THIS INSTRUMENT WAS PREPARED AT THE REQUEST OF GRANTOR WITHOUT THE BENEFIT OF TITLE SEARCH OR SURVEY BY:

LARRY B. HOOVER
ATTORNEY AT LAW
1222 16th Avenue South, Suite 12
NASHVILLE, TENNESSEE 37212

BILL GARRETT, Davidson County
Trans:T20130071264 DEEDQC
Recvd: 08/19/13 11:27 4 pgs
Fees:22.00 Taxes:0.00
20130819-0086889

ADDRESS NEW OWNER:
Robert T. Shinault
102 Delmas Avenue
Nashville, TN 37216

MORTGAGE:

MAP-PARCEL: 072090242

SENT TAX BILLS:
Same as above

QUITCLAIM DEED

This improved property known as 102 Delmas Avenue, Nashville, Davidson County TN was held by Robert Shinaut and his wife Artanya L. Shinault, a married couple. Artanya L. Shinault died on January 24, 2005 in Davidson County TN, as evidenced by the death certificate attached as Exhibit A.

FOR AND IN CONSIDERATION of the sole purpose of clearing title I, Robert Shinault, husband of Artanya L. Shinault, a married woman, do hereby transfer, quitclaim and convey, unto Robert Shinault, husband, all of Artanya L. Shinault's right, title and interest in and to the following described tract or parcel of land, lying the County of Davidson State of Tennessee;

> Land in Davidson County, Tennessee, being the westerly 50 feet of Lot No. 39, on the Plan of East Hill Addition as of record in Plat Book 332, page 33, Register's Office for Davidson County, Tennessee to which plat reference is hereby made for a more complete and accurate legal description.
>
> Said Westerly 50 Feet of lot 39 fronts, 50 feet on te southerly side of Delmas Avenue and runs back between parallel lines 191 feet to the south line of the above mentioned plan.

Being the same property conveyed to Metropolitan Development and Housing Agency by Clerks Deed from Richard R. Rooker Clerk of the Circuit Court of record in Book 10858, page 151, Register's office for Davidson County, Tennessee and also by deed #20011211-0136665.

Being the same property conveyed to Robert Shinault and wife Artanya L. Shinault by Nashville Homestead Corporation by way of Warranty deed received on December 11, 2001 and recorded in the Davidson County Register of Deeds Office under ~~#20011211-0136665.~~ 20011211-0136060

Subject to all matters of record in plat book 332, page 33, Register's Office for Davidson County, Tennessee.

Subject to any easements and/or restrictions of record in the register's office for Davidson County, Tennessee.

Improved property known as 1012 Delmas Avenue, Nashville, TN 37216

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

IN WITNESS WHEREOF, I have hereunto set my hand this the 19 day of Aug, 2013.

Robert Shinault

Robert Shinault, husband of Artanya L. Shinault

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, Larry Hoover, Notary Public, the within named Robert T. Shinault, the bargainor with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, and who acknowledged that he executed the within instrument for the purposes therein contained.

SWORN and SUBSCRIBED to before me on this the 19 day of Aug, 2013.

NOTARY PUBLIC
MY COMMISSION EXPIRES: 9-9-2014

LARRY B. HOOVER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The actual consideration or value, whichever is greater, for this transfer is Zero Dollars ($0).

Robert Shinault
AFFIANT

SWORN and SUBSCRIBED to before me on this the 19 day of Aug, ~~2011~~. 2013

NOTARY PUBLIC
MY COMMISSION EXPIRES: 9-9-2014

LARRY B. HOOVER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

0500823

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): ARTANYA LICENE SHINAULT
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): JANUARY 24, 2005
4. SOCIAL SECURITY NUMBER: [redacted]-4658
5a. AGE-LAST BIRTHDAY (Years): 36
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): MAR 28 1968
7. BIRTHPLACE (City and State or Foreign Country): NASHVILLE, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
8a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [X] Inpatient 2 ER/Outpatient 3 DOA; OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): VANDERBILT MEDICAL CENTER
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): ROBERT SHINAULT
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): HOUSEWIFE
12b. KIND OF BUSINESS/INDUSTRY:
13a. RESIDENCE-STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 1012 DELMAS AVENUE
CENSUS TRACT:
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37216
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): BLACK
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 10; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): THAD MANNING
18. MOTHER'S NAME (First, Middle, Maiden Surname): QUINCELLA HUDDLESTON

INFORMANT

19a. INFORMANT'S NAME (Type/Print): ROBERT SHINAULT
19b. RELATIONSHIP TO DECEASED: HUSBAND
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1012 DELMAS AVENUE NASHVILLE, TN 37216

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): GREENWOOD CEMETERY
20c. LOCATION-City or Town, State: NASHVILLE, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4502
21c. SIGNATURE OF EMBALMER: [signature]
21d. LICENSE NUMBER OF EMBALMER: 5682
22a. NAME AND ADDRESS OF FUNERAL HOME: SMITH BROTHERS FUNERAL DIRECTORS, INC. 706 MONROE STREET, NASHVILLE, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 809

REGISTRAR

23. REGISTRAR'S SIGNATURE: [signature]
24. DATE FILED (Month, Day, Year): January 17, 2005

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.
1 [X] SIGNATURE AND TITLE OF PHYSICIAN: [signature] MD
25b. LICENSE NUMBER: M015961
25c. DATE SIGNED (Month, Day, Year): 2/7/05
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): T-1217 MCN VANDERBILT MEDICAL CENTER NASHVILLE TN 37232-2650

CAUSE OF DEATH

SEE INSTRUCTIONS ON OTHER SIDE

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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	MULTIPLE ORGAN FAILURE	~10 DAYS
DUE TO (OR AS A CONSEQUENCE OF): b.	SEPTIC SHOCK	~10 DAYS
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST. DUE TO (OR AS A CONSEQUENCE OF): c.	BOWEL ISCHEMIA	UNKNOWN
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.
MIXED CONNECTIVE TISSUE DISEASE, PULMONARY HYPERTENSION, DILATED CARDIOMYOPATHY

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-1659 (REV. 6/99)
BIRTH NO.
RDA 1390

6155478

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

6155478

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued: 7/29/2013

CERTIFICATION OF VITAL RECORD