BILL GARRETT, Davidson County
Trans:T20150085988 DEEDQC
Recvd: 10/08/15 13:27 4 pgs
Fees:22.00 Taxes:0.00
20151008-0102843

Prepared By:
Raymond Lee Poston
5320 Bell Crest Dr.
Antioch, Tennessee 37013

After Recording Return To:
Raymond L. Poston
5320 Bell Crest Dr.
Antioch, Tennessee 37013

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

On 8 Oct 2015 THE GRANTOR(S),

- Raymond Lee Poston, a single person,

for and in consideration of: One Dollar ($1.00) and/or other good and valuable consideration conveys, releases and quitclaims to the GRANTEE(S):

- Raymond Lee Poston and Raymond Scott Poston, Joint tenancy with full rights of survivorship,, a single person, residing at 5320 Bell Crest Dr., Antioch, Davidson County, Tennessee 37013

the following described real estate, situated in Antioch, in the County of Davidson, State of Tennessee:

Legal Description: Lot 6 Bellwood Estates Sec. 1

CURRET SOURCE OF TITLE 200308 15-0118017

Grantor does hereby convey, release and quitclaim all of the Grantor's rights, title, and interest in and to the above described property and premises to the Grantee(s), and to the Grantee(s) heirs and assigns forever, so that neither Grantor(s) nor Grantor's heirs, legal representatives or assigns shall have, claim or demand any right or title to the property, premises, or appurtenances, or any part thereof.

EXCEPTING AND RESERVING unto Grantor(s) a life estate interest in the above described real estate on the terms listed below.

TERMS OF LIFE ESTATE

Grantor shall retain the right to use, occupy and possess the real estate described herein for the remainder of the Grantors life. Grantor shall have full power to use and dispose of the entire distributable income from said real property and shall be responsible for payment of real estate taxes thereon. The life tenant shall have the right to execute leases, geophysical exploration agreements, and perpetual easements and grants of right of way shall be binding upon the remainder estate. The life tenant shall receive all royalties, rents, leases, geophysical exploration, easement, and right of way payments paid on account of the land during his lifetime. Grantor may commit waste on the premises if he desires to do so.

Tax Parcel Number: 14916000600

Mail Tax Statements To:
Raymond Lee Poston
5320 Bell Crest Dr.
Antioch, Tennessee 37013

[SIGNATURE PAGE FOLLOWS]

Grantor Signatures:

DATED: 8 OCT. 2015

Raymond L. Poston AKA Raymond Lee Poston

Raymond Lee Poston
5320 Bell Crest Dr.
Antioch, Tennessee, 37013

STATE OF TENNESSEE, COUNTY OF DAVIDSON, ss:

On this 8 day of OCTOBER, 2015, before me personally appeared Raymond Lee Poston, to me known to be the persons described in and who executed the foregoing instrument, and acknowledged that they executed same as their free act and deed.

GORDON WEIGLE STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY, TENN.

Gordon Weigle
Notary Public

NOTARY PUBLIC
Title (and Rank)

My commission expires My Commission Expires October 18, 2016

I, Affiant, hereby swear or affirm that to the best of my knowledge, information, and belief, the actual consideration for this transfer is $0.00.

Affiant
Affiant's Name: _____

STATE OF TENNESSEE
COUNTY OF DAVIDSON
The actual consideration or true value, whichever is greater for this transfer is
$ 0
Raymond L. Poston **Affiant**
Subscribed and sworn before me this the
8 **Day of** OCT., 2015
Abby Cutz, **Deputy Register**

Office of Vital Records

0901395

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Patricia Gail Poston
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): March 10, 2009
4. SOCIAL SECURITY NUMBER (of Deceased): 377-36-3356
5a. AGE-LAST BIRTHDAY (Years): 70
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Sep. 08, 1938
7. BIRTHPLACE (City and State or Foreign Country): Highland Park, Michigan
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
8a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 5320 Bell Crest Drive
9c. CITY, TOWN, OR LOCATION OF DEATH: Antioch
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Raymond Lee Poston
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Domestic
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Antioch
13d. STREET AND NUMBER OR RURAL LOCATION: 5320 Bell Crest Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37013
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 [ ] Yes 2 [X] No. Specify, if yes:
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

NAME OF DECEDENT (If Not by Informant - Print)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Evan Tyrus McGinty
18. MOTHER'S NAME (First, Middle, Maiden Surname): Rosemond Tuley

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Raymond Poston
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 5320 Bell Crest Drive Antioch, Tennessee 37013

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [X] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Music City Crematory
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Todd Yates
21b. LICENSE NUMBER OF FUNERAL DIRECTOR:
21c. SIGNATURE OF EMBALMER: No Embalming
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill Funeral Home & Cemetery 5110 Gallatin Road Nashville, Tennessee 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 1046

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda R. Burrus, RR
24. DATE FILED (Month, Day, Year): March 16, 2009

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1 [X] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: 44186
25c. DATE SIGNED (Month, Day, Year): 3-12-2009
26a. 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 as stated. 2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER:
26c. DATE SIGNED (Month, Day, Year):

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): David B. Tribble MD 1718 Patterson St Nashville TN 37203

SEE INSTRUCTIONS ON OTHER SIDE.

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Breast Cancer with Pleural and Bony Metastases	3yrs 5mos
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated 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? 1 [ ] Yes 2 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [X] No

30. MANNER OF DEATH: 1 [X] Natural 5 [ ] Pending Investigation; 2 [ ] Accident; 3 [ ] Suicide 6 [ ] Could not be Determined; 4 [ ] Homicide
31a. DATE OF INJURY (Month, Day, Year):
31b. TIME OF INJURY: M
31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
31d. DESCRIBE HOW INJURY OCCURRED:
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify):
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

BIRTH NO.

PH-1659 (REV. 6/99) RDA 1399

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.

3323166

Sharon M. Leinbach
STATE REGISTRAR

Tonya Y. Forman, Local Registrar
Davidson County, Tennessee

MAR 16 2009
Date Issued

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD