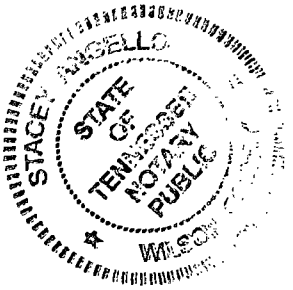
QUITCLAIM DEED



STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The actual consideration or value, whichever is greater, for this transfer is $115,000.00.

Nancy Gantzer
Affiant

Subscribed and sworn to before me, this the 17th day of August, 2022.

Notary

My Commission Expires: 10-29-22

Karen Johnson Davidson County
Batch# 912919 DEEDQC
09/06/2022 03:43:47 PM 14 pgs
Fees: $73.00 Taxes: $425.50
20220906-0100044

THIS INSTRUMENT PREPARED BY:
Stacey Angello
The Law Office of Stacey Angello
14345 Lebanon Rd. Suite A
Old Hickory, Tennessee 37138
(615) 449-2700

Address of new owner:	Send Tax Bills to:	Map and Parcel ID No.
Nancy Gayle Gantzer 223 Cedarview Dr. Antioch, Tennessee 37013	SAME	SD-52451 Book 4270, Page 964

THIS INSTRUMENT made and entered into on this the 17th day of August, 2022, by and between LINDA LEE MURPHY, NANCY GAYLE GANTZER, and WANDA K. WILSON, ("Grantors") and NANCY GAYLE GANTZER, and WANDA K. WILSON ("Grantees"):

KNOW ALL PERSONS BY THESE PRESENTS that for the sum of One Hundred Fifteen Thousand Dollars and No/100 ($115,000.00), cash in hand paid, and other goods and valuable consideration, the receipt and legal sufficiency of which are hereby acknowledged, Grantors convey, transform, release, relinquish, and quitclaim unto Grantee, all Grantors' rights, titles, and interests in and to the real property in the State of Tennessee, the following described tract of land located in Davidson County, and incorporated herein by reference:

Land in Davidson County, Tennessee, being Lot No. 106, Colewood Acres, Section II, of record in Book 3700, page 135, Register's Office for said County.

Said Lot No. 106 fronts 87 feet on the southerly side of Brenda Lane and runs back 145 feet on the easterly line and 105.2 feet on the westerly line to a line measuring 73.7 feet thereon.

Being the same property conveyed to Bill Wheeler Construction Company, Inc., a Tennessee Corporation, by deed from Shufeld Company, a Tennessee Corporation, of record in Book 4215, page 515, Register's Office for said County.

Being the same property conveyed to Jesse K. Brown and wife, Joan Brown, by Warranty Deed from Bill Wheeler Construction Company, Inc., recorded on September 23, 1968, of record in Book 4270, page 965, Register's Office for Davidson County, Tennessee.

Being the same property conveyed to Linda Lee Murphy, Nancy Gayle Gantzer, and Wanda K. Wilson by the Last Will and Testament of Joan Brown, dated March 15, 2002, and

admitted for Probate in the Seventh Circuit Court of Davidson County, Tennessee at Nashville, Probate Division on May 4, 2011. Jesse K. Brown died on October 12, 1992, leaving Joan Brown as the surviving tenant by entirety, and Joan Brown died on June 5, 2010.

For Informational Purposes ONLY
This is improved property known as: 187 Brenda Lane, Antioch, Tennessee, 37013.

Whenever used, the singular number shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

The Grantors make no warranty, express or implied, as to title in the property herein described.

The preparer makes no representation or warranties as to the accuracy of the description or the status of the title to the property. This document has been prepared based upon information furnished to the preparer and without conducting a title search. It is the responsibility of the grantee to record this document and failure to do so could adversely affect the title of the property. The parties hereto signify their assent to this disclaimer by the execution and the acceptance of the instrument.

IN WITNESS WHEREOF, the Grantor has hereunto set her hand on this, the 17th day of August, 2022.

Linda L. Murphy
LINDA LEE MURPHY

Tanya Leigh Taylor NOTARY PUBLIC STATE OF TENNESSEE COUNTY OF CARROLL

STATE OF TENNESSEE)
COUNTY OF ~~DAVIDSON~~ CARROLL) 8/17/22

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, **Linda Lee Murphy**, with whom I am personally acquainted, and who acknowledged that such person executed the within instrument for the purposes therein contained.

WITNESS my hand, at office, this the 17th day of August, 2022.

Notary Public

My Commission Expires: 03-12-2025

IN WITNESS WHEREOF, the Grantor has hereunto set her hand on this, the 17th day of August, 2022.

Nancy Gayle Gantzer
NANCY GAYLE GANTZER

STACEY ANGELLO NOTARY PUBLIC STATE OF TENNESSEE WILSON COUNTY

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, **Nancy Gayle Gantzer**, with whom I am personally acquainted, and who acknowledged that such person executed the within instrument for the purposes therein contained.

WITNESS my hand, at office, this the 17th day of August, 2022.

Notary Public

My Commission Expires: 10-29-22

IN WITNESS WHEREOF, the Grantor has hereunto set her hand on this, the _____ day of August, 2022.

Wanda K Wilson

WANDA K. WILSON

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, **Wanda K. Wilson,** with whom I am personally acquainted, and who acknowledged that such person executed the within instrument for the purposes therein contained.

WITNESS my hand, at office, this the 17th day of August, 2022.

STACEY ANSELLO STATE OF TENNESSEE NOTARY PUBLIC WILSON COUNTY

Notary Public

My Commission Expires: 10-29-22

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

92 034424
STATE FILE NUMBER

9205004

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): JESSE KING BROWN
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): OCTOBER 12, 1992
4. SOCIAL SECURITY NUMBER (of Deceased): -4996
5a. AGE – LAST BIRTHDAY (Years): 62
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): FEB. 13, 1930
7. BIRTHPLACE (City and State or Foreign Country): FRANKLIN, KENTUCKY
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [X] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): SOUTHERN HILLS HOSPITAL 075
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): JOAN SWAN
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): DIRECTOR OF MATERIALS MANAGEMENT
12b. KIND OF BUSINESS/INDUSTRY: EDGEFIELD HOSPITAL
13a. RESIDENCE – STATE: TENN.
13b. COUNTY: DAVIDSON 19
13c. CITY, TOWN OR LOCATION: ANTIOCH 094
13d. STREET AND NUMBER OR RURAL LOCATION: 187 BRENDA LANE
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37013
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [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+):

VACT

NAME OF DECEDENT: Females by Maiden Name

PARENTS

17. FATHER'S NAME (First, Middle, Last): JAMES KING BROWN
18. MOTHER'S NAME (First, Middle, Maiden Surname): MILDRED DAVIDSON

INFORMANT

19a. INFORMANT'S NAME (Type/Print): JOAN S. BROWN
19b. RELATIONSHIP TO DECEASED: WIFE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 187 BRENDA LANE, ANTIOCH, TN 37013

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): HARPETH HILLS MEMORY GARDENS
20c. LOCATION – City or Town, State: NASHVILLE, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: William R. Appleton
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2700
21c. SIGNATURE OF EMBALMER: Bruce D. Winingham
21d. LICENSE NUMBER OF EMBALMER: 4172
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODBINE FUNERAL HOME, INC. 5852 NOLENSVILLE ROAD, NASHVILLE, TN 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 760

REGISTRAR

23. REGISTRAR'S SIGNATURE: Mary C. Penticost
24. DATE FILED (Month, Day, Year): October 26, 1992

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 [ ] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER
25c. DATE SIGNED (Month, Day, Year)
26a. MEDICAL EXAMINER – On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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): Robert Ripley, M.D.

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. Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death):
a. Cardiac Arrhythmia
DUE TO (OR AS A CONSEQUENCE OF):
b. Cardiopulmonary arrest. Secondary to CAD.
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: 4149

SEE INSTRUCTIONS ON OTHER SIDE.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

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: M
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)

BIRTH NO

PH-1658 REV. 1/89

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14364759

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

Edward G. Bishop III
State Registrar

1 4 3 6 4 7 5 9
Date Issued: Aug 18 2022

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

INSTRUCTIONS FOR ITEM 28 — CAUSE OF DEATH

Item 28 — Cause of Death
The cause of death means the disease, abnormality, injury, or poisoning that caused the death; NOT the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure.

In Part I, the immediate cause of death is reported on line (a). Antecedent conditions, if any, which gave rise to the cause are reported on lines (b), (c), and (d). The underlying cause, should be reported on the last line used in Part I. No entry is necessary on lines (b), (c), and (d) if the immediate cause of death on line (a) describes completely the train of events. ONLY ONE CAUSE SHOULD BE ENTERED ON A LINE. Additional lines may be added if necessary. Provide the best estimate of the interval between the onset of each condition and death. Do not leave interval blank; if unknown, so specify.

In Part II, enter other important diseases or conditions that may have contributed to death but did not result in the underlying cause of death given in Part I.

See examples below.

---

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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death): → a.	Rupture of myocardium	Mins.
DUE TO (OR AS A CONSEQUENCE OF): b.	Acute myocardial infarction	6 days
DUE TO (OR AS A CONSEQUENCE OF): c.	Coronary atherosclerosis	5 years
DUE TO (OR AS A CONSEQUENCE OF): d.		

SEE INSTRUCTIONS ON OTHER SIDE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.

CAUSE OF DEATH

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Diabetes, Chronic obstructive pulmonary disease, smoking

29a. WAS AN AUTOPSY PERFORMED: 1 [X] Yes 2 [ ] No

29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [X] Yes 2 [ ] No

30 MANNER OF DEATH: 1 [X] 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? (Yes or 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):

---

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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death): → a.	Cerebral laceration	10 mins.
DUE TO (OR AS A CONSEQUENCE OF): b.	Open skull fracture	10 mins.
DUE TO (OR AS A CONSEQUENCE OF): c.	Automobile accident	10 mins.
DUE TO (OR AS A CONSEQUENCE OF): d.		

SEE INSTRUCTIONS ON OTHER SIDE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.

CAUSE OF DEATH

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I:

29a. WAS AN AUTOPSY PERFORMED: 1 [ ] Yes 2 [X] No

29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [X] No

30 MANNER OF DEATH: 1 [ ] Natural 2 [X] 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? (Yes or no)	31d. DESCRIBE HOW INJURY OCCURRED
11/15/89	1 p. M	No	2-car collision—driver

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)
Street	Route 4, Nashville, TN

ADDITIONAL INFORMATION BY PHYSICIAN

FOR OFFICIAL USE ONLY:

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.

14364760

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

Edward G. Bishop III
State Registrar

1 4 3 6 4 7 6 0
Date Issued: Aug 18 2022

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

TYPE/PRINT IN PERMANENT, BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1003814 — TENNESSEE DEPARTMENT OF HEALTH — STATE FILE NUMBER

CERTIFICATE OF DEATH

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Joan Brown
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): June 5, 2010
4. SOCIAL SECURITY NUMBER (of Deceased): -9533
5a. AGE-LAST BIRTHDAY (Years): 77
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Jan 26, 1933
7. BIRTHPLACE (City and State or Foreign Country): Renfrew, Scotland
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one) — HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA — OTHER: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 187 Brenda Lane
9c. CITY, TOWN, OR LOCATION OF DEATH: Antioch
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Widowed
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.): Receptionist
12b. KIND OF BUSINESS/INDUSTRY: Vanderbilt Medical Center
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Antioch
13d. STREET AND NUMBER OR RURAL LOCATION: 187 Brenda Lane
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37013
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+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): William B. Swan
18. MOTHER'S NAME (First, Middle, Maiden Surname): Kathleen Heppinstall

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Nancy Gantzer
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 223 Cedarview Dr., Antioch, Tennessee 37013

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Harpeth Hills Memory Gardens
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Wendell T Byrd
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2556
21c. SIGNATURE OF EMBALMER: None
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Inc., Hickory Chapel, 5852 Nolensville Road, Nashville, Tennessee 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 760

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda K. Boulware DR
24. DATE FILED (Month, Day, Year): June 9, 2010

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: Mary E. McElaney MD
25b. LICENSE NUMBER: MD018986
25c. DATE SIGNED (Month, Day, Year): 6/8/10
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): Mary McElaney, M.D, 397 Wallace Road, Suite C-415, Nashville, TN 37211

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. — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. COPD — ~10 years
DUE TO (OR AS A CONSEQUENCE OF): b.
DUE TO (OR AS A CONSEQUENCE OF): c.
DUE TO (OR AS A CONSEQUENCE OF): d.

SEE INSTRUCTIONS ON OTHER SIDE

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated 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? 1 [ ] Yes 2 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [X] 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):

BIRTH NO:

PH-1659 (REV. 6/99) — RDA 1399

4381905

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 Department of Health. Alteration or erasure voids this certification.
Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Teresa S. Hendricks
STATE REGISTRAR

Joseph Y. Foreman
Joseph Y. Foreman, Local Registrar
Davidson County, Tennessee

JUN 09 2010
Date Issued

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

DEPARTMENT OF HEALTH AGRICULTURE COMMERCE TENNESSEE XVI

CERTIFICATION OF VITAL RECORD

FILED

IN THE SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE
AT NASHVILLE
PROBATE DIVISION

2011 MAY -4 AM 10: 42

THE ESTATE OF JOAN SWAN BROWN,)
Decedent,)
v.) No. 11P-565
)
NANCY GAYLE GANTZER, Petitioner.)

ORDER ADMITTING TO PROBATE, APPOINTMENT OF PERSONAL REPRESENTATIVE AND ORDER TO ISSUE LETTERS TESTAMENTARY

This matter came to be heard on the 4th day of May, 2011, before the Honorable Randy Kennedy, Probate Judge, upon the sworn petition of Nancy Gayle Gantzer, by and through counsel, to admit the Last Will and Testament of Joan Swan Brown to probate, to appoint personal representative and issue letters testamentary. Whereupon hearing the Court finds just cause exists as set forth herein, along with the entire record herein; thus, the relief sought by order should be granted. As cause the Court finds the following:

1. A sworn petition to admit into probate the Last Will and Testament of Joan Swan Brown, deceased, has been filed with this Court and in the county where decedent resided;

2. Petitioner, Nancy Gayle Gantzer, is one of three of decedent's surviving children and nominated as the Personal Representative of the estate in the Sixth Section, Paragraph A, and located on page 4 of Decedent's Last Will and Testament;

3. On March 15, 2002, the Decedent, Joan Swan Brown, duly executed a Last Will and Testament, the original of which is now on file with this Court;

4. The Last Will and Testament of Joan Swan Brown was duly witnessed by Loretta McCain and Lynda K. Tour, in the sight and presence of decedent and each other;

5. On March 15, 2002, the Decedent Joan Swan Brown was over the age of eighteen (18); she was

of sound mind, and she was free from any undue influence;

6. The Decedent Joan Swan Brown died on June 5, 2010 at the age of seventy-seven (77) years old;

7. The Petitioner has asserted that the Decedent never received any governmental benefits from the Tennessee Bureau of TennCare during her lifetime;

8. The Last Will and Testament executed March 15, 2002, was not revoked nor amended during the Decedent's lifetime;

9. The Decedent's spouse, Jesse K. Brown predeceased her on October 12, 1992;

10. The Decedent had three children whose names and addresses are herein-contained below:

Nancy Gayle Gantzer, 223 Cedarview Dr., Antioch, TN 37013,

Linda Lee Murphy, 881 Forest Acres Drive, Nashville, TN 37220, and

Wanda K. Wilson, 187 Brenda Lane, Antioch, TN 37013;

11. The Petitioner believes the value of the estate for Tennessee Inheritance Tax Purposes is less than the maximum single exemption for said tax;

12. The Petitioner has advised all interested parties of this probate proceeding; and

13. Bond, inventory and accounting were waived by the Decedent as reflected on page 4 of the Last Will and Testament, Section VI, paragraph B and E. Said waiver shall not relieve the appointed Personal Representative of filing annual status reports with this Court until the estate is closed.

The foregoing being the findings of the Court, and the Court having so ruled,

It is therefore **ORDERED, ADJUDGED** and **DECREED** that the Petition to Probate Last Will and Testament of Joan Swan Brown shall be and is hereby **GRANTED**.

It is further, **ORDERED, ADJUDGED** and **DECREED** that the Last Will and Testament of Joan Swan Brown, executed on March 15, 2002, shall be and is hereby admitted into probate, and the Clerk of this Court shall duly note the admission of this Will as required by statute.

It is further, **ORDERED, ADJUDGED**, and **DECREED** that the Petitioner Nancy Gayle Gantzer shall be and is hereby appointed to serve as Personal Representative for the Estate of Joan Swan Brown, without the need for bond, inventory or accounting as waived by the Decedent.

It is further, **ORDERED, ADJUDGED**, and **DECREED** that immediately upon the entry of this Order the Clerk of this Court shall issue Letters Testamentary to the Personal Representative Nancy Gayle Gantzer as appointed herein so as to commence the administration of this Estate.

It is further, **ORDERED, ADJUDGED** and **DECREED** that the Personal Representative appointed herein shall submit her Annual Status Reports as required by the Local Rules of this Court.

It is **ORDERED, ADJUDGED**, and **DECREED** that all other issues shall be reserved by the Court at this time.

ENTERED on this the 4 day of May, 2011.

JUDGE RANDY KENNEDY

Approved for Entry:

Mary C. LaGrone, BPR#19464
Attorney for the Personal
Representative of the Estate
234 Fourth Avenue N., Suite 300
Nashville, TN 37219
(615) 242-6767

Certificate of Service

I hereby certify that a true and correct copy of the foregoing has been sent via U.S. Mail, postage prepaid, to the following persons:

Linda Lee Murphy, daughter
881 Forest Acres Drive
Nashville, TN 37215

Wanda K. Wilson, daughter
187 Brenda Lane
Antioch, TN 37013

on this the 4th day of May, 2011.

Mary C. LaGrone

LAST WILL AND TESTAMENT
OF
JOAN SWAN BROWN

I, **JOAN SWAN BROWN**, a citizen of the United States residing in Antioch, Davidson County, Tennessee, do make, publish and declare this my Last Will and Testament, hereby revoking all prior Wills and Codicils.

ITEM I

Identifications and Definitions

As used in this Will, the following identifications and definitions shall apply:

A. Family Description. I have three (3) children. They are **LINDA LEE MURPHY**, **NANCY GAYLE GANTZER** and **WANDA KAY WILSON**. The terms "child" or "children" when referring to my children shall only mean the children named herein and these words shall be construed herein in the appropriate number and gender as the context requires.

B. In referring to any person, a word of one gender shall be deemed to include the other, and a reference to the singular shall include the plural, and vice-versa, if the context indicates that such a reading would be appropriate. If a successor Executrix or Trustee is appointed, then reference to the word "Executrix" or "Trustee" shall be deemed to refer to such successor Executrix or Trustee.

C. Upon the distribution of any property hereunder, the term "issue" is to be interpreted so as to insure that living parents do not share in any distributions of property with their issue, but, rather that the parent would take to the exclusion of his or her issue. In addition, the terms "issue", "child" or "children" shall include adopted persons. A child in gestation, who is later born alive, shall be regarded as a child in being during the period of gestation, in determining whether any person has died without leaving surviving issue, and in determining, on the distribution of any property hereunder, whether such child is entitled to share in the disposition of such property; provided, however, for all other purposes such child's rights shall accrue from the child's date of birth.

ITEM II

Payment of Expenses, Claims and Taxes

I direct that all of my just debts (except secured debts, which may be paid off or retained in the discretion of my Executrix) including unpaid charitable pledges, funeral expenses, and the cost of administration of my estate be paid from my residuary estate as soon as may be convenient after my death. My Executrix, in her sole and absolute discretion, may pay from my domiciliary residuary estate all or any portion of the costs of ancillary administration and similar proceedings in other jurisdictions. Except as otherwise provided herein, I further direct that all estate, inheritance, generation-skipping transfer and other taxes of the same nature that are payable because of my death with respect to the property comprising my estate for such tax purposes, whether or not such property passes under this Will and whether such taxes are payable by my estate or by any recipient or beneficiary of any such property, shall be paid entirely out of my residuary estate (after any reductions due to amounts passing to or for the benefit of qualified heirs for which a deduction is properly claimed pursuant to Section 2057 of the Code, or to any charity which qualify for an estate tax deduction) as an expense of administration and without apportionment, and with no right of reimbursement from any recipient or beneficiary of any such property. Any interest payable with respect to these taxes shall be a charge against the income from my residuary estate. Provided, however, my Executrix shall, to the extent possible and practicable, seek reimbursement for recovery

of, or contribution toward the payment of federal estate and state estate and inheritance tax attributable to property in which I had a qualifying income interest for life, over which I had a power of appointment, or which is included in my gross estate by reason of Section 2036 of the Code from such property from which such tax is not otherwise paid or payable. Each portion of my residuary estate with respect to which a federal or state generation-skipping transfer tax, if any, is payable, including any interest or penalties thereon, shall be charged directly with that tax. My Executrix, in her sole and absolute discretion, may use the proceeds of any life insurance payable to my estate for the payment of debts or taxes. Notwithstanding anything above to the contrary, to the extent that any property (other than the property passing under my Will and property passing pursuant to a revocable trust) is included in my gross estate, any taxes or other charges payable following my death with respect to the inclusion of such property in my gross estate shall be paid by a charge without interest against the share passing to the beneficiary under this Will who received the benefit of such property to the extent possible, but, if not, then my Trustee shall seek reimbursement for such taxes from such beneficiary.

ITEM III

Bequest of Household Furnishings, Personal Effects, Automobiles, Etc.

The following provisions shall be applicable to the distribution of my tangible personal property:

A. I intend to prepare a signed and dated memorandum setting forth my wishes concerning the distribution of certain items of my tangible personal property. It is my desire that my Executrix locate such signed and dated memorandum and distribute such items to the individuals designated as recipients in such memorandum. If, however, no such memorandum is found and identified as such by my Executrix within ninety (90) days after my death, then such memorandum shall be deemed null and void and all of my tangible personal property shall be distributed in the same manner as provided for in Paragraph B of this Item. In addition, any tangible personal property that is not listed on such memorandum or any tangible personal property that is listed on such memorandum and devised to a beneficiary who is not living at the time of my death and for whom no effective alternate provision has been made, shall be distributed in the same manner as provided for in Paragraph B of this Item.

B. I bequeath my remaining household furnishings, personal effects, automobiles, frequent flyer miles, points with any other type of rewards program, and all other tangible personal property as well as all policies of insurance on such property or connected with its use (except cash on hand or deposit and the property bequeathed under the provisions of Paragraph A of this Item) to my children who survive me, to be divided between or among such children in as nearly equal shares, as to the value thereof, as shall be practicable and in such manner, as to the individual items thereof, as such children shall desire. In the event that such children cannot agree upon such division, then my Executrix shall have the power to either divide such property between or among my children or sell the item or items in dispute in any reasonable manner which the Executrix may choose, and divide the proceeds from such sale equally among my then living children. Any decision by my Executrix shall be conclusive and final.

ITEM IV

Distribution of My Remaining Estate

All the rest, residue and remainder of my estate shall be distributed as follows:

A. All the rest, residue and remainder of my property shall be divided into three (3) separate and equal shares. One (1) such share shall be distributed to my daughter, **LINDA LEE**

MURPHY, if she is then living; one (1) such share shall be distributed to my daughter, **NANCY GAYLE GANTZER**, if she is then living, and one (1) such share shall be distributed to my daughter, **WANDA KAY WILSON**, if she is then living, with the issue then living of a deceased beneficiary named in this sentence taking such deceased beneficiary's share, per stirpes. If a deceased beneficiary named in the previous sentence does not have issue then living, then his/her share shall pass in equal amounts to the other named beneficiaries, if then living or deceased with issue then living, with the then living issue of a deceased beneficiary named herein taking such deceased beneficiary's share, per stirpes. If all of the named beneficiaries and their issue are not then living, then such property shall be distributed to the persons who may then be my heirs-at-law, as determined under the laws of the State of Tennessee then in force as if I had died intestate on such date.

B. Notwithstanding the provisions of Paragraph A of this Item to the contrary, if any beneficiary under this Item is under the age of twenty-one (21) at the time when he or she is entitled to receive a distribution in accordance with this Item, then my Executrix shall distribute said beneficiary's share to the person or persons whom the Executrix chooses to serve as custodian for such minor beneficiary's property pursuant to the Tennessee Uniform Transfers To Minors Act then in force (or such similar Act that is applicable) and the receipt of such person or persons shall constitute complete and final acquittance of my Executrix hereunder. Any decision by my Executrix shall be conclusive and final.

C. Whenever income and/or principal may be distributed to or for the benefit of a beneficiary, such distributions may be made directly to such beneficiary or to others for the use or benefit of such beneficiary, as the Executrix deems proper. The receipt of the distributee shall be a sufficient acquittance for the Executrix or Trustee. Further, such distributions may be made without the intervention of any guardian or the approval of any court.

D. No part of my estate herein created, nor the income therefrom, is to be subject to execution or other legal process for any obligation of any beneficiary or subject to the claims of creditors of any beneficiary in any manner, nor shall any beneficiary have the power to sell or mortgage or encumber the same, or any part thereof, nor anticipate the same, or any part thereof, by assignment or otherwise.

ITEM V

Executrix Powers

In addition to any powers or duties provided by other provisions in this Will or by law, my Executrix shall have the following powers:

A. The powers enumerated in the provisions of Section 35-50-110 Tennessee Code Annotated, including the introductory paragraph and all subparagraphs thereof to the extent applicable. The provisions dealing with real property shall be applicable to all real property which I own at my death, whether or not the Executrix holds legal title to such property. The real property shall be administered as part of my estate subject to the control of the Executrix. Said provisions (as in force on the date of execution of this Will) are hereby incorporated herein by reference as fully as though copied herein verbatim, notwithstanding that said statute may be amended hereafter or repealed. Notwithstanding anything contained herein to the contrary, if my estate includes insurance policies insuring my Executrix's life, my Executrix shall not have any powers over such policies that will cause my Executrix to possess an incident of ownership with respect to any of the policies. In connection therewith, my Executrix shall not have the power to surrender the life insurance policies on the Executrix's life and my Executrix is prohibited from changing any options relating to the policies on the Executrix's life.

B. The power to exercise any election available to my estate with regard to claiming any administration expense of my estate either as a deduction for any death tax or income tax purpose.

Said elections may be made in such manner as will minimize the total tax burden on my estate and shall not require adjustments as between the income and principal accounts of my estate. I hereby relieve my Executrix of any liability to any beneficiary by reason of making or failing to make any such election.

ITEM VI

Appointment of Executrix

The following provisions shall govern the appointment of the Executrix:

A. I appoint my daughter, **NANCY GAYLE GANTZER**, to serve as Executrix. If my daughter, **NANCY GAYLE GANTZER** does not survive me, or is unwilling or unable to serve, then I appoint my daughter, **LINDA LEE MURPHY**, to serve as Successor Executrix.

B. I direct that my Executrix shall not be required to give any bond for the performance of their duties. Purchasers from, lenders to and others dealing with them shall not be required to inquire as to the occasion for such sale, loan or other transaction, nor to see to the application of the purchase, loan or other money or property. Written receipts and/or canceled checks retained by my Executrix shall be good and sufficient discharges for the sum therein stated to have been received. Transfer agents and other persons dealing with my Executrix may deal with them as if they were the sole owner of the property dealt with.

C. The Executrix may from time to time receive reasonable compensation for their services and such expenses may be charged, in the Executrix's discretion, to either income or principal. Compensation for a corporate Executrix shall be based upon its current fee schedule applicable at the time of determination.

E. I direct that no inventory or other court accounting be required of my Executrix in accordance with Section 30-2-301 and Section 30-2-601 of the Tennessee Code Annotated (as in force on the date of execution of this Will). The Executrix's only responsibility for statements and accountings shall be to furnish a complete final accounting to the beneficiaries of my residuary estate.

IN WITNESS WHEREOF, I have hereunto set my hand to this my Last Will and Testament, this 15th day of March, 2002.

Joan S. Brown
JOAN SWAN BROWN

The following instrument was signed, published and declared by the said **JOAN SWAN BROWN** as and for her Last Will and Testament on the day and year written above, in our presence and in the presence of each of us who, at her request, in her presence and in the presence of each other, have subscribed our names as witnesses this 15th day of March, 2002.

Loretta McCoin
WITNESS

Nashville, TN
ADDRESS

Lynda K. Towe
WITNESS

Nashville, Tn.
ADDRESS

AFFIDAVIT BY WITNESSES TO WILL

STATE OF TENNESSEE

COUNTY OF WILLIAMSON

Each of the aforesaid witnesses, being Loretta McCoin and Lynda K. Towe, subscribed to the foregoing Will of **JOAN SWAN BROWN**, executed on this 15th day of March, 2002, having been requested by the said **JOAN SWAN BROWN** to make and sign this Affidavit, and having first been duly sworn before the Notary Public whose name appears below, hereby state that the said **JOAN SWAN BROWN** was over eighteen (18) years of age, was of sound mind, declared the foregoing instrument to be her Last Will and Testament, published and executed it by signing it in the presence of all of us who were all present at the same time and we, in her presence, at her request, and in the presence of each other, subscribed our names as witnesses on the said 15th day of March, 2002.

Loretta McCoin
WITNESS

Lynda K. Towe
WITNESS

Sworn to and subscribed to before me, this 15th day of March, 2002.

NOTARY PUBLIC

My Commission Expires:
12/3/2003