FROM: GUERRY E. FULCHER, EXECUTOR OF THE ESTATE OF EDWIN R. FULCHER, JR.

TO: GUERRY E. FULCHER and ELISHA R. FULCHER

BILL GARRETT, Davidson County
Trans:T20160100109 DEEDQC
Recvd: 11/14/16 11:11 5 pgs
Fees:27.00 Taxes:0.00
20161114-0119615

EXECUTOR'S QUITCLAIM DEED

ADDRESS NEW OWNER AS FOLLOWS: SEND TAX BILLS TO: MAP-PARCEL NUMBERS

Guerry E. Fulcher and
Elisha R. Fulcher
P. O. Box 4506
Sevierville, Tennessee 37864

Same

Map 072-07-0
Parcels 066.00;
067.00; and
374.00

This instrument prepared by:

Larry D. Craig,
Attorney at Law
P. O. Box 774
Kingston Springs, TN 37082

CHARLENE SHELTON
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

Upon information furnished by the parties and without benefit of title examination or title insurance and no closing thereupon.

STATE OF TENNESSEE
COUNTY OF SEVIER

The actual consideration or value, whichever is greater, for this transaction is $0.00, in satisfaction of terms of last will.

Guerry E Fulcher, Affiant

Sworn to and subscribed before me this 4 day of November, 2016.

Charlene Shelton
NOTARY PUBLIC

My Commission Expires: 4-19-17

I, Guerry E. Fulcher, Executor of the Estate of Edwin R. Fulcher, Jr., Deceased, do hereby quitclaim to Guerry E. Fulcher and Elisha R. Fulcher, tenants in common, each owning an undivided one-half interest in the following land:

Land in Davidson County, Tennessee,

See Exhibit "A" attached hereto and incorporated by reference herein.

Annie Elizabeth Morgan Fulcher, aka Ann M. Fulcher and Annie E. Fulcher, one and the same person, having since died on February 25, 2013, survived by her husband, Edwin R. Fulcher, aka Edwin R. Fulcher, Jr., one and the same person, vesting into him as surviving tenant by the entirety. Edwin R. Fulcher, Jr. having died on March 16, 2016, a widower and unmarried person. The Last Will of Edwin R. Fulcher, Jr, dated May 30, 2012, having been admitted to probate, Seventh Circuit Court for Davidson County, Tennesse, No. 16P-684, administered as a solvent testate estate, wherein Guerry E. Fulcher was issued letters testamentary and the equal residuary beneficiaries under the terms of the last will were and are Guerry E. Fulcher and Elisha R. Fulcher.

The legal descriptions upon Exhibit "A" are the same legal descriptions set forth on the previous deeds of record. This conveyance is subject to any and all restrictions and easements of record.

Appended hereto are the death certificates of Annie Elizabeth Morgan Fulcher and Edwin R. Fulcher to evidence their proof of death.

Witness the hand of Guerry E. Fulcher, in his capacity as Executor of the Estate of Edwin R. Fulcher, Jr., on this the 4 day of November, 2016.

ESTATE OF EDWIN R. FULCHER, JR.

BY: GUERRY E. FULCHER, EXECUTOR

CHARLENE SHELTON
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

STATE OF TENNESSEE
COUNTY OF SEVIER

On this 4 day of November, 2016, before me, personally appeared Guerry E. Fulcher, as Executor of the Estate of Edwin R. Fulcher, Jr., Deceased, to me known to be the person described in and who executed the foregoing instrument, and who acknowledged the execution of same to be his free act and deed in his capacity as duly appointed Executor/Personal Representative.

Witness my hand and official seal at 611 Dolly Parton Pkwy Sevierville TN, Tennessee this 4 day of November, 2015.

NOTARY PUBLIC

My commission expires: 4·19·17

EXHIBIT "A" LEGAL DESCRIPTIONS

Tract 1, Parcel 066.00, Improved Property, a Duplex, 1154 A & B Kirkland Avenue, Nashville, TN 37216:

BEING the East Half of Lot No. 15 on the Plan of Inglewood of record in Plat Book 332, Page 101, Register's Office for Davidson County, Tennessee, and described as follows:

Said Lot fronts 50 feet on the South margin of Kirkland Avenue and runs between parallel line, 271.8 feet on the East Line,274.4 feet on the West line to a dead line in the rear, measuring 50.0 feet thereon.

Being the same property conveyed to Edwin R. Fulcher and wife, Ann M. Fulcher, by deed from Iris Talley and Fred Burr Woodruff of record in Book 10732, Page 226, Register's Office for Davidson County, Tennessee.

Tract 2, Parcel 067.00, Improved Property, 1152 Kirkland Avenue, Nashville, TN 37216:

BEING the west half of Lot No. 15 on the Plan of Inglewood of record in Plat Book 332, Page 101, Register's Office for Davidson County, Tennessee, and described as follows:

SAID Lot fronts 50 feet on the South margin of Kirkland Avenue and runs between parallel lines, 274.4 feet on the East line, 277.0 feet on the West line to a dead line in the rear, measuring 50.0 feet.

Being the same property conveyed to Edwin R. Fulcher and wife, Ann M. Fulcher, by deed from Iris Talley and Fred Burr Woodruff of record in Book 10731, Page 134, Register's Office for Davidson County, Tennessee.

Tract 3, Parcel 374.00, Improved Property, 1150 Kirkland Avenue, Nashville, TN 37216:

BEING Lot No. 2 on the Plan, Resubdivision Lot No. 14, Inglewood Place, of record in Instrument No. 20040726-0088979, as amended in Instrument No. 20040804-0093794, Register's Office for Davidson County, Tennessee, to which reference is made for a more complete legal description.

Being a part of the same property conveyed to Edwin R. Fulcher and wife, Annie E. Fulcher, by deed from Richarda Katharine Johnson, a widow, by deed of record in Instrument No. 20030603-0075323, Register's Office for Davidson County, Tennessee.

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT (TYPE/PRINT IN PERMANENT BLACK INK; NAME OF DECEDENT (For use by Physician or Institution))

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Edwin R. Fulcher
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): March 16, 2016
4. TIME OF DEATH (Approx.): 12:20
5a. AGE-Last Birthday (Years): 95
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): May 23, 1920
7. BIRTHPLACE (City and State or Foreign Country): Davidson Co., Tennessee

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 [X] Decedent's home [ ] Other residence [ ] Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): 1000 Horseshoe Dr.
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: [ ] Married [ ] Married, but separated [X] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage).
11a. DECEDENT'S USUAL OCCUPATION: Supervisor
11b. KIND OF BUSINESS/INDUSTRY: Veterans Administration
12. SOCIAL SECURITY NUMBER: [redacted]-0262
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 1000 Horseshoe Dr.
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37216
14. WAS DECEDENT EVER IN US ARMED FORCES? [X] Yes [ ] No

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
[X] 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
[X] 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): Edwin R. Fulcher Sr.
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Nora Pegrum

DISPOSITION
20a. INFORMANT'S NAME: Elisha Fulcher
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1000 Horseshoe Dr., Nashville, TN 37216
21a. METHOD OF DISPOSITION: [ ] Donation [ ] Entombment [X] Burial [ ] Cremation [ ] Removal from State [ ] Other (Specify): _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Spring Hill Cemetery
21c. LOCATION - City or Town and State: Nashville, TN 37216
113
22a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
22b. LICENSE NUMBER: 4935
22c. SIGNATURE OF EMBALMER: [signature]
22d. LICENSE NUMBER: 4934
23a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Funeral Home, 2707 Gallatin Road, Nashville, Tennessee 37216
23b. LICENSE NUMBER OF FUNERAL HOME: 331

REGISTRAR
24. REGISTRAR'S SIGNATURE: [signature] DR
25. DATE FILED (Month, Day, Year): 3/18/16

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] MD
27b. LICENSE NUMBER: 17891
27c. DATE SIGNED (Month, Day, Year): 3/18/16
27d. NAME AND ADDRESS: Robert Berkompas, M.D. 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Alzheimer's Dementia
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. Due to (or as a consequence of):

Approximate Interval: Onset to death

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

8430461

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.

8430461

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued

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

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

Pre-deceased Spouse

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 130131B

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): ANNIE ELIZABETH MORGAN FULCHER
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): February 25, 2013
4. TIME OF DEATH (Approx.): 12:00 PM
5a. AGE-Last Birthday (Years): 93
5b. UNDER 1 YEAR - Months:
5c. UNDER 1 DAY - Days / Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): December 9, 1919
7. BIRTHPLACE (City and State or Foreign Country): Nashville, 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): 1000 Horseshoe Dr.
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): Edwin R. Fulcher
11a. DECEDENT'S USUAL OCCUPATION: Bookkeeper
11b. KIND OF BUSINESS/INDUSTRY: Bookkeeping

12. SOCIAL SECURITY NUMBER: [redacted]9162
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville

13d. STREET AND NUMBER: 1000 Horseshoe Dr.
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37215
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): Calvin Morgan
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Mabel Wilkerson

20a. INFORMANT'S NAME: Edwin R. Fulcher
20b. RELATIONSHIP TO DECEDENT: Husband
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1000 Horseshoe Dr. Nashville, TN 37215

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Spring Hill Cemetery
21c. LOCATION - City or Town, and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
22b. LICENSE NUMBER: 4935
22c. SIGNATURE OF EMBALMER: [signature]
22d. LICENSE NUMBER: 4622
23a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Funeral Home, 2707 Gallatin Road, Nashville, Tennessee 37216
23b. LICENSE NUMBER OF FUNERAL HOME: 331

REGISTRAR

24. REGISTRAR'S SIGNATURE: Larry B Keely, Jr OR
25. DATE FILED (Month, Day, Year): March 1, 2013

CERTIFIER

25. CERTIFIER (Check only one)
25a. ☒ PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.
25b. ☐ 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: Richard B Martin MD
27b. LICENSE NUMBER: MD024163
27c. DATE SIGNED (Month, Day, Year):
27d. NAME AND ADDRESS: Suite 405, 2400 Patterson St., 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/renal respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Cerebrovascular accident — Approximate interval: Onset to death: One day
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. Benign essential hypertension — 20 years
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.

29. WAS AN AUTOPSY PERFORMED? ☐ Yes ☐ No
29a. 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)

SDA 1399

PH-1659 (Rev. 10/2011)

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.

5661840

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

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Forshee Local Registrar
Davidson County, Tennessee

Date Issued MAR 01 2013

CERTIFICATION OF VITAL RECORD