BILL GARRETT, Davidson County
Trans:T20130082510 DEEDWARR
Recvd: 09/24/13 10:37 3 pgs
Fees:18.00 Taxes:832.13

20130924-0100262

WARRANTY DEED

STATE OF TENNESSEE
COUNTY OF DAVIDSON

THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $224,900.00

Toni Belyea
Affiant

SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 20th DAY OF Sept. 2013

Etta Carter
Notary Public

MY COMMISSION EXPIRES: 11/3/15
(AFFIX SEAL)

ETTA CARTER
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON

G-VRES-13-05114

THIS INSTRUMENT WAS PREPARED BY
Rudy Title and Escrow
2012 21st Avenue South
Nashville, TN 37212

ADDRESS NEW OWNER (S) AS FOLLOWS:	SEND TAX BILLS TO:	MAP / PARCEL NUMBER (S)
Francis W. Corrigan III (NAME)	**Francis W. Corrigan III** (NAME)	
5114 Kincannon Drive (ADDRESS)	**5114 Kincannon Drive** (ADDRESS)	**146-16-216.00**
Nashville, TN 37220 (CITY) (STATE) (ZIP)	**Nashville, TN 37220** (CITY) (STATE) (ZIP)	

For and in consideration of the sum of TEN DOLLARS, cash in hand, paid hereinafter named Grantee(s), and other good and valuable considerations, the receipt of which is hereby acknowledged, I, **FRANCES C. ESTES, UNMARRIED,** hereinafter called the Grantor(s), have bargained and sold, and by these presents do transfer and convey unto **FRANCIS W. CORRIGAN III, UNMARRIED MAN,** hereinafter called the Grantee(s), their heirs and assigns, that certain tract or parcel of land in **DAVIDSON** COUNTY, STATE OF TENNESSEE, described as follows, to wit:

LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT 1038, PLAN OF BRENTWOOD HALL, SECTION X, AS SHOWN ON PLAT OF RECORD IN PLAT BOOK 2330, PAGE 80, IN THE REGISTER'S OFFICE, DAVIDSON COUNTY, TENNESSEE, TO WHICH PLAT REFERENCE IS HEREBY MADE FOR A MORE PARTICULAR DESCRIPTION OF SAID PROPERTY.

BEING THE SAME PROPERTY CONVEYED TO JACK ESTES AND WIFE, FRANCIS C. ESTES BY WARRANTY DEED FROM JACK M. INSER AND WIFE, ALBERTA LEE INSER, RECORDED ON THE 25TH DAY OF MARCH, 1964 IN DEED BOOK 3705, PAGE 225, IN THE REGISTER'S OFFICE OF DAVIDSON COUNTY, TENNESSEE. THE SAID JACK ESTES HAVING SINCE PASSED ON FEBRUARY 18, 2013 LEAVING THE SAID PROPERTY TO HIS WIFE, FRANCES C. ESTES. THE SAID FRANCIS C. ESTES IS ONE AND THE SAME AS FRANCES C. ESTES. THE CORRECT SPELLING OF GRANTOR'S NAME IS FRANCES.

THIS CONVEYANCE IS SUBJECT TO A) 2013 PROPERTY TAXES AND SUBSEQUENT YEARS; B) INSTRUMENTS OF RECORD IN PLAT BOOK 2330, PAGE 80; EASEMENT FOR SANITARY SEWER/STORM DRAINAGE, RECORDED IN BOOK 5108, PAGE 678 IN SAID REGISTER'S OFFICE; AND C) ANY AND ALL EXISTING EASEMENTS AND RESTRICTIONS AS SHOWN OF RECORD NOT STATED HEREIN.

THIS CONVEYANCE IS SUBJECT TO ANY AND ALL EXISTING EASEMENTS AND RESTRICTIONS AS SHOWN OF RECORD.

This is
( ) unimproved
(X) improved
property known as **5114 Kincannon Drive Nashville, Tennessee 37220**
(House Number) (Street) (P.O. Address) (City or Town) (Postal Zip)

TO HAVE AND TO HOLD the said tract or parcel of land, with the appurtenances, estate, title and interest thereto belonging to the said GRANTEE(S), their heirs and assigns forever; and we do covenant with the said GRANTEE(S) that we are lawfully seized and possessed of said land in fee simple, have a good right to convey it and the same is unencumbered, unless otherwise herein set out; and we do further covenant and bind ourselves, our heirs and representatives, to warrant and forever defend the title to the said land to the said GRANTEE(S), their heirs and assigns, against the lawful claims of all persons whomsoever. Wherever used, the singular number shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

Witness my/our hand(s) this 20th day of September 2013.

Frances C. Estes

STATE OF Tennessee
COUNTY OF Davidson

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

Witness my hand and official seal, this the _____ day of September 2013.

Notary Public

My Commission Expires:

(SEAL)

C. LOY CARNEY
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON
My Commission Expires August 23, 2016

RETURN TO:
Rudy Title & Escrow
2012 21st Ave. South
Nashville, TN 37212

STATE OF TENNESSEE
Office of Vital Records

Exhibit #11

13012279

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Jack Estes
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): February 18, 2013
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 81
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): November 19, 1931
7. BIRTHPLACE (City and State or Foreign Country): Madisonville, 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): 5114 Kincannon Drive
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Frances Tanner
11a. DECEDENT'S USUAL OCCUPATION: Indep. Relations Rep.
11b. KIND OF BUSINESS/INDUSTRY: AT&T

12a. SOCIAL SECURITY NUMBER: [redacted]-0617
12b. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
12c. COUNTY: Davidson
12d. CITY OR TOWN: Nashville

13a. STREET AND NUMBER: 5114 Kincannon Drive
13b. INSIDE CITY LIMITS: ☒ Yes ☐ No
13c. ZIP CODE: 37220
14. WAS DECEDENT EVER IN U.S. 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): Jesse Newton Estes
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Myrtle Powers

INFORMANT

20a. INFORMANT'S NAME: Frances C. Estes
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 5114 Kincannon Drive, Nashville, TN 37220

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Woodlawn Memorial Park
21c. LOCATION - City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Roger Kent Wildman
22b. LICENSE NUMBER: 5435
22c. SIGNATURE OF EMBALMER: ▶ Dawn Reneo' Everett
23d. LICENSE NUMBER: 6024
23a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn-Roesch-Patton 660 Thompson Lane Nashville, TN 37204
23b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Lindsey Bowles, JR
25. DATE FILED (Month, Day, Year): Feb. 26, 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: ▶ K Millechip
27b. LICENSE NUMBER: MD 0033682
27c. DATE SIGNED (Month, Day, Year): 2/27/13
27d. NAME AND ADDRESS: K. Millechip

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 prostate Cancer	
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.	Due to (or as a consequence of): 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.
hospice care

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

HH-1569 (Rev. 10/2011)
RDA 1299

5661237

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.

Teresa S. Hendricks
STATE REGISTRAR

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

FEB 26 2013
Date Issued

CERTIFICATION OF VITAL RECORD