THIS INSTRUMENT WAS PREPARED AT THE REQUEST OF GRANTOR WITHOUT THE BENEFIT OF TITLE SEARCH OR SURVEY BY:

LARRY B. HOOVER
ATTORNEY AT LAW
1222 16th Avenue South, Suite 12
NASHVILLE, TENNESSEE 37212

ADDRESS NEW OWNER:
Marvin Campbell
2619 Old Mathews Road
Nashville, TN 37207

SENT TAX BILLS:
Same as above

MORTGAGE:

MAP-PARCEL: 060 13 0 126.00

BILL GARRETT, Davidson County
Trans:T20160003999 DEEDQC
Recvd: 01/15/16 11:57 4 pgs
Fees:22.00 Taxes:0.00
20160115-0004393

QUITCLAIM DEED

This improved property known as 2619 Old Mathews Road, Nashville, Davidson County Tennessee was held by Marvin Campbell and his wife Aley Mae Campbell, a married couple. Aley Mae Campbell died on October 17, 2014 in Davidson County TN, as evidenced by the death certificate attached as Exhibit A.

FOR AND IN CONSIDERATION of the sole purpose of clearing title I, Marvin Campbell, husband of Aley Mae Campbell, a married woman, do hereby transfer, quitclaim and convey, unto Marvin Campbell, husband, all of Aley Mae Campbell's right, title and interest in and to the following described tract or parcel of land, lying the County of Davidson State of Tennessee;

> LAND in Davidson County, Tennessee, being lot no 113 on the plan of Revised Plan, Section Three, First Addition, Trinity Hills, as shown on plat of record in Plat Book 4460 Page 782 in the register's Office for Davidson County, Tennessee, to which plat reference is hereby made for a more particular description.
>
> Being the same property conveyed to Marvin Campbell and wife, Aley Campbell in instrument 20041207-0145605 recorded 12/7/2004, Register's Office for Davidson County, Tennessee.

Subject to any easements and/or restrictions of record in the register's office for Davidson County, Tennessee.

Improved property known as 2619 Old Mathews Road, Nashville, TN 37207

Said property is conveyed subject to such limitations, restrictions, and encumbrances as may affect the premises.

There are no debts or encumbrances which might become a lien on this described real estate.

IN WITNESS WHEREOF, I have hereunto set my hand this the 15 day of JAN, 2016.

Marvin Campbell

Marvin Campbell, Husband of Aley Mae Campbell

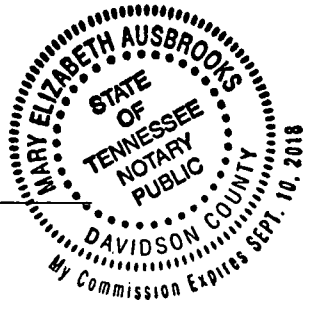
STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, Mary E. Ausbrooks, Notary Public, the within named Marvin Campbell, the bargainer with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, and who acknowledged that he executed the within instrument for the purposes therein contained.

SWORN and SUBSCRIBED to before me on this the 15th day of January, 2016.

Mary Elizabeth Ausbrooks

NOTARY PUBLIC
MY COMMISSION EXPIRES: 9-10-18



STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The actual consideration or value, whichever is greater, for this transfer is Zero Dollars ($0).

Marin Campbell
AFFIANT

SWORN and SUBSCRIBED to before me on this the 15 day of January 2016.

NOTARY PUBLIC
MY COMMISSION EXPIRES: 2-10-18

STATE OF TENNESSEE
Office of Vital Records

14 GS 28

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Aley Mae Campbell
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): October 17, 2014
4. TIME OF DEATH (Approx.): 9:00 am
5a. AGE-Last Birthday (Years): 87
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): May 15, 1927
7. BIRTHPLACE (City and State or Foreign Country): Batesville, Mississippi

TYPE/PRINT IN PERMANENT BLACK INK

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): Grace Health Care
8c. CITY OR TOWN: Whites Creek
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): Marvin Campbell
11a. DECEDENT'S USUAL OCCUPATION: Nurse
11b. KIND OF BUSINESS/INDUSTRY: Healthcare

12. SOCIAL SECURITY NUMBER: [redacted]5425
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 2619 Old Matthews Rd.
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37207
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

NAME OF DECEDENT (For use by Physician or Institution)

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

PARENTS

18. FATHER'S NAME (First, Middle, Last): Earnest Sanders
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Patty Roberson

DISPOSITION

20a. INFORMANT'S NAME: Bobie Jones
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 2619 Old Matthews Rd., Nashville, Tn. 37207
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Greenwood Cemetery
21c. LOCATION - City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Byrettia L. Broady
22b. LICENSE NUMBER: 5130
22c. SIGNATURE OF EMBALMER: ▶ Terrell Broady
22d. LICENSE NUMBER: 4117
23a. NAME AND ADDRESS OF FUNERAL HOME: Terrell Broady Funeral Home, Inc., 3855 Clarksville Pike, Nashville, Tn. 37218
23b. LICENSE NUMBER OF FUNERAL HOME: 1137

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Deborah Thomas DR
25. DATE FILED (Month, Day, Year): November 5, 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: ▶ [signature]
27b. LICENSE NUMBER: MD 30653
27c. DATE SIGNED (Month, Day, Year): 10/25/2014
27d. NAME AND ADDRESS: VENKAT REDDY, MD 1804 STATE ST, NASHVILLE, TN 37207

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. CHF
Due to (or as a consequence of)
b. COPD
Due to (or as a consequence of):
c. Chronic renal disease
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.

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)

PH-1659 (Rev. 10/2011)
RDA 1399

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7472216

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.

7472216

Teresa S. Hendricks
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued NOV 05 2014

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD