Bill Garrett Davidson County
Batch# 90081 AFFIDAVITH
05/08/2018 11:11:32 AM 10 pgs
Fees: $52.00 Taxes: $0.00
20180508-0043969

This instrument was prepared by:
Linda Sue Nicklos, Esq.
6001 Jackson Square Blvd., Ste. #500
Lavergne, Tennessee 37086

Grantee(s): James Douglas Hirst, Jr.

Send tax notices to: James Douglas Hirst, Jr., 1404 Bright Sky Court, Lavergne, Tennessee 37086

MAP PARCEL NUMBER: 135 01 0 093.00; LEGAL REFERENCE: 00005302-0000382

AFFIDAVIT OF HEIRSHIP

Tennessee Code Annotated § 30-2-712.

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Comes now the Affiant, James Douglas Hirst, Jr., being first duly sworn according to law, and being of lawful age and a resident of Lavergne, Rutherford County, State of Tennessee, and pursuant to Tenn. Code Ann. §30-2-712, hereby swears to the following of his own free will and based upon his personal knowledge and familiarity:

1. On June 15, 2017, James Douglas Hirst, Sr. ("Decedent") died at the Waters of Smyrna nursing facility, Smyrna, Tennessee (see Exhibit #1 - Death Certificate of James Douglas Hirst, Sr.).
2. Decedent is survived by his son, James Douglas Hirst, Jr. ("Affiant"), who is Decedent's sole heir.
3. At the time of his death, Decedent owned a house and lot located at 1725 Southwind Drive, Nashville, Davidson County, Tennessee, and being more particularly described as: Land in Davidson County, Tennessee, being **Lot No. 67 on the Plan of Town Park Estates,** as of record in book 3300, pages 64 and 65, Register's Office for Davidson County, Tennessee, to which reference is hereby made for a more complete description. Said property is more commonly referred to as 1725 Southwind Drive, Nashville, Tennessee 37217.
4. Decedent's estate was administered in a proceeding administered by a court.
5. Additional facts pertinent to determine who is legally entitled to the estate of the Decedent at the time of the Decedent's death are as follows: Affiant is the only child of Decedent and Decedent's first wife, Pamela Kay Hirst. Decedent and Pamela Hirst were divorced in the

Fourth Circuit Court of Davidson County, Tennessee on January 7, 1975 (Exhibit #2 - Case No.: 75178, Final Decree). Although the State of Tennessee property assessor website continues to list owners as 'Decedent. et ux,' Affiant presents proof that Pamela Kay Hirst conveyed her interest to Decedent via a Quitclaim Deed recorded on June 21, 1978 (See Exhibit #4 - Quitclaim Deed).

6. Decedent subsequently married Nancy Hirst who predeceased him on November 29, 1998 (Exhibit #3 - Death Certificate of Nancy Hirst). They had no children together. On the date of his death, Decedent owned the real property located at 1725 Southwind Drive, Nashville, Tennessee. Under the laws of intestacy, said property passed immediately to Decedent's heir at law on that date.

I swear under penalty for perjury that the facts in this Affidavit are true and correct to the best of my knowledge and belief.

JAMES DOUGLAS HIRST, JR.

STATE OF TENNESSEE)
COUNTY OF RUTHERFORD)

James Douglas Hirst, Jr., with whom I am personally acquainted or provided satisfactory identification, swore, under penalty for perjury, and executed this document in my presence this the 19 day of April, 2018.

NOTARY PUBLIC My Commission Expires: 11-5-19

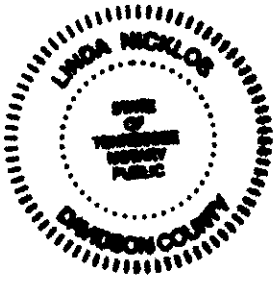


Exhibit #1

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (Include AKA's if any): James Douglas Hirst, Sr
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): June 16, 2017
4. TIME OF DEATH (Hour:Min): 3:42 am
5a. AGE-Last Birthday (Years): 74
5b. UNDER 1 YEAR (Months / Days / Hours / Minutes)
5c. UNDER 1 DAY (Hours / Minutes)
6. DATE OF BIRTH (Month, Day, Year): October 6, 1942
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN

8. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Decedent's home ☐ Nursing home/long term care facility ☒ Other (Specify) Hospice ☐ Hospice facility (not in a hospital) ☐ Other (Specify)

9. FACILITY NAME (If not institution, give street and number): The Waters of Smyrna
10. CITY OR TOWN: Smyrna
11. COUNTY OF DEATH: Rutherford
12. MARITAL STATUS: ☐ Married ☐ Married but separated ☒ Divorced ☐ Widowed ☐ Never married ☐ Unknown
13. SURVIVING SPOUSE (If wife, give name prior to first marriage)
14. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber
15. KIND OF BUSINESS/INDUSTRY: Nashville Machine Co.
16. SOCIAL SECURITY NUMBER: [redacted]-5035
17a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
17b. COUNTY: Davidson
17c. CITY OR TOWN: Nashville
17d. STREET AND NUMBER: 1725 Southwind Drive
17e. INSIDE CITY LIMITS: ☒ Yes ☐ No
17f. ZIP CODE: 37217
18. WAS DECEDENT EVER IN US ARMED FORCES? ☒ Yes ☐ No

19. 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
20. DECEDENT OF HISPANIC ORIGIN? (Is the person's ancestry or origin Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race?) ☒ No, not Spanish/Hispanic/Latino ☐ Yes, Mexican, Mexican American, Chicano ☐ Yes, Puerto Rican ☐ Yes, Cuban ☐ Yes, Central or South American ☐ Yes, other Spanish/Hispanic/Latino (Specify) ☐ Unknown
21. 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

22. FATHER'S NAME (First, Middle, Last): Benjamin A. Hirst, Sr.
23. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Atlee Bell

DISPOSITION

24a. INFORMANT'S NAME: James Douglas Hirst, Jr.
24b. RELATIONSHIP TO DECEDENT: Son
24c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1404 Bright Sky Coun, LaVergne, TN 37086
25a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Entombment ☐ Removal from State ☐ Donation (Specify)
25b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Middle Tennessee Cremation Center
25c. LOCATION (City or Town, and State): Mt. Juliet, TN
26a. SIGNATURE OF FUNERAL DIRECTOR: ▸ Wendell L Byrd
26b. LICENSE NUMBER: 2556
26c. SIGNATURE OF EMBALMER: ▸ None
26d. LICENSE NUMBER
26e. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Inc., Peggy Chase, 5852 Nolensville Road, Nashville, TN 37211-1760
26f. LICENSE NUMBER OF FUNERAL HOME

REGISTRAR

27. REGISTRAR'S SIGNATURE: ▸ Brenda Hughes, DR
28. DATE FILED (Month, Day, Year): June 21, 2017

CERTIFIER

29. CERTIFIER (Check only one)
29a. ☒ PHYSICIAN (To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.)
29b. ☐ MEDICAL EXAMINER - (On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.)
29c. SIGNATURE OF CERTIFIER: ▸ [signature] MD
29d. LICENSE NUMBER: 96096
29e. DATE SIGNED (Month, Day, Year): 6/21/17
29f. NAME AND ADDRESS: Kirsten Bunoe, MD, 300 Stonecrest Blvd., #100, Smyrna, TN 37167

MEDICAL CERTIFICATION

30. PART I. Enter the chain of diseases, morbid conditions, or complications directly leading to death. DO NOT enter terminal events such as cardiac arrest or ventricular fibrillation without showing the etiology. Enter only one cause on a line. Add additional lines if necessary.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Cardiac arrest
Due to (or as a consequence of): b. [illegible]
Due to (or as a consequence of): c.
Due to (or as a consequence of): d.
UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST:
Approximate Interval: Onset to death: a. Unknown; b. 4 days; c.; d.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I: Cardiomyopathy
30a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☐ No
30b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

31. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
32. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes, Probably ☐ Yes ☒ Unknown
33. 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
34. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
35. DATE OF INJURY (Month, Day, Year)
36. TIME OF INJURY
37. INJURY AT WORK? ☐ Yes ☐ No
38. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area) (Specify)
39. DESCRIBE HOW INJURY OCCURRED
40. LOCATION OF INJURY (Street and Number, City or Town, State)

TDH-1659 (Rev. 10/2011) RDA 1369

09300590

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

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

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

0 9 3 0 0 5 9 0

Date Issued: 6/21/17

CERTIFICATION OF VITAL RECORD

Exhibit # 2

IN THE FOURTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE

PAMELA KAY (ADAMS) HIRST)
(
)
(
) NO: 7 5 1 7 8
(
)
(
JAMES DOUGLAS HIRST)

FINAL DECREE

This cause came on to be heard on the 20th day of [illegible] before the HONORABLE BOBBY L. DICKSON, sitting as Special Judge for the HONORABLE BENSON TRIMBLE, JUDGE OF THE FOURTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE, upon the original bill filed by the complainant; upon the pro confesso heretofore duly entered; upon testimony of complainant and that of her corroborative witnesses examined in open Court; argument of counsel, and the entire record; from all of which the Court is of the opinion that the allegations contained in the original bill are fully sustained; that is, that the defendant has been guilty of such cruel and inhuman treatment and conduct toward the complainant as renders cohabitation unsafe and improper.

It is, therefore, ORDERED, ADJUDGED and DECREED by the Court that the bonds of matrimony heretofore subsisting between the complainant and the defendant [illegible] are, forever and perpetually dissolved, and that the complainant be, and she hereby is, granted an absolute divorce from the defendant and restored to the status of a single person

complainant be, and she hereby is, granted an absolute divorce from the defendant and restored to the status of a single person

It is further ORDERED, ADJUDGED and DECREED by the Court that the complainant be, and she hereby is, awarded the exclusive care, custody and control of the parties' minor child, James Douglas Hirst, Jr.

It is further ORDERED, ADJUDGED and DECREED by the Court that the defendant be, and he hereby is, ordered to pay into the office of the Circuit Court Clerk the sum of Twenty-Five Dollars ($25.00) per week, plus Clerk's fee as child support.

It is further ORDERED, ADJUDGED and DECREED by the Court that the real property that the parties owned as tenants by the entirety located at 1725 Southwind Drive, Nashville, Tennessee, be converted to ownership by tenants in common.

It is further ORDERED, ADJUDGED and DECREED by the Court that the complainant be, and she hereby is, awarded the personal property that was in her possession at the hearing of this cause.

It is further ORDERED, ADJUDGED and DECREED by the Court that the defendant be, and he hereby is, awarded the personal property that was in his possession at the hearing of this cause.

It is further ORDERED, ADJUDGED and DECREED by the Court that the defendant be, and he hereby is, ordered to pay to Edward Nave the sum of Three Hundred Dollars ($300.00) as his attorney's fee for representing complainant in this cause, which shall be considered as alimony to the complainant. The defendant is further ordered to pay the said $300.00 within ninety days from the date of this decree.

The defendant is ordered to pay the costs of this cause.

For all of which execution may issue, if necessary.

EDWARD NAVE
Attorney for Complainant

Enter This 7 Day of JAN

cc: James Douglas Hirst

Exhibit #3

STATE OF TENNESSEE
Office of Vital Records

98 6159

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

NANCY LOU HIRST — FEMALE — NOVEMBER 29, 1998

[redacted]-5392 | 52 | NOV. 4, 1946 | AURORA, ILLINOIS

8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 X No | 9a PLACE OF DEATH 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 X Residence 6 Other (Specify)

9b FACILITY NAME (If not institution, give street and number) | 9c CITY, TOWN, OR LOCATION OF DEATH | 9d COUNTY OF DEATH

1725 SOUTHWIND DRIVE | NASHVILLE | DAVIDSON

10 MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify) | 11 SURVIVING SPOUSE (If wife, give maiden name) | 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) | 12b KIND OF BUSINESS/INDUSTRY

MARRIED | JAMES D. HIRST | BAKER | COMPTON FOODS

13a RESIDENCE STATE | 13b COUNTY | 13c CITY, TOWN, OR LOCATION | 13d STREET AND NUMBER OR RURAL LOCATION

TENN. | DAVIDSON | NASHVILLE | 1725 SOUTHWIND DRIVE

13e INSIDE CITY LIMITS? X Yes No | 13f ZIP CODE | 14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No, Mexican, Puerto Rican, Cuban, Other) | 15 RACE - American Indian, Black, White, etc. (Specify) | 16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) | College (1-4 or 5+)

37217 | No X | WHITE | 12

PARENTS

17 FATHER'S NAME (First, Middle, Last) | 18 MOTHER'S NAME (First, Middle, Maiden Surname)

CLARENCE JORGENSEN | LUCYLE EVLEINE OSBORNE

INFORMANT

19a INFORMANT'S NAME (Type/Print) | 19b RELATIONSHIP TO DECEASED | 19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

JAMES D. HIRST | HUSBAND | 1725 SOUTHWIND DRIVE, NASHVILLE, TN 3721[illegible]

DISPOSITION

20a METHOD OF DISPOSITION: 1 Burial 2 X Cremation 3 Donation 4 Other (Specify) | 20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) | 20c LOCATION - City or Town, State

AFFILIATED CREMATORY | NASHVILLE, TENN.

21a SIGNATURE OF FUNERAL DIRECTOR | 21b LICENSE NUMBER OF FUNERAL DIRECTOR | 21c SIGNATURE OF EMBALMER | 21d LICENSE NUMBER OF EMBALMER

William R. Appleton | 2700 | N/A

22a NAME AND ADDRESS OF FUNERAL HOME | 22b LICENSE NUMBER OF FUNERAL HOME

WOODBINE FUNERAL HOME, INC.
5852 NOLENSVILLE ROAD, NASHVILLE, TENN. 37211 | 760

REGISTRAR

23 REGISTRAR'S SIGNATURE | 24 DATE FILED (Month, Day, Year)

Betty Jacob Berry | December 1, 1998

CERTIFIER

25a PHYSICIAN: To the best of my knowledge death occurred at the time, date, and place and due to the cause(s) and manner as stated.

1 X SIGNATURE AND TITLE OF PHYSICIAN | 25b LICENSE NUMBER | 25c DATE SIGNED (Month, Day, Year)

[redacted]1839 | 12/1/98

26a MEDICAL EXAMINER: On the basis of examination, and/or investigation, in my opinion, death occurred at the time, 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)

[redacted]

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

Jane E. Howard, MD 3rd Floor MCS, 2100 Pierce Ave, Nashville, TN 37[illegible]

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → 1 Amyotrophic Lateral Sclerosis | Interval between Onset and Death: 9 year

DUE TO (OR AS A CONSEQUENCE OF) 2

DUE TO (OR AS A CONSEQUENCE OF) 3

Sequentially list conditions, if any, leading to immediate cause. Enter 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

I 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.

8512093

Tennessee Code Annotated [illegible] et seq. Vital Records Act of 1977

8512093

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued

CERTIFICATION OF VITAL RECORD

Exhibit #4

BOOK 5302 PAGE 382

QUITCLAIM DEED

ADDRESS NEW OWNER(S) AS FOLLOWS:	SEND TAX BILLS TO:	MAP-PARCEL NUMBERS
James D. Hurst (NAME)	Home Federal Savings & Loan (NAME)	Map 135-1
1725 Southwind Drive (STREET ADDRESS OR ROUTE NUMBER)	Home Federal Tower, 4th Ave. (STREET ADDRESS)	Par. 93
Nashville, TN 37217 (CITY) (STATE) (P.O. ZIP)	Nashville, Tennessee 37219 (CITY) (STATE) (ZIP)	206490

FOR AND IN CONSIDERATION of love and affection (and no monetary consideration) and for the express purpose of making a re-conveyance to create a sole tenancy

We, James D. Hirst and Pamela A. Hirst

by these presents do hereby quitclaim and convey unto Herbert L. Buchanan, Jr.

, Trustee, his successors and assigns, the following described tract or parcel of land, to wit:

Land in Davidson County, Tennessee, being Lot Number 67 on the Plan of Town Park Estates, as of record in Book 3300, Pages 64 and 65, Register's Office for said County.

Said Lot Number 67 fronts 66 feet on the south side of Southwind Drive and runs back 164.06 feet on the west line and 187.20 feet on the east line to a dead line in the rear, measuring 69.62 feet thereon.

Being the same property conveyed to James D. Hirst and wife, Pamela A. Hirst, by Warranty Deed from Horace R. Bell and wife, Evelyn K. Bell, of record in Book 4622, Page 45, Register's Office for Davidson County, Tennessee.

This conveyance is subject to restrictive covenants of record in Book 3400, Page 120, and Book 3436, Page 43, Register's Office for said County; easements and setback lines as set forth on the above plat of record.

STAMPED NOTARY PUBLIC DAVIDSON COUNTY

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration or value whichever is greater, for this transfer is $ 0.00

Subscribed and sworn to before me, this the 21st day of June, 19 78

Affiant

My commission expires 11 3 80 (Affix Seal)

Notary Public

This is unimproved ( ) improved (X) property, known as 1725 Southwind Drive, Nashville, Tennessee 37217
(House Number) (Street) P. O. Address (City or Town) (Postal Zone)

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

And now, I, the said Herbert L. Buchanan, Jr. *, Trustee, for the express purpose of carrying out the intent of this conveyance, as above set out, do hereby quitclaim and convey unto* James D. Hirst

his *heirs and assigns, the same property hereinabove described and set forth, to which reference is here made, and said property is conveyed subject to the same limitations, restrictions and encumbrances as may affect the premises, as above set forth.*

IN WITNESS WHEREOF *we have hereunto set our hands on this the* 21st *day of* June, 19 78.

THIS INSTRUMENT WAS PREPARED BY:
Herbert L. Buchanan, Jr.
300 Hundred Oaks Tower
Nashville, Tennessee 37204

James D. Hirst

Pamela Adams Hirst

H. L. Buchanan, Jr. Trustee.

BOOK 5302 PAGE 383

STATE OF TENNESSEE }
COUNTY OF DAVIDSON }

Personally appeared before me, Clara Elaine Reed, a Notary Public in and for said County and State, the within named, James D. Hirst and Pamela A. Hirst, the Barganors, with whom I am personally acquainted, and who acknowledged that they executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at Nashville, Tennessee, this 21st day of June, 1978

Clara Elaine Reed
Notary Public.

My commission expires: 11-3-80

CLARA ELAINE REED NOTARY PUBLIC DAVIDSON COUNTY TN

STATE OF TENNESSEE }
COUNTY OF DAVIDSON }

Personally appeared before me, Clara Elaine Reed, a Notary Public in and for said County and State, the within named Herbert L. Buchanan, Jr., Trustee, the barguinor, with whom I am personally acquainted, and who acknowledged that he, as Trustee, executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at Nashville, Tennessee, this 21st day of June, 1978

Clara Elaine Reed
Notary Public.

My commission expires: 11-3-80

CLARA ELAINE REED NOTARY PUBLIC DAVIDSON COUNTY TN

JUN 23 78 MISC 8* 4.00 * 4.00

QUITCLAIM

Deed

From: James D. Hirst and Pamela A. Hirst

to: Herbert L. Buchanan, Jr. Trustee

AND

From: Herbert L. Buchanan, Jr. Trustee,

to: James D. Hirst

F 72794

IDENTIFICATION REFERENCE

JUN 23 9 12 AM '78

FELIX Z. [illegible] REGISTER
DAVID [illegible]

Compliments of
Chicago Title Insurance Company
First Floor — First American Center
Phone 255-4631
NASHVILLE, TENNESSEE 37238