This instrument prepared by:
LAW OFFICE OF TONI WAYNICK RUTGERSON
200 Nashboro Blvd
P.O. Box 17116
Nashville, TN 37217
(615) 885-5707

Davidson County DEEDQC
Recvd: 04/01/15 13:52 3 pgs
Fees:17.00 Taxes:0.00
20150401-0028294

ADDRESS OF NEW OWNER:
Mr. and Mrs. Randall E. Lance
760 Lanai Circle, Apt. 103
Indian Harbor Beach, FL 32937

SEND TAX BILL TO:
To New Owner

PARCEL ID:
095 12 0 139.00

THIS INSTRUMENT PREPARED BY INFORMATION FURNISHED SOLELY BY THE PARTIES HERETO WITH NO TITLE SEARCH PERFORMED.

QUITCLAIM DEED

KNOW ALL MEN BY THESE PRESENTS that for and in consideration of love and affection and no monetary consideration, **Randall E. Lance** has bargained and sold, and does hereby remise, release and forever quitclaim unto **RANDALL E. LANCE AND WIFE, MARCELLA S. LANCE, as tenants by the entirety,** their heirs and assigns, his entire right, title and interest in and to a certain tract of land in **Davidson County, Tennessee**, described as follows:

Land in Davidson County, Tennessee, being Lot No. 6 on the Plan of Martinwood Heights, of record Book 2133, Page 63, Register's Office for Davidson County, Tennessee.

Said Lot No. 6 fronts 91.4 feet on the southerly margin of Lakeland Drive and runs back on the easterly line 189.9 feet on the westerly line 197.1 feet to a broken line on which it measures 88.8 feet.

Being the same property conveyed from Ruth Lance to Ruth Lance, a widow, and Randall E. Lance, married, as joint tenants with right of survivorship, of record as Instrument Number 20010521-0052304, Register's Office for Davidson County, Tennessee.

Ruth Lance died on November 27, 2012, as evidenced by a copy of her death certificate, leaving Randall E. Lance as sole owner.

This conveyance is made subject to real property taxes for 2015 and subsequent years.

This is improved property known as:
2615 Lakeland Drive, Nashville, TN 37214

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration or value, whichever is greater for this transfer is $0.00.

Affiant

Subscribed and sworn to before me this 1st day of April, 2015.

Notary Public

TONI RUTGERSON
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY
My Comm. Expires June 1, 2016

IN WITNESS WHEREOF I have hereunto set my hand on this the 1st day of April, 2015.

RANDALL E. LANCE, Bargainor

STATE OF TENNESSEE
COUNTY OF WILSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named Randall E. Lance, the Bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he executed the within Quitclaim Deed for the purposes therein contained.

Subscribed and sworn to before me this 1st day of April, 2015.

Notary Public

TONI RUTGERSON
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY
My Comm. Expires June 1, 2016

CERTIFICATION
I, Toni Rutgerson, do hereby make oath that I am 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.

Toni Rutgerson

STATE OF TENNESSEE
COUNTY OF DAVIDSON

On this 1st day of April, 2015 personally appeared before me, David J. Waynick, a notary public for this county and state, Toni Rutgerson, who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

David J. Waynick

My Commission Expires:

DAVID J. WAYNICK
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY
My Comm. Expires July 25, 2016

STATE OF TENNESSEE
Office of Vital Records

120 7165

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Anna Ruth Templeton Lance	2. SEX: Female	3. DATE OF DEATH (Month, Day, Year): November 27, 2012	
4. TIME OF DEATH (Approx.): 6:02 A.M.	5a. AGE-Last Birthday (Years): 98	5b. UNDER 1 YEAR: Months / Days / Hours / Minutes	6. DATE OF BIRTH (Month, Day, Year): May 6, 1914
7. BIRTHPLACE (City and State or Foreign Country): White Co., Tennessee			

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): Donelson Place	8c. CITY OR TOWN: Donelson	8d. COUNTY OF DEATH: Davidson
9. MARITAL STATUS: ☐ Married ☐ Married, but separated ☑ Widowed ☐ Divorced ☐ Never married ☐ Unknown	10. SURVIVING SPOUSE (If wife, give name prior to first marriage): None	11a. DECEDENT'S USUAL OCCUPATION: Homemaker
11b. KIND OF BUSINESS/INDUSTRY: Domestic		
12. SOCIAL SECURITY NUMBER: [redacted]0194	13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee	13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville		
13d. STREET AND NUMBER: 2615 Lakeland Drive	13e. INSIDE CITY LIMITS: ☑ Yes ☐ No	13f. ZIP CODE: 37214
14. WAS DECEDENT EVER IN U.S. 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 he (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

18. FATHER'S NAME (First, Middle, Last): Elijah Preston Templeton	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Lyda Moore	
20a. INFORMANT'S NAME: Ron Lance	20b. RELATIONSHIP TO DECEDENT: Son	20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 7415 Aquarina Beach Drive 32951 Beverly Beach, Florida

21a. METHOD OF DISPOSITION: ☑ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)	21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Highland Cemetary	21c. LOCATION - City or Town, and State: Sparta, Tennessee	
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Jimmy Swift	22b. LICENSE NUMBER: 3065	23a. SIGNATURE OF EMBALMER: ▶ Randy Loftis	23b. LICENSE NUMBER: 4000
23c. NAME AND ADDRESS OF FUNERAL HOME: Hunter Funeral Home 120 East Bockman Way Sparta, Tn. 38583			23d. LICENSE NUMBER OF FUNERAL HOME: 0014
24. REGISTRAR'S SIGNATURE: ▶ [signature]		25. DATE FILED (Month, Day, Year): December 3, 2012	

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: ▶ Donald Vollmer MD	27b. LICENSE NUMBER: 21587	27c. DATE SIGNED (Month, Day, Year): 11/29/12
	27d. NAME AND ADDRESS: Donald Vollmer 3504 Brookview Forest Ct. 37211	Nashville, Tn.

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. Alzheimers Dementia	4 years
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	Due to (or as a consequence of): 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)	

NDA 1398

TN-1868 (Rev. 10/2011)

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.

5653902

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

12/7/2012
Date Issued

CERTIFICATION OF VITAL RECORD