Davidson County	DEEDQC
Recvd: 03/23/15 08:03	6 pgs
Fees:32.00 Taxes:0.00	
20150323-0024459	

AFTER RECORDING RETURN TO:
GODEEDS, INC.
ATTN: LEGALZOOM DEPT.
8940 MAIN STREET
CLARENCE, NY 14031
File No. 512139193-37653408

This document prepared by:
JOHN O. WINDSOR, ESQ.
1775 LELIA DRIVE SUITE E (2ND FLOOR)
JACKSON, MS 39216
866-333-3081

Tax ID No.: 090 16 0 100.00

QUIT CLAIM DEED

THIS DEED made and entered into on this 23 day of February, 20 15, by and between **JUDY MARIE HILTON, INDIVIDUALLY AND AS SURVIVING CO-TENANT OF NORMA ANN H. CURTIS, WHO DIED** 3-5-2013, a mailing address of 555 WESTBORO DRIVE, NASHVILLE, TN 37209, hereinafter referred to as Grantor(s) and **JUDY MARIE HILTON, AN UNMARRIED WOMAN AND ROBERT OTTO HILTON, A MARRIED MAN AND RUSSELL KEITH HILTON, AN UNMARRIED MAN, AS JOINT TENANTS WITH RIGHT OF SURVIVORSHIP**, a mailing address of 555 WESTBORO DRIVE, NASHVILLE, TN 37209, hereinafter referred to as Grantee(s).

WITNESSETH: That the said Grantor(s), for and in consideration of the sum of ONE and NO/100 ($1.00) DOLLAR, cash in hand paid, the receipt of which is hereby acknowledged, have this day remise, release, quitclaim and convey to the said Grantee(s) the following described real estate located in DAVIDSON County, TENNESSEE:

SEE ATTACHED EXHIBIT "A" FOR LEGAL DESCRIPTION

Also known as: 555 WESTBORO DRIVE, NASHVILLE, TN 37209

SUBJECT TO EASEMENTS, COVENANTS, CONDITIONS, RESTRICTIONS, RESERVATIONS, AND LIMITATIONS OF RECORD, IF ANY.

Prior instrument reference: DOCUMENT NUMBER: 20081007-0101800, Recorded: 10/07/2008

And that said conveyance does not render the Grantor(s) insolvent nor is it for the purpose of defrauding any of the creditors of the Grantor(s).

Tax ID No.: 090 16 0 100.00

IN WITNESS WHEREOF, the said Grantor(s) has/have signed and sealed this deed, the day and year above written.

Judy Marie Hilton
JUDY MARIE HILTON

STATE OF Tennessee
COUNTY OF Davidson

Personally appeared before me, the undersigned notary public of the aforesaid County and State, JUDY MARIE HILTON, the within named bargainer, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who acknowledged that he/she executed the within instrument for the purposes therein contained.

Witness my hand, at offices, the 23 day of February 2015

Cheryl Leffew
Notary Public
My Commission expires: May 3, 2016

CHERYL LEFFEW
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES: May 3, 2016

TRUE COPY CERTIFICATION

I, Frank Dec, do hereby make oath that I am a licensed attorney and/or the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

Signature

State of New York
County of Erie

Personally appeared before me, Jim Roaldi [Name of Notary], a notary public for this county and state, Frank Dec [name of person making certification] who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Notary's Signature

My Commission Expires: 6/6/17
Notary\'s Seal (if on paper)

JAMES ROALDI
Notary Public, State of New York
Qualified in Erie County
Commission Expires June 06, 2017

VALUATION AFFIDAVIT

I, or we, hereby swear or affirm that to the best of knowledge, information, and belief of the Affiant, that the actual consideration for this transfer is $1.00.

Judy Marie Hilton
JUDY MARIE HILTON

Subscribed and sworn to before me this 4 day of March 2015

Cheryl Jeffew
Notary Public
Commission Expires May 3, 2016

CHERYL JEFFEW
NOTARY PUBLIC
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES:
May 3, 2016

Name and address for person(s) responsible for taxes:

JUDY MARIE HILTON AND ROBERT OTTO HILTON AND RUSSELL KEITH HILTON
555 WESTBORO DRIVE
NASHVILLE, TN 37209

Name and address of property owner:

JUDY MARIE HILTON AND ROBERT OTTO HILTON AND RUSSELL KEITH HILTON
555 WESTBORO DRIVE
NASHVILLE, TN 37209

EXHIBIT A
LEGAL DESCRIPTION

THE FOLLOWING CERTAIN REAL ESTATE IN DAVIDSON COUNTY, TENNESSEE, DESCRIBED AS FOLLOWS:

LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT NO. 115 ON THE PLAN OF WESTBORO SUBDIVISION, SECTION II, AS OF RECORD IN BOOK 1424, PAGE 60, SAID REGISTER'S OFFICE; TO WHICH REFERENCE IS HEREBY MADE FOR A COMPLETE AND ACCURATE DESCRIPTION THEREOF.

BEING THE SAME PROPERTY CONVEYED TO NORMA ANN H. CURTIS FORMERLY KNOWN AS NORMA ANN HUNTER, A MARRIED WOMAN BY FINAL DECREE FROM HORACE WAYNE HUNTER OF RECORD IN BOOK 5482, PAGE 272, SAID REGISTER'S OFFICE.

APN: 090 16 0 100.00

PROPERTY COMMONLY KNOWN AS: 555 WESTBORO DRIVE, NASHVILLE, TN 37209

STATE OF TENNESSEE
Office of Vital Records

1391451 — STATE FILE NUMBER

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Norma Ann Parman Curtis
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): March 05, 2013
4. TIME OF DEATH (Approx.): 12:48 PM
5a. AGE-Last Birthday (Years): 73
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): October 16, 1939
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

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 Hospital
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): Laymon T. Curtis
11a. DECEDENT'S USUAL OCCUPATION: Postal Clerk
11b. KIND OF BUSINESS/INDUSTRY: Post Office

12. SOCIAL SECURITY NUMBER: [redacted]-1186
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 105 Colt Court
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37221
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

PARENTS

18. FATHER'S NAME (First, Middle, Last): Herman Steven Parman
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): ANice Irene Wagoner

20a. INFORMANT'S NAME: Laymon T. Curtis
20b. RELATIONSHIP TO DECEDENT: Husband
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 105 Colt Court, Nashville, TN 37221

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): Harpeth Hills Memory Gardens
21c. LOCATION - City or Town and State: Nashville, Tennessee

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Heather Saunders
22b. LICENSE NUMBER: 5055
22c. SIGNATURE OF EMBALMER: ▶ Michael Illobre
22d. LICENSE NUMBER: 5353
23a. NAME AND ADDRESS OF FUNERAL HOME: West Harpeth F.H., 6962 Charlotte Pike, Nashville, TN 37209
23b. LICENSE NUMBER OF FUNERAL HOME: 1016

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Larry B Kirk, Jr RR
25. DATE FILED (Month, Day, Year): March 7, 2013

CERTIFIER

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

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. [X] 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: ▶ [signature]
27b. LICENSE NUMBER: 46030
27c. DATE SIGNED (Month, Day, Year): March 06, 2013
27d. NAME AND ADDRESS: David L Zimmerman, M.D.; 850 R.S. Gass Boulevard, Nashville, TN 37216; MEC13-0476

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. Complications of choking on food
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.
Dementia, dysphagia

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: [ ] Natural [ ] Homicide [X] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [X] No [ ] Unknown
32. IF FEMALE: [X] 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): March 03, 2013
34b. TIME OF INJURY: UNK
34c. INJURY AT WORK? [ ] Yes [X] No
34d. PLACE OF INJURY - at home, farm, street, factory, office, building, etc. (Specify): Residence
34e. DESCRIBE HOW INJURY OCCURRED: Choked on food while eating
34f. LOCATION OF INJURY (Street and Number, City or Town, State): 105 Colt Court, Nashville, TN

PH-1659 (Rev. 9/2011) RDA 1399

COPY CAPTURE; ANTI-FRAUD PROTECTION

5673204

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.

Teresa S. Hendricks
STATE REGISTRAR

Date Issued MAR 07 2013

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

TRUE COPY CERTIFICATION

I, Frank Dec, do hereby make oath that I am a licensed attorney and/or the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

Signature

State of New York

County of Erie

Personally appeared before me, Jim Roaldi [Name of Notary], a notary public for this county and state, Frank Dec [name of person making certification] who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Notary's Signature

My Commission Expires: 6/6/17
Notary\'s Seal (if on paper)

JAMES ROALDI
Notary Public, State of New York
Qualified in Erie County
Commission Expires June 06, 2017