PREPARED BY:
Sabrina Campbell
921 Ilawood Drive
Nashville, TN 37211

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO:
Hyang Chon
305 Ocala Circle
Nashville, TN 37211

MAIL TAX STATEMENTS TO: (New Owner)
Hyang Chon
305 Ocala Circle
Nashville, TN 37211

BILL GARRETT, Davidson County
Trans:T20140034734 DEEDQC
Recvd: 05/19/14 12:35 4 pgs
Fees:22.00 Taxes:0.00
20140519-0042838

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

QUITCLAIM DEED

KNOW ALL MEN BY THESE PRESENTS THAT:

THIS QUITCLAIM DEED, made and entered into on the 19 day of May, 2014, between Hyang Chon, a single person, whose address is 305 Ocala Circle, Nashville, Tennessee 37211("Grantor"), and Hyang Chon, a single person, whose address is 305 Ocala Circle, Nashville, Tennessee 37211 ("Grantee").

For and in consideration of the sum of Ten Dollars ($10.00) and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Grantor hereby Remises, Releases, AND FOREVER Quitclaims to Grantee, the property located in davidson County, Tennessee, described as:

Being Lot No. 67 on the Plat of Hickory Valley Subdividion, Section 3, of record in book 4460, page 86, Register's Office for Davidson County, Tennessee.Said Lot No. 67 fronts 111.21 feet on the easterly margin of Ocala Circle and extends back 115.37 feet on the northerly line and 135.39 feet on the southernly line, to a line on the rear on which is a broken line, which measures 129.61 feet.

Prior instrument reference: General Warranty Deed, Volume/Book 4460, Page 86, Document No. 1605020300, of the Recorder of davidson, Tennessee, recorded 20071005-0118746 (See death certificate attached)

SUBJECT TO all, if any, valid easements, rights of way, covenants, conditions, reservations and restrictions of record.

Grantor grants all of the Grantor's rights, title and interest in and to all of the above described property and premises to the Grantee, and to the Grantee's heirs and assigns

forever in fee simple, so that neither Grantor nor Grantor's heirs legal representatives or assigns shall have, claim, or demand any right or title to the property, premises, or appurtenances, or any part thereof.

Tax/Parcel ID Number: 1620502030p

IN TESTIMONY WHEREOF I/we have hereunto set my/our hand(s) this 19 day of May, 2014.

H Yang Sun. Chon
Hyang Chon, Grantor

TN DL # 077981276

State of TENNESSEE
County of DAVIDSON

Before me, the undersigned Notary Public in and for the County and State aforesaid, personally appeared HYANG CHON, 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 he/she executed the foregoing instrument for the purposed therein contained.

Witness my hand and seal this 19th day of MAY, 2014.

Mike Taylor
Notary Public

My Commission expires My Commission Expires MAY 5, 2015.

MIKE TAYLOR
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

IN TESTIMONY WHEREOF I/we have hereunto set my/our hand(s) this 19 day of May, 2014.

Hyang Chon, Grantee

TNDL #077981276

State of TENNESSEE
County of DAVIDSON

Before me, the undersigned Notary Public in and for the County and State aforesaid, personally appeared HYANG CHON, 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 he/she executed the foregoing instrument for the purposed therein contained.

Witness my hand and seal this 19th day of MAY, 2014.

Notary Public

My Commission expires My Commission Expires MAY 5, 2015.

MIKE TAYLOR
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

Oath of Consideration

I hereby swear or affirm that the actual consideration for this transfer is $_____, and the true value that the property would command at a fair and voluntary sale is $_____.

STATE OF TENNESSEE
COUNTY OF DAVIDSON
The actual consideration or true value, whichever is greater for this transfer is
$_____
Affiant
Subscribed and sworn before me this the 19th Day of May, 2014.
, Deputy Register

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 14A2298

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Chan Il Chon
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): Apr 16, 2014
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 64
5b. UNDER 1 YEAR: Month / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): April 15, 1950
7. BIRTHPLACE (City and State or Foreign Country): South Korea,

TYPE/PRINT IN PERMANENT BLACK INK

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): St. Thomas West
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (If or 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): Hyang Sun Pak
11a. DECEDENT'S USUAL OCCUPATION: Self Employed
11b. KIND OF BUSINESS/INDUSTRY: Janitorial
12. SOCIAL SECURITY NUMBER: [redacted]9-1659
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TN
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 305 Ocala Circle
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37211
14. WAS DECEDENT EVER IN US 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

2d/P

PARENTS

18. FATHER'S NAME (First, Middle, Last): Wan Chon
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Doo Nam

DISPOSITION

20a. INFORMANT'S NAME: Hyang Sun Pak
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 305 Ocala Circle Nashville, TN 37211
21a. METHOD OF DISPOSITION: [ ] Burial [X] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Nashville Funeral and Cremation
21c. LOCATION (City or Town and State): Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: Mary Waddell
22b. LICENSE NUMBER: 6471
22c. SIGNATURE OF EMBALMER
22d. LICENSE NUMBER
23a. NAME AND ADDRESS OF FUNERAL HOME: Nashville Funeral and Cremation Service 210 McMillan St. Nashville, TN 37203
23b. LICENSE NUMBER OF FUNERAL HOME: 1136

REGISTRAR

24. REGISTRAR'S SIGNATURE: Michael Edwardson
25. DATE FILED (Month, Day, Year): April 17, 2014

CERTIFIER

26. CERTIFIER (Check only one):
26a. [ ] 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: Benjamin Martel, MD
27b. LICENSE NUMBER: 43337
27c. DATE SIGNED (Month, Day, Year): 4/17/14
27d. NAME AND ADDRESS: Ben Martel MD 4220 Harding Rd Nashville TN 37205

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.	ST segment elevation Myocardial Infarction	
Due to (or as a consequence of): b.		
Due to (or as a consequence of): c.		
Due to (or as a consequence of): d.		

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

Part II. Other significant conditions contributing to death, but not resulting in the underlying cause given in PART I: Mycobacterium Avium infection

29a. WAS AN AUTOPSY PERFORMED? [ ] Yes [X] No
29b. WERE AUTOPSY FINDING 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 [X] 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)

PH-1659 (Rev. 10/2011)

RDA 1399

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6434992

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

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

6434992
Date Issued

CERTIFICATION OF VITAL RECORD