****

ADDRESS NEW OWNERS:
Mary E. Potter
252 Lake Chateau Drive
Hermitage, Tennessee 37076

SEND TAX BILL TO:
Same.

MAP-PARCEL Nos.
097080A09200CO

****

This Instrument Prepared By:
PAULA OGLE BLAIR, ATTORNEY AT LAW
211 Donelson Pike, Suite 214, Nashville, Tennessee 37214
FROM INFORMATION BY OTHERS

QUIT CLAIM DEED

For and consideration of the sum of Ten ($10.00) Dollars no/100, cash in hand paid by the hereinafter named Grantee, and other good and valuable consideration, the receipt of which is hereby acknowledged, I, WILLIAM D. MCKAY, surviving spouse of Ginger G. Marlowe-McKay (a copy of the Death Certificate of Ginger G. Marlowe-McKay is attached), by these presents do hereby quitclaim and convey unto, MARY E. POTTER, her successors and assigns, all of his right, title and interest, in and to the following described tract of land; to wit:

Being Unit No. R2, Lake Chateau Condominium, or record in Book 6250, Pages 607 through 610, correction in Book 7025, Page 380, Register's Office for Davidson County, Tennessee, to which plat reference is herby made for a more complete description.

Being the same property conveyed by Mary Ellen Potter on May 23, 2015 to the Mary E. Potter Revocable Living Trust in Instrument Number 20150626-0061557.

Being the same property conveyed to Mary E. Potter, a lifetime estate, and upon her death the remainder to Ginger G. Marlowe-McKay, on December 30, 2013 of record in Instrument Number 20131230-0130710.

Said property is conveyed subject to such limitations, restrictions and encumbrances of record if any; including those listed Instrument Number 20131230-0130710, Register's Office of Davidson County.

This is improved property known as: 252 Lake Chateau Drive, Hermitage, TN 37076

BILL GARRETT, Davidson County
Trans:T20150075273 DEEDQC
Recvd: 09/03/15 10:31 5 pgs
Fees:27.00 Taxes:0.00
20150903-0089879

Witness my hand this 2nd day of July, 2015.

Mary Ellen Potter
MARY ELLEN POTTER

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, Karen Matthews a Notary Public in and for said Country and State, the within named Mary Ellen Potter, with whom I am personally acquainted, and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this 2nd day of July, 2015.

Karen Matthews
NOTARY PUBLIC

My Commission Expires: Nov. 18, 2017

KAREN MATTHEWS
STATE OF TENNESSEE NOTARY PUBLIC
RUTHERFORD COUNTY

William D. McKay
WILLIAM D. MCKAY

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, Karen Matthews a Notary Public in and for said Country and State, the within named William D. McKay, the bargainor, with whom I am personally acquainted, and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this 2nd day of July, 2015.

Karen Matthews
NOTARY PUBLIC

My Commission Expires: Nov. 18, 2017

KAREN MATTHEWS
STATE OF TENNESSEE NOTARY PUBLIC
RUTHERFORD COUNTY

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STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The actual consideration is $10.00 and other good and valuable consideration.
Subscribed and sworn to me this 2nd day of July, 2015.

WILLIAM MCKAY

NOTARY PUBLIC

My Commission Expires: Nov. 18, 2017

KAREN MATTHEWS
STATE OF TENNESSEE NOTARY PUBLIC
RUTHERFORD COUNTY

EXHIBIT ONE
DEATH CERTIFICATE

Map-Parcel No. 097080A09200CO

STATE OF TENNESSEE
Office of Vital Records

1402552

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)	2. SEX	3. DATE OF DEATH (Month, Day, Year)
Ginger Godwin Marlowe-McKay	Female	April 25, 2014

4. TIME OF DEATH (Approx.)	5a. AGE-Last Birthday (Years)	5b. UNDER 1 YEAR Months	Days	5c. UNDER 1 DAY Hours	Minutes	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
11:53 AM	47					December 25, 1966	Columbia, SC

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) _____

TYPE/PRINT IN PERMANENT BLACK INK

8b. FACILITY NAME (If not institution, give street and number)	8c. CITY OR TOWN	8d. COUNTY OF DEATH
5252 New John Hagar Road	Hermitage	Davidson

9. MARITAL STATUS	10. SURVIVING SPOUSE (If wife, give name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown	William D. McKay	Attorney	Marlowe Law

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
[redacted]-7166	Tennessee	Davidson	Hermitage

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
5252 New John Hagar Road	☒ Yes ☐ No	37076	☐ Yes ☒ No

NAME OF DECEDENT (For use by Physician or Institution)

PARENTS

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

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)
Rudolph Hamlett Godwin	Mary Ellen Pippin

DISPOSITION

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
William D. McKay	Husband	5252 New John Hagar Rd. Hermitage, TN

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	21c. LOCATION - City or Town and State
☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____	Mt. Olivet Cemetery	Nashville, TN

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
Rachel Knott	5775	[signature]	4934

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER OF FUNERAL HOME
Phillips-Robinson Funeral Home 2707 Gallatin Rd. Nashville, TN	331

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED (Month, Day, Year)
Deborah Chase DA	April 28, 2014

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. ☒ 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	27b. LICENSE NUMBER	27c. DATE SIGNED (Month, Day, Year)
[signature] M.D.	41863	April 26, 2014

27d. NAME AND ADDRESS
Miguel A Laboy, M.D.; 850 R.S. Gass Boulevard, Nashville, TN 37216; MEC14-0985

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. Gunshot wound to head	
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	31. DID TOBACCO USE CONTRIBUTE TO DEATH?	32. IF FEMALE:
☐ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☒ Suicide ☐ Could not be determined	☐ Yes ☐ Probably ☒ No ☐ Unknown	☐ 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:	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK?	34d. PLACE OF INJURY - at home, farm, street, factory, office, building, etc. (Specify)
☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____	April 25, 2014	9:45 A	☐ Yes ☒ No	Residence

34e. DESCRIBE HOW INJURY OCCURRED	34f. LOCATION OF INJURY (Street and Number, City or Town, State)
shot self	5252 New John Hagar Road, Hermitage, TN

RDA 1399

PH-1659 (Rev. 9/2011)

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.

6441067

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

6441067

Date Issued APR 28 2014

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD