This instrument prepared by and
after recording return to:
Spence Dabbs
4525 Harding Road
Suite 300
Nashville, TN 37205

BILL GARRETT, Davidson County
Trans:T20140094093 DEEDQC
Recvd: 12/16/14 13:47 4 pgs
Fees:22.00 Taxes:0.00
20141216-0114983

QUITCLAIM DEED OF GIFT

Address New Owner(s) As Follows:	Send Tax Bill to:	Map Parcel Numbers:
Sandra J. Fossick 3603 Hampton Ave. Nashville, TN 37215	Same	Parcel ID: 11705016300

SANDRA J. FOSSICK (the "Grantor") hereby quitclaims to SANDRA J. FOSSICK (the "Grantee") all of Grantor's right, title, and interest in the following described real estate:

Land in Davidson County, Tennessee, being Lot No. 2 on the plan of resubdivision of the Henry Sperry Subdivision, Lot 12 & eastern Part Lot 13, of record in Book 4470, page 164, Register's Office of said County.

Said Lot No. 2 fronts 90.0 feet on the southwesterly margin of Hampton Avenue and extends back between parallel lines 315.0 feet to a dead line.

Being the same property conveyed to Ray B. Fossick and wife, Sandra J. Fossick, by deed of record in Book 5954, page 282, Register's Office of Davidson County, Tennessee.

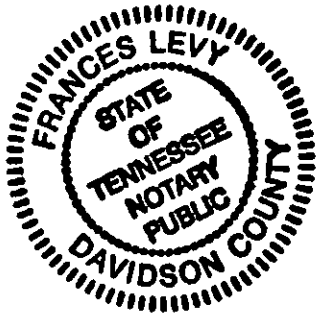
IN WITNESS WHEREOF, the Grantor has executed this instrument as of the 20th day of Nov., 2014.

Sandra J. Fossick
SANDRA J. FOSSICK

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, a Notary Public in and for said County and State, SANDRA J. FOSSICK, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that such person executed the within instrument for the purposes therein contained.

Witness my hand, at office, this 20 day of November, 2014.



Frances Levy
NOTARY PUBLIC
My Commission Expires: Sept. 10, 2018

QUITCLAIM AFFIDAVIT

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

I hereby swear or affirm that the actual consideration for the foregoing transfer is $-0-.

SANDRA J. FOSSICK,
Grantee

By: _____
Sandra J. Fossick

Witness my hand, at office, this 20 day of November, 2014.

FRANCES LEVY
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

_____
NOTARY PUBLIC
My Commission Expires: Sept. 10, 2018

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 141606

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Ray Beesley Fossick
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): September 27, 2014
4. TIME OF DEATH (Approx.):
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): July 20, 1939
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN

TYPEPRINT 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

9. MARITAL STATUS: [X] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Sandra Johnston
11a. DECEDENT'S USUAL OCCUPATION: Dentist
11b. KIND OF BUSINESS/INDUSTRY: Dental

12. SOCIAL SECURITY NUMBER: 409-58-4387
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 3603 Hampton Ave.
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37215
14. WAS DECEDENT EVER IN US ARMED FORCES? [X] Yes [ ] No

NAME OF DECEDENT (If not use by Physician or Institution)

16. 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)
[X] 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

5

PARENTS

18. FATHER'S NAME (First, Middle, Last): Joseph Lancelot Fossick
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Dorothy Beesley

DISPOSITION

20a. INFORMANT'S NAME: Sandra J. Fossick
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 3603 Hampton Ave., Nashville, TN 37215

21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Calvery Cemetery
21c. LOCATION - City or Town and State: Nashville, TN

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Danny Keith Stapleton
22b. LICENSE NUMBER: 3236
22c. SIGNATURE OF EMBALMER: ▶ James R. Padgett
22d. LICENSE NUMBER: 5535

23a. NAME AND ADDRESS OF FUNERAL HOME: Marshall-Donnelly-Combs Funeral Home, 201 25th Ave. N., Nashville, TN 37203
23b. LICENSE NUMBER OF FUNERAL HOME: 40

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Michael Edwards DR
25. DATE FILED (Month, Day, Year): September 30, 2014

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS

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.

27a. SIGNATURE OF CERTIFIER: ▶ Benjamin Martel MD
27b. LICENSE NUMBER: 43337
27c. DATE SIGNED (Month, Day, Year): 9/30/14
27d. NAME AND ADDRESS: Benjamin 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Massive Left MCA and Left PCA ischemic stroke — Approximate Interval: Onset to death: days
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.

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 [ ] No [X] 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-1808 (Rev. 10/2011)

RDA 1389

7468539

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

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

Teresa S. Hendricks
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

7468539
Date Issued

CERTIFICATION OF VITAL RECORD