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:T20170041189 DEEDQC
Recvd: 05/15/17 13:53 3 pgs
Fees:17.00 Taxes:0.00
20170515-0048026

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:**
LIVING TRUST OF JEAN McLAURINE 2004 LEATHERBURY COURT ANTIOCH, TN 37013	JEAN McLAURINE Trustee(s) of LIVING TRUST OF JEAN McLAURINE 2004 LEATHERBURY COURT ANTIOCH, TN 37013	150-12-0A-034.00

QUIT CLAIM DEED

KNOW ALL MEN BY THESE PRESENTS that JEAN R. McLAURINE, 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 JEAN McLAURINE Trustee, and her successors under a Revocable Living Trust for the benefit of JEAN McLAURINE, under the terms of LIVING TRUST OF JEAN McLAURINE Dated 4/20/2017, its successors and assigns, her entire right title and interest in and to a certain tract or parcel of land in **DAVIDSON County, Tennessee**, described as follows:

LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT NO.709 ON THE PLAN OF PHASE IV, SOMERSET, OF RECORD IN BOOK 7900, PAGES 978 AND 979, REGISTER'S OFFICE FOR SAID COUNTY, REFERENCE TO WHICH IS HEREBY MADE FOR A MORE COMPLETE AND ACCURATE DESCRIPTION.

BEING The same property conveyed by PHILLIPS BUILDERS, INC., to LARRY T. McLAURINE and wife, JEAN R. McLAURINE by deed recorded on MARCH 4, 1996, in Book 9967, Page 277-279, Records of DAVIDSON County, Tennessee. LARRY THOMAS McLAURINE having departed this life on NOVEMBER 18, 2015, leaving the property solely vested in JEAN R. McLAURINE, 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: 2004 LEATHERBURY COURT, ANTIOCH, TN 37013

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

WITNESS my hand this 20th day of April, 2017.

Jean R. McLaurine
JEAN R. McLAURINE

STATE OF TENNESSEE

COUNTY OF Davidson

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

Witness my hand, at Lavergne Tennessee, this 20th day of April, 2017.

Alisa McCrary
Notary Public

My Commission expires: 9/11/17

ALISA McCRARY STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

AFFIDAVIT OF VALUE

The actual consideration for this transfer is $-0-

Jean R. McLaurine
Affiant

STATE OF TENNESSEE

COUNTY OF Davidson

Subscribed and sworn to before me this 20th day of April, 2017.

Alisa McCrary
Notary Public

My Commission Expires: 9/11/17

ALISA McCRARY STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

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

151-744

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Larry Thomas McLaurine
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): November 18, 2015
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 64
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): December 2, 1950
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): 2004 Leatherbury Court
8c. CITY OR TOWN: Antioch
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Jean Hendren
11a. DECEDENT'S USUAL OCCUPATION: Machinist
11b. KIND OF BUSINESS/INDUSTRY: Triumph Industries
12. SOCIAL SECURITY NUMBER: 414-78-4972
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Antioch
13d. STREET AND NUMBER: 2004 Leatherbury Court
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37013
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ 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
☐ 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

5-1-1pt

PARENTS

18. FATHER'S NAME (First, Middle, Last): Walter McLaurine, Sr.
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Catherine Scott

DISPOSITION

20a. INFORMANT'S NAME: Jean McLaurine
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 2004 Leatherbury Court, Antioch, TN 37013
21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Middle TN Cremation Center
21c. LOCATION - City or Town and State: Mt. Juliet, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Tonya Scales Haynes
22b. LICENSE NUMBER: 5681
22c. SIGNATURE OF EMBALMER: ▶ Tonya Scales Haynes
22d. LICENSE NUMBER: 5682
23a. NAME AND ADDRESS OF FUNERAL HOME: New Generation Funeral Home, 2930 Murfreesboro Pike, Antioch, Tennessee 37013
23b. LICENSE NUMBER OF FUNERAL HOME: 1217

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Patricia Pilcher (DR)
25. DATE FILED (Month, Day, Year): Nov 19, 2015

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: TN29405
27c. DATE SIGNED (Month, Day, Year): 11/19/15
27d. NAME AND ADDRESS: Steven Johnson 6711 Nashville Pike Brentwood TN 37027

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. Coronary artery disease	1 year
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):	

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

8241202

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

8241202
NOV 19 2015
Date Issued

GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD