This transfer is exempt from the payment of any transfer tax as provided in T.C.A. § 67-4-409(a)(3)(f).

BILL GARRETT, Davidson County
Trans:T20160025044 DEEDQC
Recvd: 03/29/16 09:14 3 pgs
Fees:17.00 Taxes:0.00
20160329-0029274

This instrument was prepared by:
AmeriEstate Legal Plan, Inc.
3525 Hyland Ave. Suite 150
Costa Mesa, CA 92626

Address New Owner as Follows:	**Send Tax Bill to:**	**Map Parcel Number:**
THE VELMA M. BRADSHAW LIVING TRUST 551 HUNTINGTON PARKWAY NASHVILLE, TN 37211	VELMA M. BRADSHAW Trustee(s) of THE VELMA M. BRADSHAW LIVING TRUST 551 HUNTINGTON PARKWAY NASHVILLE, TN 37211	161-11-0-053

QUIT CLAIM DEED

KNOW ALL MEN BY THESE PRESENTS that VELMA M. BRADSHAW, for and in consideration of the sum of Ten Dollars and 00/100 ($10.00), cash in hand paid, the receipt of which is hereby acknowledged, and do hereby remise, release and forever quitclaim unto VELMA M. BRADSHAW Trustee respectively, and her successors under a Revocable Living Trust for the benefit of VELMA M. BRADSHAW, under the terms of THE VELMA M. BRADSHAW LIVING TRUST Dated 3/17/2016, its successors and assigns, his/her entire right title and interest in and to a certain tract or parcel of land in **DAVIDSON County, Tennessee**, described as follows:

BEING LOT NO. 361 ON THE PLAN OF HUNTINGTON PARK, SECTION III, AS OF RECORD IN BOOK 4460, PAGE 68.

SAID LOT NO. 361 FRONTS 74.0 FEET ON THE SOUTHERLY MARGIN OF HUNTINGTON PARKWAY AND EXTENDS BACK BETWEEN PARALLEL LINES, 160.0 FEET TO A DEAD LINE IN THE REAR ON WHICH IT MEASURES 74.0 FEET.

BEING The same property conveyed by GLENN WESLEY HORNER, JR. and wife, MARTHA H. HORNER to ALFRED C. BRADSHAW and wife, VELMA M. BRADSHAW by deed recorded on DECEMBER 20, 1983, in Book 6197, Page 436-437, Records of DAVIDSON County, Tennessee. ALFRED CLIFTON BRADSHAW having departed this life on DECEMBER 8, 2014, leaving the property solely vested in VELMA M. BRADSHAW, as evidenced by the attached death certificate.

Description contained herein was taken from a prior deed and without benefit of an updated survey. Preparer makes no representation as to the accuracy of said description.

This improved property is known as: 551 HUNTINGTON PARKWAY, NASHVILLE, TN 37211

This instrument and the interest hereby released and quitclaimed are subject to such limitations, restrictions and encumbrances as may effect the premises.

T

WITNESS my hand this 17th day of MARCH, 2016

Velma M Bradshaw

VELMA M. BRADSHAW

STATE OF TENNESSEE

COUNTY OF KNOX

Personally appeared before me, the undersigned, a Notary Public in and said county and state, VELMA M. BRADSHAW with whom I am personally acquainted, and who acknowledged that they executed the within instrument for the purposes therein contained.

Witness my hand, at NASHVILLE Tennessee, this 17th day of MARCH, 2016.

James R Hall

Notary Public

My Commission expires: 8/5/2018

JAMES R HALL STATE OF TENNESSEE NOTARY PUBLIC KNOX COUNTY My Commission Expires 08-05-2018

AFFIDAVIT OF VALUE

The actual consideration for this transfer is $-0-

Velma M Bradshaw

Affiant

STATE OF TENNESSEE

COUNTY OF KNOX

Subscribed and sworn to before me this 17th day of MARCH, 2016.

James R Hall

Notary Public

My Commission Expires: 8/5/2018

JAMES R HALL STATE OF TENNESSEE NOTARY PUBLIC KNOX COUNTY My Commission Expires 08-05-2018

THIS INSTRUMENT HAS BEEN PREPARED SOLELY FROM INFORMATION GIVEN BY THE PARTIES HERETO. DESCRIPTION CONTAINED HEREIN WAS TAKEN FROM A PRIOR DEED AND WITHOUT BENEFIT OF AN UPDATED SURVEY. PREPARER MAKES NO REPRESENTATION AS TO THE ACCURACY OF SAID DESCRIPTION.

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): Alfred Clifton Bradshaw
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): December 8, 2014
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 92
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): July 15, 1922
7. BIRTHPLACE (City and State or Foreign Country): Live Oak County, Texas

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)

IF DEATH OCCURRED IN A HOSPITAL: [X] 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): St. Thomas West
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): Velma Miller
11a. DECEDENT'S USUAL OCCUPATION: Electronic Technician
11b. KIND OF BUSINESS/INDUSTRY: Airlines

12. SOCIAL SECURITY NUMBER: [redacted]-2992
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville

13d. STREET AND NUMBER: 551 Huntington Parkway
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37211
14. WAS DECEDENT EVER IN US ARMED FORCES? [X] 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
[X] 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)
[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

7+3VA

PARENTS

18. FATHER'S NAME (First, Middle, Last): Pinckney Arthur Bradshaw
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Hattie Brown

DISPOSITION

20a. INFORMANT'S NAME: Velma Bradshaw
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 551 Huntington Parkway - Nashville, TN 37211

21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Woodlawn Memorial Park
21c. LOCATION - City or Town and State: Nashville, Tennessee

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ John Andrew Pavlek
22b. LICENSE NUMBER: 5755
22c. SIGNATURE OF EMBALMER: ▶ Dawn Renee' Everett
22d. LICENSE NUMBER: 6024

23a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn Roesch Patton Funeral Home 660 Thompson Lane Nashville, TN 37204
23b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ [signature]
25. DATE FILED (Month, Day, Year): December 18, 2014

CERTIFIER

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.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

27a. SIGNATURE OF CERTIFIER: ▶ [signature]
27b. LICENSE NUMBER: 42246
27c. DATE SIGNED (Month, Day, Year): 12-17-2014
27d. NAME AND ADDRESS: Anjus Wadhawan MD, 4220 Harding Pk Nashville 37205

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. Acute NSTEMI
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 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [ ] 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 [ ] No [X] 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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7475391

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

7475391

Teresa S. Hendricks
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued: DEC 18 2014

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD