QUITCLAIM DEED

Davidson County DEEDQC
Recvd: 12/04/13 10:13 3 pgs
Fees:17.00 Taxes:0.00
20131204-0123431

STATE OF Tennessee
COUNTY OF Davidson
THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $0.00

Affiant

SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 25 day of November, 2013.

Notary Public

MY COMMISSION EXPIRES: 3.3.15
(AFFIX SEAL)

JAMES C. SMITH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

THIS INSTRUMENT WAS PREPARED BY
Michael J. Mills, Attorney
Athens Title & Escrow LLC
5115 Maryland Way
Brentwood, Tennessee 37027
This instrument was prepared by information furnished by the parties herein.

No Warranty of Title either expressed or implied

ADDRESS NEW OWNER(S) AS FOLLOWS:	SEND TAX BILLS TO:	MAP-PARCEL NUMBERS
Peggy Felts	Same	142-14-0B-011.00 CO
(NAME) 7524 Old Harding Pike	(NAME)	
(ADDRESS) Nashville, TN 37221	(ADDRESS)	
(CITY) (STATE) (ZIP)	(CITY) (STATE) (ZIP)	

FOR AND IN CONSIDERATION OF THE SUM OF TEN DOLLARS, CASH IN HAND PAID BY THE HEREINAFTER NAMED GRANTEE(S), AND OTHER GOOD AND VALUABLE CONSIDERATIONS, THE RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED, WE,

PEGGY L. FELTS, AN UNMARRIED WOMAN
AND
MARSHALL TODD FELTS, AN UNMARRIED MAN

HEREINAFTER CALLED THE GRANTOR(S), DO (ES) HEREBY **QUITCLAIM** , AND BY THESE PRESENTS DO TRANSFER AND CONVEY UNTO

PEGGY L. FELTS, AN UNMARRIED WOMAN,

HEREINAFTER CALLED THE GRANTEE(S), HER HEIRS AND ASSIGNS, A CERTAIN TRACT OR PARCEL OF LAND IN DAVIDSON COUNTY, STATE OF TENNESSEE, DESCRIBED AS FOLLOWS, TO-WIT:

Land in Davidson County, Tennessee, being Lot No. 11 on the Final Plat of Phase I, Section VIII, River Plantation, of record in Plat Book 6900, pages 475-476, said Register's Office, to which reference is hereby made for amore complete description.

Included but Excluding is the land conveyed to Metropolitan Government of Nashville and Davidson County, Tennessee for Right-of-Way Easement of record in Book 9304, Page 604, Registers Office For Davidson County, Tennessee.

Being the same property conveyed to MARSHALL BRUCE FELTS AND WIFE, PEGGY L. FELTS, by deed from JAMES BRYANT SCOTT AND WIFE, KEYNE SCOTT, of record as Instrument No. 20101025-0085432, dated October 22, 2010, said Register's Office. Then being further conveyed to MARSHALL BRUCE FELTS AND WIFE, PEGGY L. FELTS AND MARSHALL TODD FELTS, AS TENANTS IN COMMON WITH RIGHT OF SURVIVORSHIP, by Quitclaim Deed from MARSHALL BRUCE FELTS AND WIFE, PEGGY L. FELTS, of record as Instrument No. 20130404-0033326, dated March 25, 2013, said Register's Office.

Marshall Bruce Felts, having prececeased his wife leaving her sole owner by opertaion of law on April 8, 2013.

This conveyance is further subject to (1) all applicable zoning ordinances (2) utility, sewer, drainage and other easements of record, (3) all subdivision/condominium assessments, covenants, bylaws, restrictions, declarations and easements of record, (4) building restrictions, and (5) other matters of public record.

unimproved ☐

This is improved ☒ property, known as 7524 Old Harding Pike, Nashville, TN 37221
(House Number) (Street) (P.O. Address) (City or Town) (Postal Zip)

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 our hands this 25th day of Nov, 2013.

Peggy L. Felts
PEGGY L. FELTS

Marshall Todd Felts
MARSHALL TODD FELTS

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 PEGGY L. FELTS and MARSHALL TODD FELTS the bargainor(s), with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person(s) described herein, and who acknowledge that he/she/they executed the within instrument for the purposes therein contained.

Witness my hand at office this 25 day of Nov, 2013.

Commission expires: 3.3.15

Notary Public

JAMES C. SMITH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

CERTIFIED FOR REMOTE FILING:

I, Michael J. Mills, do hereby make oath that I am a licensed attorney and/or the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

Michael J. Mills, Attorney at law

State of Tennessee:
County of Davidson

Before me, the undersigned, a Notary Public of the State and County aforesaid, personally appeared Michael J. Mills, with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence) and who, upon oath, acknowledged himself/herself to be the named person, and that he/she executed the foregoing instrument for the purposes therein contained.

Witness my hand and official seal, on 11.25.13

My Commission Expires: March 3, 2015

Notary Public James C. Smith

JAMES C. SMITH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

File Number: _____

RETURN TO:
Athens Title & Escrow LLC
5115 Maryland Way
Brentwood, Tennessee 37027

STATE OF TENNESSEE
Office of Vital Records

13 12291

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH — STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): MARSHALL BRUCE FELTS
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): April 8, 2013
4. TIME OF DEATH (Approx.): 3:40 am
5a. AGE-Last Birthday (Years): 82
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): January 5, 1931
7. BIRTHPLACE (City and State or Foreign Country): NASHVILLE, TN

TYPE/PRINT IN PERMANENT BLACK INK

6a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: [X] 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)

6b. FACILITY NAME (If not institution, give street and number): VA TN VALLEY HEALTHCARE SYSTEM
6c. CITY OR TOWN: NASHVILLE
6d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: [X] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): PEGGY LADD
11a. DECEDENT'S USUAL OCCUPATION: Quality Control
11b. KIND OF BUSINESS/INDUSTRY: Baird-Ward Printing Co.
12. SOCIAL SECURITY NUMBER: [redacted]0335
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY OR TOWN: NASHVILLE
13d. STREET AND NUMBER: 7524 OLD HARDING PIKE
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37221
14. WAS DECEDENT EVER IN US ARMED FORCES? [X] Yes [ ] No

3vo + 1p+

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
[X] 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)
[X] 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)
[X] 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): CHURCHWELL FELTS
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): ETHEL EUNICE KOONCE

DISPOSITION

20a. INFORMANT'S NAME: VA TN Valley Healthcare System
20b. RELATIONSHIP TO DECEDENT: VA FILE
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1310 24th Ave. South, Nashville, TN 37212
21a. METHOD OF DISPOSITION: [ ] Burial [X] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Middle Tennessee Cremation Center
21c. LOCATION – City or Town and State: MOUNT JULIET, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ WILLIAM R. APPLETON
22b. LICENSE NUMBER: 2700
22c. SIGNATURE OF EMBALMER: ▶ N/A
22d. LICENSE NUMBER: N/A
23a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Hickory Chapel, 5852 Nolensville Road, Nashville, TN 37211
23b. LICENSE NUMBER OF FUNERAL HOME: 760

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Jeff Harrison DR
25. DATE FILED (Month, Day, Year): April 12, 2013

CERTIFIER

26. CERTIFIER (Check only one):
26a. [X] 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 best 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: ▶ Walter Smalley
27b. LICENSE NUMBER: MD 021491
27c. DATE SIGNED (Month, Day, Year): April 11, 2013
27d. NAME AND ADDRESS: Walter Smalley, M.D. 1310 24th Ave. South, Nashville, TN 37212

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. HOPOXIC RESPIRATORY FAILURE — Due to (or as a consequence of)	
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	b. PNEUMONIA — Due to (or as a consequence of)	
	c. COPD — 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.
CONGESTIVE HEART FAILURE

29a. WAS AN AUTOPSY PERFORMED? [X] Yes [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [X] No

30. MANNER OF DEATH: [X] 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)

RDA 1399

PH-1059 (Rev. 10/2011)

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.

5802533

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

Teresa S. Hendricks
STATE REGISTRAR

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

Date Issued APR 12 2013

CERTIFICATION OF VITAL RECORD