIGNATURE AND TITLE OF PHYSICIAN: Stan S Ke MD
25b. LICENSE NUMBER: MD 19181
25c. DATE SIGNED (Month, Day, Year): 1/10/01
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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): DR. STANLEY LEE, 28 WHITE BRIDGE ROAD, SUITE 300, NASHVILLE, TN 37205

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

Approximate Interval Between Onset and Death

Immediate Cause (Final disease or condition resulting in death): a. CHRONIC RENAL FAILURE
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. CHRONIC GLOMERULONEPHRITIS.
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.
METASTATIC LUNG CANCER

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

30. MANNER OF DEATH: 1 [ ] 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
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-1530 REV. 2-93

BIRTH NO.

ROA 1399

6163556

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

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

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

6163556 8/7/2013
Date Issued

CERTIFICATION OF VITAL RECORD

EXHIBIT "C"
To
Quitclaim Deed

FROM: Catherine S. Taylor

TO: Jan VanBrackle

STATE OF TENNESSEE
COUNTY OF DAVIDSON

AFFIDAVIT

The undersigned Affiant, being first duly sworn, deposes and says as follows:

1. That the document to which this affidavit is exhibited is executed by the undersigned as Attorney-in-Fact for the principal(s) thereon shown.

2. That this execution is proper and within the scope of the Power-of-Attorney referenced in the instrument.

3. Pursuant to the provisions of *Tennessee Code Annotated*, Section 34-6-105(c), of the Uniform Durable Power of Attorney Act, the undersigned Affiant certifies that at the time of execution of said documents the Affiant had no knowledge or notice of the termination of the Power-of-Attorney, either by revocation or by the principal's death, disability, or incapacity.

Further the Affiant Saith not.

Jan VanBrackle

Jan VanBrackle, Affiant

Sworn to and subscribed before me this 7th day of August, 2013.

Notary Public

My Commission Expires: _____

JESSICA LASCELLE
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.
My Commission Expires OCT. 18, 2016