Record and Return Mail To:
This Instrument Prepared By:
RUSS COOK AND ASSOCIATES, P.C.
Attorneys at Law
5141 Virginia Way, Suite 220
Brentwood, Tennessee 37027
(615) 370-2444

Prepared from information supplied by the parties.

THIS INSTRUMENT DOES NOT CONSTITUTE A WARRANTY OF TITLE, COVENANTS, DESCRIPTIONS OR ANY OTHER INFORMATION CONTAINED HEREIN.

Grantee(s): Karen A. Ford
810 Bellevue Rd., Unit 277
Nashville, TN 37221

Mark S. Ford
7115 Riverfront Drive
Nashville, TN 37221

Send tax notice to: 810 Bellevue Road, Unit 277
Nashville, Tennessee 37221

Map Parcel Number: 142-10

BILL GARRETT, Davidson County
Trans:T20130103517 DEEDQC
Recvd: 12/11/13 10:32 3 pgs
Fees:17.00 Taxes:0.00
20131211-0125457

EXECUTOR'S DEED

In order to provide muniment of title and for other valuable consideration received, the receipt of which is hereby acknowledged, we, Karen A. Ford and Mark S. Ford, Limited Co-Executors for the Estate of Ruth L. Ford, Davidson County Seventh Circuit Probate Division Docket Number 13P1641, pursuant to an Order of Probate for Muniment of Title entered on November 6, 2013, and recorded in REGISTER OF DEEDS in Davidson County Instrument No. 20131119-0119013, and in order to carry out the provisions of the Tennessee laws of Descent and Distribution, for and on behalf of the estate, for the purpose of serving as a muniment of title and further evidencing the divestiture of title in and to the premises hereinafter described from the aforesaid estate, or any person or entity claiming by, under, or through the title of Ruth L. Ford, do hereby devise, release, grant, bargain, sell, convey and forever quitclaim to the Grantees, Karen A. Ford and Mark S. Ford, their heirs and assigns, as Tenants in Common, each a fifty percent (50%) interest in the following described real property located in Davidson County, Tennessee:

> Land in Davidson County, Tennessee, being Lot No. 88 as shown on the Plan of Belle Pointe, Phase II, a planned unit development as of record in Book 6250, Page 797, Register's Office for Davidson County, Tennessee, to which plan reference is made for a more complete and accurate legal description.

DESCRIPTION FROM PRIOR DEED

The previous and last instrument and prior title is a deed recorded in Book 11566, Page 342 in the Register's Office in Davidson County, Tennessee, being the same property conveyed to Isaac E. Ford and wife, Ruth L. Ford by Tamara L. Eiklor, unmarried. Isaac E. Ford died on November 15, 2002; a certified copy of his Death Certificate is attached hereto.

This improved property is known as 625 Barlin Drive, Nashville, Tennessee.

No survey, no title examination, and no title insurance has been made or acquired for this transfer.

IN WITNESS WHEREOF, the Grantors hereby affix their signatures on this the 8th day of ~~October~~ November, 2013.

ESTATE OF RUTH L. FORD, DECEASED

BY: Karen A. Ford
Karen ~~A.~~ Ford, Limited Co-Executor

BY: Mark S. Ford
Mark S. Ford, Limited Co-Executor

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

Karen A. Ford and Mark S. Ford as Limited Co-Executors, personally appeared before the undersigned, a Notary Public in and for said county and state, and with whom I am personally acquainted or proved to me to on the basis of satisfactory evidence, and who acknowledged that each executed the within instrument as his or her free act and deed for the purposes therein contained.

Witness my hand and official seal this 8th day of ~~October~~ November, 2013.

Notary Public

JULIE F. TRAVIS
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

My Commission Expires:

9-1-17

METROPOLITAN GOVERNMENT OF
NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0206508

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): Isaac E. Ford
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): November 15, 2002
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-1310
5a. AGE-LAST BIRTHDAY (Years): 80
5b. UNDER 1 YEAR (Mos.)
5c. UNDER 1 DAY (Hours)
5d. (Min.)
6. DATE OF BIRTH (Month, Day, Year): Aug 21,1922
7. BIRTHPLACE (City and State or Foreign Country): Lynn Grove, Ky
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): 625 Barlin Dr.
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): Ruth Lyons
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Insurance Salesman
12b. KIND OF BUSINESS/INDUSTRY: Insurance
13a. RESIDENCE-STATE: Tn
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 625 Barlin Dr.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37221
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
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+): 2

NAME OF DECEDENT: For use by physician or funeral director

PARENTS

17. FATHER'S NAME (First, Middle, Last): Harvey Ford
18. MOTHER'S NAME (First, Middle, Maiden Surname): Trudie Parks

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Ruth Ford
19b. RELATIONSHIP TO DECEASED: wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 625 Barlin Dr. Nashville, Tn. 37221

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): Murray Memorial Gardens
20c. LOCATION-City or Town, State: Murray, Ky
21a. SIGNATURE OF FUNERAL DIRECTOR: Denny Shepard
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4995
21c. SIGNATURE OF EMBALMER: Steve Murphy
21d. LICENSE NUMBER OF EMBALMER: 4169
22a. NAME AND ADDRESS OF FUNERAL HOME: Harpeth Hills Funeral Home, 9090 Hwy 100, Nashville Tn. 37221
22b. LICENSE NUMBER OF FUNERAL HOME: 849

REGISTRAR

23. REGISTRAR'S SIGNATURE: [signature]
24. DATE FILED (Month, Day, Year): November 19, 2002

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]
25b. LICENSE NUMBER: MD 016556
25c. DATE SIGNED (Month, Day, Year): 11/19/02
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): Dr. Robert F. Miller, 4230 Harding Rd, S 601, 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. (Approximate Interval Between Onset and Death)
SEE INSTRUCTIONS ON OTHER SIDE
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. CHRONIC RESPIRATORY 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 OBSTRUCTIVE LUNG DISEASE
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.
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 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide
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)

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 Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

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

[redacted] [signature] 12/3/2002
Local Registrar Date Issued

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

CERTIFICATION OF VITAL RECORD