AFTER RECORDING RETURN TO:
GODEEDS, INC.
ATTN: LEGALZOOM DEPT.
8940 MAIN STREET
CLARENCE, NY 14031
File No. 522320935-48739681

This document prepared by:
JANICE DAVENPORT
368 TUSCULUM ROAD
NASHVILLE, TN 37211

Tax ID No.: 161-04-0-125

Davidson County DEEDQC
Recvd: 07/03/17 15:40 5 pgs
Fees:27.00 Taxes:0.00
20170703-0067041

QUIT CLAIM DEED

THIS DEED made and entered into on this 23 day of JUNE, 20 17, by and between **JANICE DAVENPORT, A WIDOWED WOMAN, INDIVIDUALLY AND AS SURVIVING SPOUSE OF JIMMY N. DAVENPORT, WHO DIED** JUNE 23, 2015, a mailing address of 368 TUSCULUM ROAD, NASHVILLE, TN 37211, hereinafter referred to as Grantor(s) and **DEVIN DAVENPORT, A SINGLE MAN**, a mailing address of 312 STEWARTS LANDING CIRCLE, SMYRNA, TN 37211, hereinafter referred to as Grantee(s).

WITNESSETH: That the said Grantor(s), for and in consideration of the sum of ZERO and NO/100 ($0.00) DOLLARS, do this day remise, release, quitclaim and convey to the said Grantee(s) the following described real estate located in DAVIDSON County, TENNESSEE:

BEING LOT NO. 2 ON THE PLAN OF FAIRLANE PARK, OF RECORD IN BOOK 2331, PAGE 108, REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE, DESCRIBED ACCORDING TO A SURVEY BY RICHARD B. OMOHUNDRO, DATED MAY 31, 1975, AS FOLLOWS:

BEGINNING AT A POINT IN THE NORTHERLY MARGIN OF TUSCULUM ROAD, AS WIDENED, SAID POINT BEING IN THE COMMON LINE OF LOTS 1 AND 2; THENCE WITH THE LINE BETWEEN SAID LOTS, NORTH 103 FEET TO A POINT; THENCE WITH THE LINE BETWEEN LOTS 2 AND 30, EAST 110.3 FEET TO A POINT IN THE WEST MARGIN OF MADELINE DRIVE THENCE WITH THE MARGIN OF THE SAME SOUTH 70.2 FEET TO AN IRON PIN AT THE BEGINNING OF A CURVE TO THE RIGHT; THENCE AROUND SAID CURVE WITH A RADIUS OF 25 FEET, 39.16 FEET TO AN IRON PIN IN THE NORTH MARGIN OF TUSCULUM ROAD, AS WIDENED; THENCE WITH THE MARGIN OF THE SAME, WEST 85 FEET TO THE POINT OF BEGINNING.

Also known as: 368 TUSCULUM ROAD, NASHVILLE, TN 37211

SUBJECT TO EASEMENTS, COVENANTS, CONDITIONS, RESTRICTIONS, RESERVATIONS, AND LIMITATIONS OF RECORD, IF ANY.

Being the same property conveyed to JIMMY N. DAVENPORT AND JANICE DAVENPORT FROM DOROTHY B. PEARIGEN in a prior Deed recorded under BOOK 6352, PAGE 170, recorded on 08/02/1984 in DAVIDSON County, TENNESSEE.

And that said conveyance does not render the Grantor(s) insolvent nor is it for the purpose of defrauding any of the creditors of the Grantor(s).

Tax ID No.: 161-04-0-125

IN WITNESS WHEREOF, the said Grantor(s) has/have signed and sealed this deed, the day and year above written.

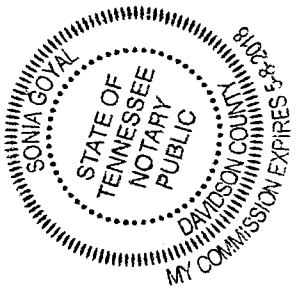
Janice Davenport
JANICE DAVENPORT

STATE OF Tennessee
COUNTY OF Davidson

Personally appeared before me, the undersigned notary public of the aforesaid County and State, JANICE DAVENPORT, the within named bargainer, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who acknowledged that he/she executed the within instrument for the purposes therein contained.

Witness my hand, at offices, the 22 day of June, 2017

Sonia Goyal
Notary Public
My Commission expires: 05-08-2018



VALUATION AFFIDAVIT

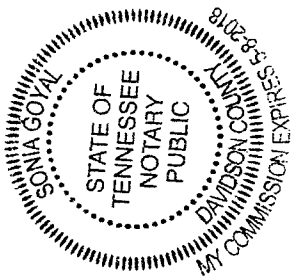
I, hereby swear or affirm that to the best of knowledge, information, and belief of the Affiant, that the actual consideration for this transfer is $0.00.

Janice Davenport
Affiant

STATE OF Tennessee
COUNTY OF Davidson

Sworn to before me this 22 day of June, 2017.

Sonia Goyal
Notary Public
My Commission Expires: 05-08-2018



Name and address for person(s) responsible for taxes:

DEVIN DAVENPORT
312 STEWARTS LANDING CIRCLE
SMYRNA, TN 37211

Name and address of property owner:

DEVIN DAVENPORT
312 STEWARTS LANDING CIRCLE
SMYRNA, TN 37211

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): Jimmy N. Davenport
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): June 23, 2015
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 74
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): January 20, 1941
7. BIRTHPLACE (City and State or Foreign Country): McMinnville, TN

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): Vanderbilt Medical Center
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): Janice Bates
11a. DECEDENT'S USUAL OCCUPATION: Supervisor
11b. KIND OF BUSINESS/INDUSTRY: Produce

12. SOCIAL SECURITY NUMBER: [redacted]231
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 368 Tusculum Road
13e. INSIDE CITY LIMITS: [✓] Yes [ ] No
13f. ZIP CODE: 37211
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

a9305901 Davenport, Jimmy N
NAME OF DECEDENT (For use by Physician or Institution)
4

PARENTS

18. FATHER'S NAME (First, Middle, Last): Lemuel Newby
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Wilma Wimberly

20a. INFORMANT'S NAME: Janice Davenport
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 368 Tusculum Road, Nashville, TN, 37211

DISPOSITION

21a. METHOD OF DISPOSITION: [ ] Burial [ ] Cremation [ ] Donation [✓] Entombment [ ] Removal from State [ ] Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Woodlawn South Mausoleum
21c. LOCATION - City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Kimberly Ann Seaman
22b. LICENSE NUMBER: 6725
22c. SIGNATURE OF EMBALMER: ▶ Blake Carroll
22d. LICENSE NUMBER: 6791
23a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn Roesch Patton, 660 Thompson Ln, Nashville, TN, 37204
23b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Deresch Rhodes (DR)
25. DATE FILED (Month, Day, Year): June 29, 2015

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: ▶ Peachey, JS
27b. LICENSE NUMBER: MD 44520
27c. DATE SIGNED (Month, Day, Year): 6/23/15
27d. NAME AND ADDRESS: Matt Peachey, 1215 Medical Center Dr. 5th floor MCN Nashville, TN 37232

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.	Squamous cell carcinoma - supraglottis	
Due to (or as a consequence of): b.		
Due to (or as a consequence of): c.		
Due to (or as a consequence of): d.		

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

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

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8067505

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

8067505
Date Issued JUN 29 2015

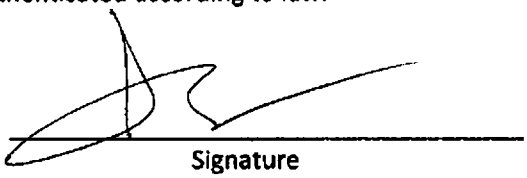
THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796 TENNESSEE

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

TRUE COPY CERTIFICATION

I, Frank Dec, do hereby make oath that I am a licensed attorney and/or custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.



Signature

STATE OF NEW YORK

COUNTY OF ERIE

Personally appeared before me, JIM ROALDI, a notary public for this country and state, FRANK DEC, who acknowledges that this certification of an electronic document is true and correct and who signature I have witnessed.



Notary Public's Signature

My Commission Expires 6/6/21

Notary's Seal

JAMES ROALDI
Notary Public, State of New York
Qualified in Erie County
Commission Expires June 06, 2021