This Instrument prepared by:
George T. Davis, Esq.
6307 Ramsgate Court
Brentwood, TN 37027
615-544-5299

BILL GARRETT, Davidson County
Trans:T20140034029 DEEDQC
Recvd: 05/15/14 14:23 4 pgs
Fees:22.00 Taxes:0.00
20140515-0041914

QUIT CLAIM DEED

KNOW ALL MEN BY THESE PRESENTS, Jane Bell, on this the 9th day of May, 2014, owner of the property located at 5705 Knob Road, Nashville, Tennessee, based upon the right of survivorship granted her upon the death of Marguerite Penix (Death Certificate attached herewith) for and in consideration of the sum of One Dollar ($1.00) the receipt whereof is hereby acknowledged, does hereby quitclaim, grant, bargain, sell and convey unto Jane Bell and Laura France Neilson Clark, and their successors, as joint tenants with right of survivorship and assigns all her right, title, claim and interest in and to the tract or parcel of land in Davidson County State of Tennessee, described as follows:

Being Lot N. 69, Hillwood Park, of record in Book 3300, pages 27 and 28, Register's Office for Davidson County, Tennessee.

Said Lot No. 69 fronts 204.95 feet on the southerly margin of Knob Road, thence back between lines measuring 213.3 feet on the easterly line and 227.4 feet on the westerly line, to a line in the rear which measures 161.85 feet.

Being the same property conveyed to Jane Bell and Marguerite Penix, as joint tenants with right of survivorship by deed from Ray W. Barnes and wife Patt Ann Barnes, of record in Book 5301, page 23, Register's Office for Davidson County, Tennessee. This conveyance is subject to Restrictions of record in Book 3312, page 104, said Register's Office.

Owner's Name: Jane Bell and Laura France Neilson Clark 5705 Knob Road, Nashville, Tennessee, 37209
Property Address: 5705 Knob Road, Nashville, Tennessee, 37209
Map-Parcel Numbers: 103-05 40
Instrument Number:
Book/Page Numbers: 5301/23
Mail Tax Bills to: Jane Bell and Laura France Neilson Clark 5705 Knob Road, Nashville, Tennessee, 37209

STATE OF TENNESSEE)
COUNTY OF)

AFFIDAVIT

I, or we, hereby swear or affirm that to the best of my knowledge, information, and belief, the actual consideration for this transfer is $ 1.00. This transaction is exempt from recordation tax pursuant to Section 67-4-409 of the Tennessee Code Annotated.

Jane Bell

Jane Bell, Affiant

Subscribed and sworn before me this the 12th day of May, 2014.

Bethany R Mann

Notary Public

My commission expires:



OATH

STATE OF TENNESSEE)
COUNTY OF)

Before me, the undersigned Notary Public in and for the County and State aforesaid, personally appeared Jane Bell 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 she executed the foregoing instrument for the purpose therein contained.

Jane Bell

Jane Bell

Sworn to and subscribed before me on this 12th day of May, 2014.

Bethany R. Mann

Notary Public

My Commission expires: 6/23/2014

BETHANY R. MANN
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY, TENN
My Comm. Expires June 23, 2014

STATE OF TENNESSEE
Office of Vital Records

1101354

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): Sylvia Marguerite Penix
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): March 9, 2011
4. SOCIAL SECURITY NUMBER: [redacted]-7915
5a. AGE (LAST BIRTHDAY): 84
6. DATE OF BIRTH: March 7, 1927
7. BIRTHPLACE (City and State or Foreign Country): Louisville, Kentucky
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 X No
9a. PLACE OF DEATH: 4 Nursing Home 5 X Residence 6 Other
9b. FACILITY NAME: 5705 Knob Road
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS: Divorced
11. SURVIVING SPOUSE:
12a. DECEDENT'S USUAL OCCUPATION: Chief Medical Technologist
12b. KIND OF BUSINESS/INDUSTRY: Laboratory
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 5705 Knob Road
CENSUS TRACT: 5
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37209
14. WAS DECEDENT OF HISPANIC ORIGIN? No
15. RACE: White
16. DECEDENT'S EDUCATION: 5+

PARENTS

17. FATHER'S NAME (First, Middle, Last): Claude Henry Close
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mary Geneva Wathen

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Laura Clark
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 5164 Ashland City Highway Nashville, Tennessee 37218

DISPOSITION

20a. METHOD OF DISPOSITION: 1 X Burial 2 Cremation 3 Removal from State 4 Donation 5 Other
20b. PLACE OF DISPOSITION: Harpeth Hills Memory Gardens
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Don Whitley
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3098
21c. SIGNATURE OF EMBALMER: ▶ Sarah Wade
21d. LICENSE NUMBER OF EMBALMER: 5885
22a. NAME AND ADDRESS OF FUNERAL HOME: Harpeth Hills Funeral Home 9090 Hwy 100 - PO Box 210242, Nashville, TN 37221
22b. LICENSE NUMBER OF FUNERAL HOME: 849

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Deputized for Stanley De
24. DATE FILED (Month, Day, Year): March 11, 2011

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: ▶ MD
25b. LICENSE NUMBER: 35964
25c. DATE SIGNED (Month, Day, Year): 03/11/2011
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): Martha Leonard, MD 1718 Patterson St. Nashville TN 37203

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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Multiple Sclerosis
DUE TO (OR AS A CONSEQUENCE OF):
Approximate interval (between Onset and Death): Unknown
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b. DUE TO (OR AS A CONSEQUENCE OF)
c. DUE TO (OR AS A CONSEQUENCE OF)
d.

SEE INSTRUCTIONS ON OTHER SIDE

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 No 2 X No

30. MANNER OF DEATH: 1 X Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation 6 Could not be Determined
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY: M
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)

PH 1656 (REV 6/09)
BIRTH NO
RDA 1389

4628846

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

MAR 11 20[illegible]

Teresa S. Hendricks
STATE REGISTRAR

Date Issued

CERTIFICATION OF VITAL RECORD