QUIT CLAIM DEED

BILL GARRETT, Davidson County
Trans:T20140077832 DEEDQC
Recvd: 10/15/14 15:18 4 pgs
Fees:22.00 Taxes:0.00
20141015-0095368

This document was prepared by:

Mr. Patrick Johnson, Esq.
Tennessee BPRN 7339
Johnson, Scruggs & Barfield
95 White Bridge Road
Suite 508, Cavalier Building
Nashville, Tennessee 37205
Phone: 615-352-8326
E-mail: patrickjohnson@jsblaw.com

Address New Owner as follows:	Send Tax Bills to:	Map-Parcel Numbers
Ms. Nelly H. Akopian 21 Sycamore Court Antioch, Tennessee 37013	Same as New Owner	162 16 0A 066.00

Comes now **Nelly H. Akopian** (hereinafter called the "Grantor"), does transfer and convey unto **Nelly H. Akopain a life estate, with the remainder interest to Nelly Grigorian, her granddaughter** (hereinafter called the "Grantee"), her heirs, successors and assigns, a certain tract/parcel of land in Davidson County, Tennessee, described as follows:

A certain condominium unit in Davidson County, Tennessee being described as follows: Unit No 21, Building 14 in a Horizontal Property regime as shown on the condominium plan of Hickory Hollow condominiums (formerly known as Mill Creek Club, Section One, Phase One) as of record in Plat Book 4860, Page 11 and Plat Book 5050, Page 103, Register of Deeds for Davidson County, Tennessee.

Being a part of the same property conveyed to Romik Grigorian and Nelly H. Akopian by a Special Warranty Deed from U.S. Bank National Association, as Trustee for the Structured Asset Securities Corporation Mortgage Pass-Through Certificates 2006-EQ1, by its duly authorized

attorney in fact Wells Fargo Bank, N.A. of record at document number 20080313-0025280 at the Registers Office for Davidson County, Tennessee. Romik Grigorian having died on December 3, 2012 with a copy of the death certificate attached hereto.

This is improved property known as 21 Sycamore Court, Antioch, Tennessee, 37013.

WITNESS my hand on this the 15th day of October, 2014.

Nelly H. Akopian

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Before me, the below listed Notary Public for the aforementioned state and county, personally appeared **Nelly H. Akopian** the Grantor named herein, with whom I am personally acquainted and who, upon oath, acknowledged that she is the Grantor named herein, is authorized to make this transfer for the purposes contained herein. Witness my hand on this the 15th day of October, 2014.

Notary Public

KAILA D. SEWELL
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY

My Commission Expires: May 8, 2017

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration or value, whichever is greater, for this transfer is $0.

Nelly H. Akopian

Subscribed and sworn to before me on this the 15th day of October, 2014.

Notary Public



My commission expires: May 8, 2017

STATE OF TENNESSEE
Office of Vital Records

1297299

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH — STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Romik Kadzikovich Grigorian				2. SEX: Male	3. DATE OF DEATH (Month, Day, Year): December 3, 2012
4. TIME OF DEATH (Approx.): 10:45 pm	5a. AGE-Last Birthday (Years): 75	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH (Month, Day, Year): August 23, 1937	7. BIRTHPLACE (City and State or Foreign Country): Armenia

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)

IF DEATH OCCURRED IN A HOSPITAL: ☐ 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): 21 Sycamore Ct.	8c. CITY OR TOWN: Antioch	8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (If no use by Physician or Institution)

9. MARITAL STATUS: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown	10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Nelly Hrairovna	11a. DECEDENT'S USUAL OCCUPATION: Engineer	11b. KIND OF BUSINESS/INDUSTRY: Construction
12. SOCIAL SECURITY NUMBER: [redacted]-6833	13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee	13b. COUNTY: Davidson	13c. CITY OR TOWN: Antioch
13d. STREET AND NUMBER: 21 Sycamore Court	13e. INSIDE CITY LIMITS: ☒ Yes ☐ No	13f. ZIP CODE: 37013	14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ 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
☐ 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)
☒ 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)
☒ 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): Kadzik Grigorian	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Unknown

DISPOSITION

20a. INFORMANT'S NAME: Nelly Akoplan	20b. RELATIONSHIP TO DECEDENT: Wife	20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 21 Sycamore Court, Antioch, TN 37013
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____	21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Christ Church Memorial Gardens	21c. LOCATION - City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▸ William R. Appleton	22b. LICENSE NUMBER: 2700	22c. SIGNATURE OF EMBALMER: ▸ Richard Morrison — 22d. LICENSE NUMBER: 3137
23a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Hickory Chapel, 5852 Nolensville Rd., Nashville, TN 37211		23b. LICENSE NUMBER OF FUNERAL HOME: 760

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▸ Teresa S. Hendricks, D.R.	25. DATE FILED (Month, Day, Year): Dec 7, 2012

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: ▸ Jack W. Erter III	27b. LICENSE NUMBER: 41031	27c. DATE SIGNED (Month, Day, Year): DEC 6 2012
	27d. NAME AND ADDRESS: Jack W. Erter III, MD, 397 Wallace Rd., #C-201, Nashville, TN 37211	

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. METASTATIC RECTAL CANCER	6 months
	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.	
	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? ☐ Yes ☒ No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No

30. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined	31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ 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-1559 (Rev. 10-2011) — RDA 13E9

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.

56555227

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

DEC 13 2012

Teresa S. Hendricks
STATE REGISTRAR

Date Issued

CERTIFICATION OF VITAL RECORD