This instrument was prepared by:

Beck and Beck, PLLC
Attorneys at Law
4205 Gallatin Road
Nashville, TN 37216

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration for this transfer is $ 0.00.

David M. Taft
AFFIANT

Subscribed and sworn to before me this 6th day of November, 2017.

Melinda A. Kooker
NOTARY PUBLIC

My Commission Expires: 05-06-2019

MELINDA G. KOOKER STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY My Commission Expires MAY 6, 2019

Bill Garrett Davidson County
Batch# 23423 DEEDQC
11/08/2017 09:28:09 AM 7 pgs
Fees: $37.00 Taxes: $0.00

20171108-0114842

Address New Owner as follows:	**Send Tax Bills to:**	**Map-Parcel Nos:**
David M. Taft **205 Blue Hills Dr.** **Nashville, TN 37214**	**Same**	**095 03 0 067.00**

EXECUTOR'S QUITCLAIM DEED

KNOW ALL MEN BY THESE PRESENTS that **DAVID M. TAFT, EXECUTOR FOR THE ESTATE OF CLARA TAFT** for and in consideration of the sum of **Zero** and No/100 Dollars (**$0.00**), in connection with the closing and distribution of the **ESTATE OF CLARA TAFT,** the decedent's Last Will and Testament having been duly admitted to probate in Davidson County, Tennessee, and recorded under Docket #17P-652 in the Probate Court Clerk's Office for said county, do hereby convey, remise, release and forever quitclaim unto **David M. Taft,** his heirs and assigns, all of our right, title and interest in and to a certain tract of land in Davidson County, Tennessee, which is described as follows:

Land in Davidson County, Tennessee, being Lot No. 134 on the plan of Merry Oaks Subdivision, as of record in Book 1835, Pages67 and 68, Register's Office for said County.

Said Lot No. 134 fronts 80 feet on the southerly side of Sweetwood Road and runs

back 231 feet on the westerly line and 224 feet on the easterly line to a dead line, measuring 75.2 feet.

Being the same property conveyed to ALOISE H. TAFT by deed from KENNETH E. SMITH and wife, MARY FAYE SMITH of record in Book 4522, page 20, Register's Office for Davidson County, Tennessee; the said ALOISE H. TAFT having since died.

Being the same property conveyed to NORMAN TAFT and wife, CLARA TAFT, by deed from JAMES C. TAFT, NORMAN H. TAFT, JAMES W. TAFT and SHERYL DIANNE TAFT the sole surviving heirs-at-law of ALOISE H. TAFT, of record in Book 8093, page 412, Register's Office for Davidson County, Tennessee.

NORMAN TAFT having since died on or about 10/01/2005, leaving CLARA TAFT as surviving tenant by the entirety. CLARA TAFT having since died on or about 03/22/17.

This is improved property known as 2307 Sweetwood Road, Nashville, Tennessee 37214.

Said property is conveyed subject to such limitations, restrictions and encumbrances as may affect the premises.

The preparer of this deed makes no representation as to the title of property described or as to the accuracy of its description herein conveyed as it was prepared without benefit of title search or survey; but strictly by documents provided by the parties involved.

WITNESS our hands this 6th day of November, 2017.

DAVID M. TAFT/EXECUTOR

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, a Notary Public, in and for said County and State, **DAVID M. TAFT,** the within named bargainor's, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that they executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at office this the 6th day of November, 2017.

MELINDA G. ROOKER STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

NOTARY PUBLIC

My Commission Expires: 05-[illegible]-2019

IN THE SEVENTH COURT OF DAVIDSON COUNTY, TENNESSEE
(PROBATE DIVISION)

IN RE:	)	
THE ESTATE OF	)	
CLARA TAFT,	)	
	)	No: 17P-652
Deceased.	)	
DAVID M. TAFT, Executor	)	

FILED
APR 27 2017
By RICHARD R. ROOKER, Clerk
Deputy

ORDER OF PROBATE

This cause came to be heard on the 27th day of April, 2017, before Special Probate Master Scott Pilkinton of the Probate Court for Davidson County, Tennessee, upon the Petition of **DAVID M. TAFT,** requesting that the Court Probate the Decedent's Last Will and Testament, further, that he be appointed Executor of the Estate of **CLARA TAFT,** without the requirement of bond, annual accountings or an inventory and that letters Testamentary be issued to **DAVID M. TAFT.** Based upon the sworn Petition filed and upon the entire record herein, **IT IS HEREBY ORDERED, ADJUDGED AND DECREED:**

1. That the Last Will and Testament of **CLARA TAFT,** signed on November 29th, 1995, as attested by both witnesses to the Will is hereby admitted to probate.
2. That **DAVID M. TAFT** is hereby appointed as Executor for the estate of **CLARA TAFT.**
4. That the Clerk of the Court issue Letters Testamentary to **DAVID M. TAFT,** without the necessity of bond, annual accountings or an inventory.
5. Should this case remain active for over one year, the Executor shall file an annual status report with the Court detailing the activities left to complete and/or administer in the Estate, the first one be July 27, 2018.

ENTER this 27th day of April, 2017.

SCOTT PILKINTON, SPECIAL PROBATE MASTER

APPROVED FOR ENTRY:

CARSON W. "BILL" BECK, #18334
Attorneys for Estate
4205 Gallatin Road
Nashville, TN 37216
(615) 226-9000

[redacted]

CERTIFICATE OF SERVICE

I hereby certify that a true and exact copy of the foregoing document, has been forwarded by U. S. Mail, postage pre-paid on this, the 25 day of April, 2017, to the following interested parties:

Emily Wood
2311 Sweetwood Dr.
Nashville, TN 37214

Eric Taft
2521 Woodberry Dr.
Nashville, TN 37214

David M. Taft
205 Blue Hills Dr.
Nashville, TN 37214

CARSON W. "BILL" BECK
Attorney for the Estate

State of Tennessee
Department of Finance and Administration
Bureau of TennCare
Third Party Liability Division
310 Great Circle Road, 4th Floor
Nashville, Tennessee 37243
Toll Free: 866-389-8444 • FAX: 615-413-1941

Bill Haslam
Governor

Larry B. Martin
Commissioner

6/2/2017

MARTHA BECK
LEGAL COUNSEL
4205 GALLATIN RD
NASHVILLE, TN 37216

RE: CLARA TAFT
Last Four Of SSN 7444

Dear MARTHA BECK:

This letter constitutes notification of the release of the State of Tennessee's Bureau of TennCare against the above estate for the marked reason:

X This serves as a release of the Bureau of TennCare's interest in recovery from the above referenced estate as required by T.C.A. §71-5-116(c) (2). Based on a review of the information provided on the Request for Release of Estate Recovery Cost Claim form, we do not find long term TennCare benefits paid by the State of Tennessee on behalf of this individual.

____ This release is based upon the surviving spouse deferral, which meets the criteria defined in T.C.A. §71-5-116(c). The State of Tennessee does reserve the right to file a claim for long term care/nursing home services against the estate of the surviving spouse upon the death of the surviving spouse.

____ This release is based upon the decedents age exception, which meets the criteria defined in T.C.A. §71-5-116(c). The State of Tennessee recovers payments made only on behalf of individuals fifty-five years of age or older.

If there are questions, you may contact the Estate Recovery Unit at (866) 389-8444.

Sincerely,

Jangela J. Howard

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): Clara Dee Taft
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): March 22, 2017
4. TIME OF DEATH (Approx.): 2307
5a. AGE-Last Birthday (Years): 86
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): December 2, 1930
7. BIRTHPLACE (City and State or Foreign Country): Athens, Alabama

TYPE/PRINT IN PERMANENT BLACK INK

6a. 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)

NAME OF DECEDENT (For use by Physician or Institution)

6b. FACILITY NAME (If not institution, give street and number): Alive Hospice Skyline Madison Campus
6c. CITY OR TOWN: Madison
6d. 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)
11a. DECEDENT'S USUAL OCCUPATION: Clerical
11b. KIND OF BUSINESS/INDUSTRY: Mortgage
12. SOCIAL SECURITY NUMBER: 409-48-7444
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 2303 Sweetwood Road
13e. INSIDE CITY LIMITS: ☑ Yes ☐ No
13f. ZIP CODE: 37214
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, DOS, 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): Dee Witt Furline
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Donnie Mae Wright

DISPOSITION

20a. INFORMANT'S NAME: David M. Taft
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 205 Blue Hills Drive, Nashville, Tennessee 37214
21a. METHOD OF DISPOSITION: ☑ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Mount Olivet Cemetery
21c. LOCATION - City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Courtney Summer Hise
22b. LICENSE NUMBER: 6897
22c. SIGNATURE OF EMBALMER: ▶ Brandon Anthony Compton
22d. LICENSE NUMBER: 5324
23a. NAME AND ADDRESS OF FUNERAL HOME: Hibbett & Hailey Funeral Home 429 Dickinson Pike, Nashville, Tennessee 37214
23b. LICENSE NUMBER OF FUNERAL HOME: 492

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ William R Hargett Jr
25. DATE FILED (Month, Day, Year): 3/27/2017

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: 17891
27c. DATE SIGNED (Month, Day, Year): 3/24/17
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.

		Approximate Interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Congestive Heart Failure	
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. source unknown	
	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 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

09121492

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.

MAR 27 2017

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

Lori B. Ferranti, PhD, MSN, MBA, RN
State Registrar/Asst. Commissioner

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

09121492
Date Issued

CERTIFICATION OF VITAL RECORD

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0505636

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Norman Herndon Taft
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): October 1, 2005
4. SOCIAL SECURITY NUMBER (or Document): 411-52-7682
5a. AGE-LAST BIRTHDAY (Years): 70
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): July 14, 1935
7. BIRTHPLACE (City and State or Foreign Country): Vanburen Co.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Baptist Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Clara D. Furline
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Teacher
12b. KIND OF BUSINESS/INDUSTRY: Davidson CO. Schools
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2303 Sweetwood Rd.
CENSUS TRACT
13e. INSIDE CITY LIMITS? [X] Yes [ ] No
13f. ZIP CODE: 37214
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
Specify, if yes:
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+): 0

NAME OF DECEDENT (For use by physician or coroner)

PARENTS

17. FATHER'S NAME (First, Middle, Last): James Maurice Taft
18. MOTHER'S NAME (First, Middle, Maiden Surname): Aloise Belle Herndon

INFORMANT

19a. INFORMANT'S NAME (Type/Print): David Taft
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 205 Blue Hills Dr. Nashville, TN 37214

DISPOSITION

20a. METHOD OF DISPOSITION: [X] 1 Burial [ ] 2 Cremation [ ] 3 Removal from State [ ] 4 Donation [ ] 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Mount Olivet Cemetery
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: James H. Ruchel Jr.
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5853
21c. SIGNATURE OF EMBALMER: James H. Ruchel Jr.
21d. LICENSE NUMBER OF EMBALMER: 5854
22a. NAME AND ADDRESS OF FUNERAL HOME: Mount Olivet Funeral Home 1101 Lebanon Rd. Nashville, TN 37210
22b. LICENSE NUMBER OF FUNERAL HOME: 970

REGISTRAR

23. REGISTRAR'S SIGNATURE: Phyllis A. Burr
24. DATE FILED (Month, Day, Year): October 13, 2005

CERTIFIER

25a. PHYSICIAN: To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.
1 [X] SIGNATURE AND TITLE OF PHYSICIAN: Brian Sumner
25b. LICENSE NUMBER: MD0016996
25c. DATE SIGNED (Month, Day, Year): 10/11/05
26a. 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 as stated.
2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER
26c. DATE SIGNED (Month, Day, Year)

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

SEE INSTRUCTIONS ON OTHER SIDE.

		Approximate Interval: Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Multiple System organ failure	5 wks.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Staph. Sepsis DUE TO (OR AS A CONSEQUENCE OF):	5 wks.
	c. Traumatic injury 2° to fall from ladder DUE TO (OR AS A CONSEQUENCE OF):	5 wks
	d.	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
Diabetes Mellitus AROS
Acute renal failure

29a. WAS AN AUTOPSY PERFORMED? [ ] 1 Yes [ ] 2 No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? [ ] 1 Yes [ ] 2 No
30. MANNER OF DEATH: [ ] 1 Natural [ ] 2 Accident [ ] 3 Suicide [ ] 4 Homicide [ ] 5 Pending Investigation [ ] 6 Could not be Determined
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
31c. INJURY AT WORK? [ ] 1 Yes [ ] 2 No
31d. DESCRIBE HOW INJURY OCCURRED
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

PH-1659 (REV. 8/97)
BIRTH NO
RDA 1399

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 Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.
Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Tonya Y Ruttlen
Tonya Y Ruttlen
Local Registrar

OCT 13 2005
Date Issued

CERTIFICATION OF VITAL RECORD