QUITCLAIM DEED	THIS TRANSACTION IS EXEMPT FROM TRANSFER TAX PURSUANT TO TENNESSEE CODE ANNOTATED SECTION 67-4-409(a)(3)(A)

THIS INSTRUMENT PREPARED BY:
WOODBINE LEGAL PC
69 THOMPSON LANE
NASHVILLE, TENNESSEE 37211
OFFICE: (615) 367-5111

ADDRESS OF NEW OWNER(S):	SEND TAX BILLS TO:	MAP-PARCEL NUMBER:
Kenneth W. Holt **1814 Fatherland St** **Nashville, Tennessee 37206**	**Same**	**083140213.00**

QUITCLAIM DEED

FOR AND IN CONSIDERATION OF ten dollars ($10) and other good and valuable consideration, the receipt and legal sufficiency of all of which are hereby acknowledged, I, KENNETH W. HOLT, as husband to the late Martha P. Holt, *(hereinafter called the "Grantor"),* do hereby transfer, remise, release, relinquish and quitclaim unto KENNETH W. HOLT, a single person *(hereinafter called "Grantee")*, a certain tract or parcel of land in Davidson County, State of Tennessee, described as follows, to-wit:

> LAND in Davidson County, Tennessee being the easterly 60 feet of Lot No. 11 in the Subdivision of the Priest Home Place, in East Nashville, a plan of which is of record in Book No. 161, page 102, Register's Office for said County, but does not show the subdivision of Lots Nos. 11 to 18 inclusive. Said easterly 60 feet of Lot No. 11 is described as follows:
>
> Beginning at the southwest corner of Fatherland Street and 19th Street thence with the southerly margin of Fatherland Street 60 feet to the corner of the property conveyed to W.D. Taylor by deed from Thomas F. Atnip and wife, Louise G. Atnip, of record in Book 766, page 31, said Register's Office; thence with said alley easterly 60 feet to the westerly margin of 19th Street; thence with the westerly margin of 19th Street, northerly 150 feet, more or less to the beginning.
>
> Being the same property conveyed to Kenneth W. Holt and wife, Martha P. Holt, by Sallie Lance in Installment Deed dated February 24, 1982 and recorded beginning in Book 5865 Page 190; Martha P. Holt having deceased on December 3, 2015, her interest passed to her surviving spouse, Kenneth W. Holt, by operation of law, a copy of Martha P. Holt's death certificate is attached.

The above-described property is improved property known as **1814 Fatherland Street, Nashville, Tennessee, 37206**

The words "Grantor" and "Grantee" shall include their respective successors and assigns where the context requires or permits.

IN WITNESS WHEREOF, the Grantor has caused this instrument to be executed on this 28th day of March, 2017.

GRANTOR:

Kenneth W Holt
Kenneth W. Holt

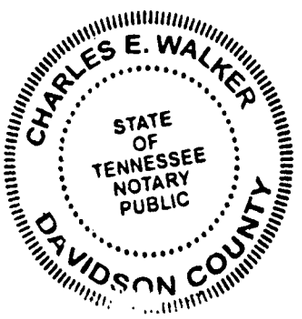
BILL GARRETT, Davidson County
Trans:T20170026878 DEEDQC
Recvd: 03/30/17 12:15 3 pgs
Fees:17.00 Taxes:0.00
20170330-0031069

S.S.
STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

BEFORE ME, the undersigned Notary Public of the State and County aforementioned, personally appeared KENNETH W. HOLT, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who, upon oath, acknowledged himself to be the within named bargainor, and that he executed the foregoing instrument for the purpose therein contained.

WITNESS my hand and seal, this 28th day of March, 2017.

Notary Public
My Comm. Exp.: 9/3/2017



STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 15079906

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Martha Phillips Holt
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): December 3, 2015
4. TIME OF DEATH (Approx.): 2:37 PM
5a. AGE-Last Birthday (Years): 67
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): September 23, 1948
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: [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

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: [X] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Kenneth W. Holt
11a. DECEDENT'S USUAL OCCUPATION: Manager
11b. KIND OF BUSINESS/INDUSTRY: IRS
12. SOCIAL SECURITY NUMBER: [redacted]-2980
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 1814 Fatherland Street
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37206
14. WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [X] 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
[ ] Associate degree (e.g., AA, AS)
[ ] Bachelor's degree (e.g., BA, AB, BS)
[X] 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

5

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

PARENTS

18. FATHER'S NAME (First, Middle, Last): Ralph Phillips
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Lucille Lance

DISPOSITION

20a. INFORMANT'S NAME: Kenneth W. Holt
20b. RELATIONSHIP TO DECEDENT: Husband
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1814 Fatherland Street Nashville, TN 37206
21a. METHOD OF DISPOSITION: [ ] Donation [ ] Entombment [X] Burial [ ] Cremation [ ] Removal from State [ ] Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Riverside Cemetery
21c. LOCATION – City or Town and State: Woodbury, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: Rachel Knight
22b. LICENSE NUMBER: 5775
22c. SIGNATURE OF EMBALMER
22d. LICENSE NUMBER

REGISTRAR

23a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Funeral Home, 2707 Gallatin Road, Nashville, Tennessee 37216
23b. LICENSE NUMBER OF FUNERAL HOME: 331
24. REGISTRAR'S SIGNATURE: Patsy Pedigo DR
25. DATE FILED (Month, Day, Year): DEC 9, 2015

CERTIFIER

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

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.

27a. SIGNATURE OF CERTIFIER: Antonio M Granda MD
27b. LICENSE NUMBER: 9565 TENN.
27c. DATE SIGNED (Month, Day, Year): 12/2/1946
27d. NAME AND ADDRESS: ANTONIO M. GRANDA 4230 HARDING PIKE SUITE 400

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. Intracebral hemorrhage	12 hours
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): Over anticoagulation?	
	c. Due to (or as a consequence of): Cardiac dysrhythmia	
	d. Due to (or as a consequence of): Inoperable cholangiocarcinoma	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I: Diabetes / osteoarthritis / excess weight

29a. WAS AN AUTOPSY PERFORMED? [ ] Yes [X] 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 [X] No [ ] Unknown
32. IF FEMALE: [X] 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

8242041

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

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

8242041
Date Issued: DEC 9 2015

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD