This Instrument Prepared By:
LEGACY LAW GROUP, PC
216 CENTERVIEW DRIVE, SUITE 140
BRENTWOOD, TN 37027

This deed was prepared without the benefit of a title search and the description of the property was furnished by the parties. The preparer of this deed assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property

THIS SPACE LEFT INTENTIONALLY BLANK FOR RECORDING PURPOSES

BILL GARRETT, Davidson County
Trans: T20150044585 DEEDQC
Recvd: 06/05/15 14:55 3 pgs
Fees: 17.00 Taxes: 0.00
20150605-0053156

Address New Owner:	***Send Tax Bills To:***	***Map-Parcel***
LAURIE TUCKER, TRUSTEE BALER INVESTMENT SERVICES TRUST DATED APRIL 25, 2014 216 CENTERVIEW DRIVE, SUITE 234 BRENTWOOD, TN 37027	SAME	MAP: 116-030M PARCEL: 314.00

STATE OF TENNESSEE)
)
COUNTY OF WILLIAMSON)

The actual consideration for this transfer is NONE (0). (Exempt pursuant to T.C.A. §67-4-409(a)(4).

Thomas Ordway
AFFIANT

Sworn to and subscribed before me this 19th day of May, 2015.

Tracy DeSirey
Notary Public
My Commission Expires: 1-9-18

TRACY DESIREY
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY, TENN.
My Commission Expires

QUITCLAIM DEED

FOR $0 and other good and valuable consideration, the receipt of which is hereby acknowledged, I, Thomas Ordway, my wife, Sheila G. Baler having predeceased me on March 26, 2015, (a copy Sheila G. Baler's Death Certificate being attached hereto as **EXHIBIT A**), for the express purpose of conveying all of my right, title and interest in this property, do hereby quitclaim and convey unto LAURE TUCKER, or her successors in interest, as TRUSTEE of the BALER INVESTMENT SERVICES TRUST, dated April 25, 2014, all of my right, title, and interest in the following described real estate in Davidson County, Tennessee:

A certain condominium apartment in Davidson County, Tennessee, being Unit No. 314, Plan of Belle Meade Court Condominium, a Horizontal Property Regime,

created under Title 66, Chapter 27, Section 101 et seq., as amended in Tennessee Code Annotated and as established by Master Deed and By-Laws of record as Instrument No. 20081223-0122172 and 20101207-0097450, Register's Office for Davidson County, Tennessee, together with the undivided percentage interest in the Common Elements appurtenant to said unit as set forth in said Master Deed. Reference is hereby made to the plat of Belle Meade Court Condominiums as shown on "Exhibit D" to the Master Deed, of record as aforementioned, said Register's Office for a more complete description.

Being the same property transferred from Allen J. Baler and Erin A. Baler, by Quitclaim Deed of record in Instrument Number 20140822-0076886, to Laurie Tucker, Trustee, of the Baler Investment Services Trust, dated April 25, 2014, Register's Office for Davidson County, Tennessee.

Being the same property for which a life estate was conveyed from Allen J. Baler and Erin A. Baler, husband and wife, unto Thomas Ordway and Sheila G. Baler, husband and wife, by Instrument Number 20131008-0105791, Register's Office for Davidson County, Tennessee.

IN WITNESS WHEREOF, the Grantor has caused this instrument to be executed on the 19 day of May, 2015.

Thomas Ordway
THOMAS ORDWAY

STATE OF TENNESSEE)
)
COUNTY OF Davidson)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named Thomas Ordway, with whom I am personally acquainted, who acknowledged that they executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at Nashville Tennessee, this 19th day of May, 2015.

STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY My Commission Expires

Notary Public
My Commission Expires: 1-9-18

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Sheila Baler
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): March 26, 2015
4. TIME OF DEATH (Approx.): 11:03 am
5a. AGE-Last Birthday (Years): 77
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): December 13, 1937
7. BIRTHPLACE (City and State or Foreign Country): Watertown, MA

TYPE/PRINT IN PERMANENT BLACK INK

8a. IF DEATH OCCURRED IN A HOSPITAL: [ ] Inpatient [ ] ER/Outpatient [ ] DOA
8a. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: [X] Hospice facility [ ] Nursing home/Long term care facility [ ] Decedent's home [ ] Other residence [ ] Other (Specify) _____

NAME OF DECEDENT (For use by Physician or Institution)

8b. FACILITY NAME (If not institution, give street and number): Residence @ Alive Hospice
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): Thomas Ordway
11a. DECEDENT'S USUAL OCCUPATION: Psychologist
11b. KIND OF BUSINESS/INDUSTRY: Mental Health.

12. SOCIAL SECURITY NUMBER: [redacted]
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 4120 Ridgefield Dr #413
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37205
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
[ ] 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

3+1/2

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): Phillip Gallivan
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Anne Hughes

DISPOSITION

20a. INFORMANT'S NAME: Tom Ordway
20b. RELATIONSHIP TO DECEDENT: Husband
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 4120 Ridgefield Dr #413, Nashville, TN 37205
21a. METHOD OF DISPOSITION: [ ] Burial [X] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Nashville Funeral and Cremation
21c. LOCATION - City or Town and State: Nashville , TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Christopher Taylor
22b. LICENSE NUMBER: 4243
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: ▶ [signature]
25. DATE FILED (Month, Day, Year): 3/31/15

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: ▶ [signature]
27b. LICENSE NUMBER: 48448
27c. DATE SIGNED (Month, Day, Year): 3/27/15
27d. NAME AND ADDRESS: Laura Tharpe, M.D. 1710 Patterson Street, Nashville, TN 37203

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. Breast Cancer	
	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 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THIS 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 [ ] 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)
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

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.

7699819

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

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

7699819

Date Issued: MAR 31 2015

THE SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

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