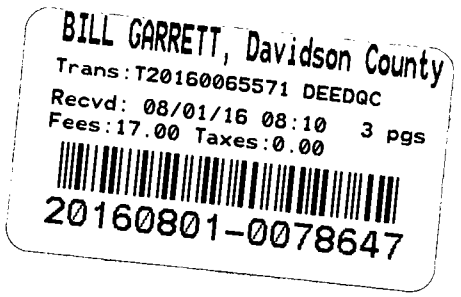
QUIT CLAIM DEED



This document was prepared by:

Mr. Patrick Johnson, Esq.
Tennessee BPRN 7339
Johnson, Scruggs & Barfield
95 White Bridge Road
Suite 508, Cavalier Building
Nashville, Tennessee 37205
Phone: 615-352-8326;
E-mail: patrickjohnson@jsblaw.com

Address New Owner as follows:	Send Tax Bills to:	Map-Parcel Numbers
John M. Goodwin 733 Adkisson Lane Nashville, Tennessee 37205	Same as New Owner	8 DZ 49210 102-11-37

Comes now **John M. Goodwin** (hereinafter called the "Grantor"), while keeping for himself a life estate and thereafter does transfer and convey the remainder interest unto **Laura Lynn Goodwin** (hereinafter called the "Grantee"), her heirs, successors and assigns, a certain tract/parcel of land in Davidson County, Tennessee, described as follows:

Land in Davidson County, Tennessee, being Lot No. 380 on the Plan of Brookmeade, Section X, as of record in Book 2331, Page 135, Registers Office for Davidson County, Tennessee, to which Plan reference is hereby made for a more complete description.

Being a part of the same property conveyed to John M. Goodwin and Wife Joyce A. Goodwin by deed from Mary Lu Smith and Husband, David Smith, and Nancy Rogers, of record at Book 6693, Page 281, and Re-recorded at Book 6716, Page 873 Registers Office for Davidson County, Tennessee, with Joyce A. Goodwin having predeceased John M. Goodwin.

This is improved property known as 733 Adkisson Lane, Nashville, Tennessee, 37205.

TO HAVE AND TO HOLD the said tract/parcel of land, with the appurtenances, estate, title and interest thereto belonging to said Grantee, her heirs and/or successors and assigns, forever.

WITNESS my hand on this the 28th day of July, 2016.

John M. Goodwin

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Before me, the below listed Notary Public for the aforementioned state and county, personally appeared **John M. Goodwin** the Grantor named herein, with whom I am personally acquainted and who, upon oath, acknowledged that he is the Grantor named herein, is authorized to make this transfer for the purposes contained herein. Witness my hand on this the 28th day of July, 2016.

Notary Public

JO LYNN MANGRUM STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

My Commission Expires: 08/20/2019

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration or value, whichever is greater, for this transfer is $0.

John M. Goodwin

Subscribed and sworn to before me on this the 28th day of July, 2016.

Notary Public

My commission expires: 08/20/2019

JO LYNN MANGRUM STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

1401122

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Joyce Ann Goodwin
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): February 21, 2014
4. TIME OF DEATH (Actual or Estimated): 9:40pm
5a. AGE-Last Birthday (Years): 68
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): November 6, 1945
7. BIRTHPLACE (City and State or Foreign Country): Drummonds, Tennessee

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): Alive Hospice @ St. Thomas West
8c. CITY OR TOWN: Nashville
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): John Michael Goodwin
11a. DECEDENT'S USUAL OCCUPATION: School Teacher
11b. KIND OF BUSINESS/INDUSTRY: Davidson Cty Board of Ed.

12. SOCIAL SECURITY NUMBER: [redacted]
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 733 Adkisson Lane
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37205
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): Jake Partlow
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Millie Margaret Blyue

DISPOSITION

20a. INFORMANT'S NAME: John Michael Goodwin
20b. RELATIONSHIP TO DECEDENT: Husband
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 733 Adkisson Lane, Nashville, Tn 37205
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Helen Crigger Cemetery
21c. LOCATION - City or Town and State: Munford, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ David E. Meeks
22b. LICENSE NUMBER: 5171
22c. SIGNATURE OF EMBALMER: ▶ Bernard L. Sharum
22d. LICENSE NUMBER: 4242
23a. NAME AND ADDRESS OF FUNERAL HOME: Munford Funeral Home P.O. Box M., Munford, Tennessee 38058
23b. LICENSE NUMBER OF FUNERAL HOME: 0125

REGISTRAR

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

CERTIFIER

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.

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

27a. SIGNATURE OF CERTIFIER: ▶ [signature] MD
27b. LICENSE NUMBER: 38283
27c. DATE SIGNED (Month, Day, Year): 2-25-14
27d. NAME AND ADDRESS: S. Patel 1718 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. End stage COPD	
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: ☒ 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 last 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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Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

6431662

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Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued: FEB 25 2014

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD