QUIT CLAIM DEED

KNOW ALL MEN BY THESE PRESENTS, that WILLIAM ROSS on this the 18 day of December 2013, for and in consideration of the sum of One and no/100 Dollars, does hereby bargain, sell, release, remise, quit claim and convey unto DREAMQUARTERS LLC all right, title and interest in and to the following described real estate, to wit:

Being the rear 60.0 feet of Lots 71 and 72, Block D, on the Plan of Richardson's Addition to East Nashville, as of record in Book 161, page 5, Register's Office for Davidson's County, Tennessee.

Said portion of said lots front 60.0 feet on the southerly margin of Mile End Avenue, and run back between lines measuring 111.7 feet on the easterly line, said easterly line being on the westerly margin of a 15 foot alley, and 111.2 feet on the westerly line to a dead line in the rear measuring 60.0 feet thereon.

Being the same property conveyed to the Grantor by deed from Bessie Christine Reed and Nodie Reed, both unmarried of record in Book 4089 page 21 Register's Office for said County which is incorporated herein by this reference and mad a part of this description. Said property being known as 500 Douglas Ave Nashville TN 37207 according to the present system of numbering property and street name in Davidson County, Tennessee. Parcel # 07116019700.

This deed is made subject to all covenants, restrictions, and easement of record.

~~TO HAVE AND TO HOLD the said described premises to Grantee, so that neither Grantor nor any person or persons claiming under Grantor shall at any time, by any means or ways, have, claim or demand any right to title to said premises or appurtenances, or any rights thereof.~~

IN WITNESS WHEREOF, the Grantor has signed and sealed this Deed, the day and year first above written.

IN TESTIMONY WHEREOF I/we have hereunto set my hand this 18th day of December 2013.

William Ross by Carolyn Ross as AIF

Williams Ross
by Carolyn Ross as Attorney in Fact

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Before me, the undersigned Notary Public in and for the County and State aforesaid, personally appeared Carolyn Ross with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged to be person(s) within named and that executed the foregoing instrument for the purpose therein contained.

Witness my hand and seal this 18th day of December, 2013.

My commission expires: **My Commission Expires August 23, 2016**

E. HOLT-COOPER STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

Notary Public

T.A.I.

I, or we, hereby swear or affirm that to the best of affiant's knowledge, information, and belief, the actual consideration for this transfer is $1.00

William Ross by Carolyn Ross as AIF

Affiant – Williams Ross
By Carolyn Ross as Attorney in Fact

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Subscribed and sworn before me this the 18th day of December, 2013.

My commission expires: **My Commission Expires August 23, 2016**

E. HOLT-COOPER STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

Notary Public

The following information is not a part of this instrument:

Property Address:
500 Douglas Ave, Nashville TN 37207

Parcel Number:
07116019700

Owner's Name and Address:
Dreamquarters LLC
PO BOX 432, Woodland Hills, CA 91365

Mail Tax Bills to:
Dreamquarters LLC
PO BOX 432, Woodland Hills, CA 91365

prepare by William Ross
500 Douglas Ave.

PICK-UP

BILL GARRETT, Davidson County
Trans:T20140010941 DEEDQC
Recvd: 02/14/14 14:59 2 pgs
Fees:12.00 Taxes:0.00

20140214-0013283

STATE OF TENNESSEE
Office of Vital Records

901328

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): Frusie Doris Ross
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): February 6, 2009
4. SOCIAL SECURITY NUMBER: [redacted]-0056
5a. AGE-LAST BIRTHDAY (Years): 77
5b. UNDER 1 YEAR (Months)
5c. UNDER 1 DAY (Hours, Minutes)
6. DATE OF BIRTH (Month, Day, Year): May 5, 1931
7. BIRTHPLACE (City and State or Foreign Country): Murfreesboro, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? No
9. PLACE OF DEATH: Hospital
9a. FACILITY NAME: Bordeaux Long Term Care
9b. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9c. COUNTY OF DEATH: Davidson
10. MARITAL STATUS: Married
11. SURVIVING SPOUSE: William H. Ross
12a. DECEDENT'S USUAL OCCUPATION: Waitress
12b. KIND OF BUSINESS/INDUSTRY: Hospital
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN, OR LOCATION: Nashville, Tennessee
13d. STREET AND NUMBER OR RURAL LOCATION: 500 Douglas Avenue
13e. INSIDE CITY LIMITS? Yes
13f. ZIP CODE: 37207
14. WAS DECEDENT OF HISPANIC ORIGIN? No
15. RACE: Black
16. DECEDENT'S EDUCATION: Unknown
17. FATHER'S NAME: Frank Tyree Arnold
18. MOTHER'S NAME: Eva Maude Botford
19a. INFORMANT'S NAME: William Harris Ross
19b. RELATIONSHIP TO DECEDENT: Husband
19c. MAILING ADDRESS: 500 Douglas Ave., Nashville, TN 37207
20a. METHOD OF DISPOSITION: Burial
20b. PLACE OF DISPOSITION: Greenwood "Main" Cemetery
20c. LOCATION: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Melvin J. Smith
21b. LICENSE NUMBER: 4502
21c. SIGNATURE OF EMBALMER: Reid Y. VanNess
21d. LICENSE NUMBER OF EMBALMER: 4275
21e. NAME AND ADDRESS OF FUNERAL HOME: Smith Brothers Funeral Directors, Inc. 706 Monroe St. -- Nashville, TN 37208
21f. LICENSE NUMBER OF FUNERAL HOME: 809
22a. CERTIFIER'S SIGNATURE: [redacted]
22b. DATE FILED: March 11, 2009
22c. CERTIFIER: On the basis of my knowledge, death occurred at the time and date stated, and due to the cause(s) and manner as stated. Physician (MD and TN only)
22d. LICENSE NUMBER: 40780
22e. DATE SIGNED: 3-2-09
23a. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time and date stated, and due to the cause(s) and manner as stated.
23b. SIGNATURE AND TITLE OF MEDICAL EXAMINER
23c. LICENSE NUMBER
23d. DATE SIGNED (Month, Day, Year)
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER): Faiza Rehman MD Mid County Hospital RR Nashville TN 37218

PHYSICIAN OR MEDICAL EXAMINER RECEIVING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS

28. PART I. Enter the disease, injury, or complication 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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Adult failure to thrive — Interval: weeks
DUE TO (OR AS A CONSEQUENCE OF): b. Cervical CA - Adeno — Interval: Months
DUE TO (OR AS A CONSEQUENCE OF): c.
DUE TO (OR AS A CONSEQUENCE OF): d.
See instructions on other side. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I
29. WAS AN AUTOPSY PERFORMED? No
30. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Yes / No
31. MANNER OF DEATH: Natural
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
31c. INJURY AT WORK? Yes / No
31d. DESCRIBE HOW INJURY OCCURRED
31e. PLACE OF INJURY (At home, farm, street, factory, etc.)
31f. LOCATION (Street and number or R.F.D. number, City or Town, State)

Ph-1836 (REV. 6/00)

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.

3322813

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

Sharon M. Lainbach
STATE REGISTRAR

Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

MAR 11 2009
Date Issued

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

DEPARTMENT OF HEALTH XVI AGRICULTURE XVI COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD