THIS INSTRUMENT PREPARED BY:
Ted A. Burkhalter, Atty at Law
P O Box 40948
Nashville, Tennessee 37204

T.C.A. §67-4-409(a)(3)(D) exempts this instrument from tax and T.C.A. §67-4-409(a)(5) further provides the valuation oath is unnecessary since this deed is being used to evidence distribution of the property to a beneficiary

QUITCLAIM DEED

ADDRESS NEW OWNER:
George Franklin Ryan
4400 Belmont Park Terrace, # 211
Nashville, TN 37215

SEND TAX BILLS TO:
same as owner

MAP/PARCEL:
Map 117-15
Parcel 115.00

In accordance with the provisions of the will Gertrude Ryan and in accordance with the laws of the State of Tennessee, the undersigned does hereby quitclaim to George Franklin Ryan, all right, title and interest in the following described real estate in Davidson County, Tennessee:

Being land in Davidson County, Tennessee, being Lot No. 48 on the Map of Section 1, Green Hills Subdivision, as of record in Book 547, page 328, Register's Office for said county, more particularly described as follows:

Said lot # 48 fronts 100 feet on the south side of Observatory Drive and runs back between lines, 153 feet on the west line, and 150 feet on the east line to a dead line in the rear on which it measures 65 feet.

Being the same property conveyed to George C. Ryan and wife, Gertrude C. Ryan, as of record in Book 2480, page 215, said Register's Office. The said George C. Ryan died December 27, 1988 in Davidson County, Tennessee, while still married to Gertrude C. Ryan. The aforesaid Gertrude C. Ryan died intestate on August 9, 2012 in Davidson County, Tennessee. Gertrude C. Ryan was survived by two adult sons, George Franklin Ryan and Don C. Ryan. Don C. Ryan has disclaimed any interest in the property as evidenced by his affidavit attached hereto.

This transfer is by Quitclaim and Grantor makes no warranties about the title. Attached hereto are the following supporting documents: (1) Affidavit of Don C. Ryan, (2) Death Certificate of Gertrude C. Ryan, (3) TennCare clearance for the Estate of Gertrude C. Ryan and (4) Tennessee Dept of Revenue tax clearance for the estate of Gertrude C. Ryan.

This transfer is for improved property identified as 1739 North Observatory Drive, Nashville, TN 37215.

Witness my hand at Nashville, Tennessee this 24 day of April, 2014.

Estate of Gertrude C. Ryan

By: George Franklin Ryan
George Franklin Ryan
Personal Representative

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 GEORGE FRANKLIN RYAN with whom I am personally acquainted, and who upon oath acknowledged that he is the personal representative for the ESTATE OF GERTRUDE C. RYAN and that he, as such, executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this 24th day of April, 2014.

(seal) TAMARA M. BROWN STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY, TENN.
My Commission Expires JUNE 21, 2016

Tamara M Brown
Notary Public

BILL GARRETT, Davidson County
Trans:T20140028174 DEEDQC
Recvd: 04/24/14 15:56 5 pgs
Fees:27.00 Taxes:0.00

20140424-0034729

IN THE PROBATE COURT OF DAVIDSON COUNTY, TENNESSEE
IN RE: THE ESTATE OF GERTRUDE RYAN, DECEASED

DISCLAIMER OF INTEREST IN DECEDENT'S ESTATE

Gertrude Ryan, the decedent, died on August 9, 2012. Under the will of the decedent, I will receive a fifty percent interest in the decedent's real property located at 1739 North Observatory Drive, Nashville, TN 37215. This fifty percent interest would be as a tenant in common and would also be subject to a real property tax rollback lien.

I disclaim and renounce 100 percent of the interest in the property I would receive from the decedent.

I swear that I have not accepted, used or benefited from the portion of the decedent's property in which I am disclaiming my interest.

Dated 1-30-14

Don C Ryan

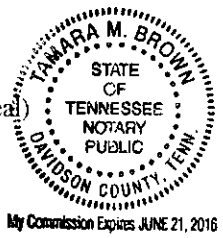
STATE OF TENNESSEE
COUNTY OF DAVIDSON

Before me a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared Don Ryan, to me known or proved to me on the basis of satisfactory evidence to be the person described in and who executed the foregoing instrument and acknowledged that he executed the same as his free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said County, on this the 30 day of January, 2014.

Tamara M Brown
Notary Public

(notary seal)



My Commission Expires JUNE 21, 2016

STATE OF TENNESSEE
Office of Vital Records

1204737

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER

5

TYPEWRITE IN PERMANENT BLACK INK

NAME OF DECEDENT (For Use by Physician or Institution)

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Gertrude Lydia Corlew Ryan
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): August 9, 2012
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 97
5b. UNDER 1 YEAR – Months / Days
5c. UNDER 1 DAY – Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): May 26, 1915
7. BIRTHPLACE (City and State or Foreign Country): Cheatham Co., Tennessee

8a. 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)

8b. FACILITY NAME (If not Institution, give street and number): Baptist Hospital
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: [ ] Married [ ] Married, but separated [X] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Mailing Supervisor
11b. KIND OF BUSINESS/INDUSTRY: Lipscomb University
12. SOCIAL SECURITY NUMBER: [redacted]380
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 1739 N. Observatory Drive
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
15. ZIP CODE: 37215
14. WAS DECEDENT EVER IN U.S. ARMED FORCES? [ ] Yes [X] 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
[X] 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): Spencer Corlew
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Willie Moss

INFORMANT

20a. INFORMANT'S NAME: Frank Ryan
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 4400 Belmont Park Ter.,#211,Nashville,TN 37215

DISPOSITION

21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Williams Cemetery
21c. LOCATION - City or Town and State: White Bluff, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: Tiffany C. Widener
22b. LICENSE NUMBER: 6231
22c. SIGNATURE OF EMBALMER: Gerald Huley Clark,III
22d. LICENSE NUMBER: 6493
23a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn-Roesch-Patton Funeral Home, 660 Thompson Lane, Nashville, TN 37204
23b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

24. REGISTRAR'S SIGNATURE: Teresa S. Hendricks, Del
25. DATE FILED (Month, Day, Year): August 14, 2012

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 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: Tracey Doering MD
27b. LICENSE NUMBER: MD 16616
27c. DATE SIGNED (Month, Day, Year): 8/13/12
27d. NAME AND ADDRESS: Dr.Tracey E. Doering,1911 State Street, Nashville, TN 37203

TOOLS LETTERS

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. cardiogenic shock	
	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. ischemic cardiomyopathy	
	Due to (or as a consequence of):	
	c. aging	
	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.
HTN, hypercholesterolemia

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

PH-1659 (Rev. 10/2011) RDA 1399

5288913

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.

AUG 14 2012

Teresa S. Hendricks
STATE REGISTRAR

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

Date Issued

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

State of Tennessee
Department of Finance and Administration
Bureau of TennCare
Third Party Liability Division
310 Great Circle Road, 4th Floor
Nashville, Tennessee 37243
Toll Free: 866-389-8444 • FAX: 615-413-1941

Bill Haslam
Governor

Mark A. Emkes
Commissioner

11/4/2013

TED A. BURKHALTER
ATTORNEY
P.O. BOX 40948
NASHVILLE, TN 37204

RE: GERTRUDE L. C. RYAN
Last Four Of SSN 7880

Dear TED A. BURKHALTER:

This letter constitutes notification of the release of the State of Tennessee's Bureau of TennCare against the above estate for the marked reason:

X This serves as a release of the Bureau of TennCare's interest in recovery from the above referenced estate as required by T.C.A. §71-5-116(c) (2). Based on a review of the information provided on the Request for Release of Estate Recovery Cost Claim form, we do not find long term TennCare benefits paid by the State of Tennessee on behalf of this individual.

____ This release is based upon the surviving spouse deferral, which meets the criteria defined in T.C.A. §71-5-116(c). The State of Tennessee does reserve the right to file a claim for long term care/nursing home services against the estate of the surviving spouse upon the death of the surviving spouse.

____ This release is based upon the decedents age exception, which meets the criteria defined in T.C.A. §71-5-116(c). The State of Tennessee recovers payments made only on behalf of individuals fifty-five years of age or older.

If there are questions, you may contact the Estate Recovery Unit at (866) 389-8444.

Sincerely,

Jangela J. Howard

N0006801 6570018130115

TENNESSEE DEPARTMENT OF REVENUE

Inheritance Tax Closing Letter (This is not a bill for tax due)

January 19, 2013

RYAN GERTRUDE C
ATTN: FRANK RYAN
2809 COLUMBINE PL
NASHVILLE TN 37204-3103

Account Type:	INHERIT TX
Account No.:	441759984
Date of Death:	AUGUST 9, 2012
County:	DAVIDSON
SSN:	XXX-XX-7880

A sworn return for inheritance tax has been filed with this department by the representative of the above estate.

As provided in Section 67-8-420, Tennessee Code Annotated, this receipt or certificate authorizes the court of the county in which such estate was administered to permit a final settlement or accounting by the estate representative.

The liability, as denoted in this closure letter, has been paid to the State of Tennessee. This is not a bill:

Inheritance Tax:	$0.00
Estate Tax:	$0.00
Interest:	$0.00
Penalty:	$0.00
Total:	$0.00

DETACH BELOW AND RETAIN FOR YOUR RECORDS

TENNESSEE DEPARTMENT OF REVENUE

RYAN GERTRUDE C
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2809 COLUMBINE PL
NASHVILLE, TN 37204-3103

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