ADDRESS NEW OWNER(S) AS FOLLOWS	SEND TAX BILLS TO:	MAP-PARCEL NUMBERS:
Sellers Crain, Et Ux (NAME)	Same (NAME)	
2504 Capers Avenue (STREET ADDRESS OR ROUTE NUMBER)	(STREET ADDRESS)	Map 104-1
Nashville, Tennessee 37212 (CITY) (STATE) (ZIP CODE)	(CITY) (STATE) (ZIP CODE)	Par. 206

WARRANTY DEED

For and in consideration of the sum of Ten Thousand Five Hundred and no/100's---------- ----------($10,500.00)--- --- - - -- ---- - ----- - DOLLARS cash paid in hand by Sellers S. Crain and wife, Virginia Smith Crain, receipt of which is hereby acknowledged, We, Frank Harding Fisk and wife, Evelyn Josephine Fisk,

JUN 12	CONV	10,500.00			
JUN 12	S'TAX		A*	27.30	
JUN 12	PR'FEE		A*	.50	
JUN 12	W'DEED		A*	8.00	* 35.80

have bargained and sold, and by these presents do transfer and convey unto the said Sellers S. Crain and wife, Virginia Smith Crain

the GRANTEES herein, their heirs and assigns, a certain tract or parcel of land in Davidson County, State of Tennessee, described as follows:

Land in Davidson County, Tennessee, being Lot No. 2 on the Map showing the Subdivision of Lots 80, 81 and 82 of the West Grove Subdivision, of record in Book 547, page 14, Register's Office for said County.

Said Lot No. 2 fronts 50 feet on the northerly side of Nebraska Avenue (formerly Grand Avenue) and runs back between parallel lines 150 feet to a dead line.

Being the same property conveyed to Frank Harding Fisk and wife, Evelyn Josephine Fisk, by deed from Calvin P. Kennedy and wife, Ruth Bell Kennedy of record in Book 4405, page 743, Register's Office for Davidson County, Tennessee.

unimproved ( )
This is improved (x) property, known as 3808 Nebraska Avenue Nashville, Tennessee
(House Number) (Street)

(P. O. Address) (City or Town) (Zip Code)

To have and to hold the said tract or parcel of land, with the appurtenances, estate, title and interest thereto belonging to the said GRANTEES, their heirs and assigns, forever. And we do covenant with the said GRANTEES that we are lawfully seized and possessed of said land in fee simple, have a good right to convey it, and the same is unencumbered, unless otherwise herein set out. And we do further covenant and bind ourselves, our heirs and representatives to warrant and forever defend the title to the said land to the said GRANTEES, their heirs and assigns against the lawful claims of all persons, whomsoever.

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.

Witness our hands this Thirteenth day of April, 19 74.

Frank H. Fisk

Evelyn Josephine Fisk

BOOK 1824 PAGE 296

MICHIGAN
STATE OF ~~TENNESSEE~~
COUNTY OF MACOMB

Personally appeared before me, Shirley Lloyd, a Notary Public in and for said County and State, the within named Frank H. Fisk & Evelyn Josephine Fisk

the bargainor, 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 21532 Van Dyke- Warren Bank, Warren, Mich., this Thirteenth day of April, 19 74.

My commission expires 10-4-75 Notary Public Shirley Lloyd

STATE OF TENNESSEE
COUNTY OF _____

Before me, _____, a Notary Public of the State and County aforesaid, personally appeared _____ and _____ with whom I am personally acquainted, and who, upon oath, acknowledged _____ to be _____ and _____ respectively of the _____, the within named bargainor, a corporation, and that _____ as such _____ and _____, being authorized so to do, executed the foregoing instrument for the purpose therein contained by signing the name of the corporation by the said _____ as such _____ and attesting the same by the said _____ as such _____.

Witness my hand and seal, at office in _____, this _____ day of _____, 19____.

_____ Notary Public

Commission expires _____

STATE OF TENNESSEE
COUNTY OF Davidson

The actual consideration for this transfer or value of property (whichever is greater) is $ 10,500.00
This is equal to or greater than the property would bring at a fair and voluntary sale.

Sellers S. Crain

Sworn to and subscribed before me this 1st day June, 19 74.

My commission expires January 31, 1976 Notary Public Jack Hicks

This instrument was prepared by: Jack Hicks, Attorney 704 Thompson Lane Nashville, Tenn. 37204 ~~330 46th Ave. North P.O. Box 90202 Nashville, TN 37209~~
Name Address

mail to

WARRANTY DEED
FROM Frank Harding Fisk and wife,
TO Evelyn Josephine Fisk
Sellers S. Crain and wife,
Virginia Smith Crain

C 58414

IDENTIF. REFERENCE

Jun 12 1 49 PM '74
FELIX Z. WILSON II REGISTER
DAVIDSON COUNTY, TENN.

TENNESSEE TITLE COMPANY
Suite 2114 — Parkway Towers
404 James Robertson Parkway
NASHVILLE, TENNESSEE 37219

BOOK 4824 PAGE 297

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH — DIVISION OF VITAL STATISTICS — FILE NO. 70-004076

BIRTH NO.

DECEASED — NAME (First / Middle / Last)			DATE OF DEATH (Month, Day, Year)
1. Ernest	Lyn	Jennette	2. January 28, 1970

3. RACE (White, Negro, American Indian, etc.) (Specify)	4. SEX	5a. AGE — LAST BIRTHDAY (Years)	5b. UNDER 1 YEAR — Mos. / Days	5c. UNDER 1 DAY — Hours / Min.	6. DATE OF BIRTH (Month, Day, Year)
White	Male	83			November 25, 1886

7a. COUNTY OF DEATH	7b. CITY, TOWN, OR LOCATION OF DEATH	7c. INSIDE CITY LIMITS (Specify Yes or No)	7d. HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number)
Davidson	Nashville	Yes	General Hospital

8. STATE OF BIRTH (If not in U.S.A. name country)	9. CITIZEN OF WHAT COUNTRY	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)
Tennessee	U. S. A.	Widowed	

12a. SOCIAL SECURITY NUMBER	12b. SERVICE IN ARMED FORCES (Specify war or dates of service)	13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	13b. KIND OF BUSINESS OR INDUSTRY
			Restaurant

14a. RESIDENCE — STATE	14b. COUNTY	14c. CITY, TOWN, OR LOCATION	14d. INSIDE CITY LIMITS (Specify Yes or No)	14e. STREET AND NUMBER
Tennessee	Davidson	Nashville	Yes	3808 Nebraska Avenue

15. FATHER — NAME	16. MOTHER — MAIDEN NAME	17. INFORMANT — NAME	MAILING ADDRESS
Richard Jennette	Mollie Bess	Mrs. Katherine Hahn	3808 Nebraska Ave.

18. PART I. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE	(a) Cardio respiratory arrest	[illegible]
DUE TO, OR AS A CONSEQUENCE OF	(b) Arteriosclerotic cardiovascular disease	[illegible]
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST	DUE TO, OR AS A CONSEQUENCE OF (c)	—

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): Chronic Brain Syndrome

19a. AUTOPSY (Yes or No): —

19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH:

20a. ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (Specify)	20b. DATE OF INJURY (Month, Day, Year)	20c. HOUR	20d. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 18)
		M.	

20e. INJURY AT WORK (Specify Yes or No)	20f. PLACE OF INJURY (At home, farm, street, factory, office bldg., etc. (Specify))	20g. LOCATION (Street or R.F.D. No., City or Town, State)

21a. PHYSICIAN — CERTIFICATION: I ATTENDED THE DECEASED AND DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. SIGNATURE: Robert [illegible] — TITLE: — 21b. DATE SIGNED (Month, Day, Year): 3-9-70

22a. MEDICAL EXAMINER — CERTIFICATION: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE — TITLE — 22b. DATE SIGNED (Month, Day, Year)

23a. CERTIFIER — NAME (Type or Print) — 23b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE (Month, Day, Year)	24c. CEMETERY OR CREMATORY — NAME	24d. LOCATION (City or Town, State)
Burial	Jan. 30, 1970	Spring Hill	Nashville, Tennessee

24e. FUNERAL HOME — NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip): Pettus-Owen & Wood, Inc., Nashville, Tennessee

24f. REGISTRAR — SIGNATURE: Mrs. John A. Leuty, Jr. — DATE RECEIVED BY LOCAL REGISTRAR: 11-70

I hereby certify the above to be a true and correct copy of the original record on file in this Department. Valid Only When Embossed Seal of the Tennessee Department of Public Health and Blue-Color Seal of State Registrar Are Affixed.

Commissioner

RECORDER'S MEMO:
Legibility of Writing, Typing or Printing in This Document Unsatisfactory When Received

BOOK 4824 PAGE 298

CERTIFICATE OF DEATH

14516 — LOCAL FILE NUMBER

Michigan Department of Public Health

58622 — STATE FILE NUMBER

1. DECEASED—NAME (FIRST / MIDDLE / LAST)			2. SEX	3. DATE OF DEATH (MONTH, DAY, YEAR)
#8639	ELLA	MAI JEANETTE	2 Female	3 October 20, 1969

4. RACE (WHITE, NEGRO, AMERICAN INDIAN, SPECIFY)	5a. AGE—LAST BIRTHDAY (YEARS)	5b. UNDER 1 YEAR: MOS / DAYS	5c. UNDER 1 DAY: HOURS / MIN.	6. DATE OF BIRTH (MONTH, DAY, YEAR)	7a. COUNTY OF DEATH
White	75			June 12, 1894	Wayne

7b. CITY, TOWN OR LOCATION OF DEATH	7c. INSIDE CITY LIMITS (SPECIFY YES OR NO)	7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
Detroit	yes	9351 Piedmont

8. PLACE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	9. CITIZEN OF WHAT COUNTRY	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
Tennessee	U. S. A.	Married	Ernest C. Jeanette

12. SOCIAL SECURITY NUMBER	13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	13b. KIND OF BUSINESS OR INDUSTRY
	Homemaker	Own Home

14a. RESIDENCE—STATE	14b. COUNTY	14c. CITY, TOWN, OR LOCATION	14d. INSIDE CITY LIMITS (SPECIFY YES OR NO)	14e. STREET AND NUMBER
Tennessee	Davidson	Nashville	yes	3808 Nebraska Avenue

15. FATHER—NAME (FIRST / MIDDLE / LAST)	16. MOTHER—MAIDEN NAME (FIRST / MIDDLE / LAST)
(Unknown) Sawyer	(Unknown)

17a. INFORMANT—NAME	17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
Calvin P. Kennedy	9351 Piedmont, Detroit, Michigan 48228

18. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	ARTERIOSCLEROTIC HEART DISEASE	
DUE TO, OR AS A CONSEQUENCE OF (b)		
DUE TO, OR AS A CONSEQUENCE OF (c)		

PART II. OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a).

19a. AUTOPSY (YES OR NO)	19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
NO	

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	20b. DATE OF INJURY (MONTH, DAY, YEAR)	20c. HOUR	20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
NATURAL		M	

20e. WHILE AT WORK (YES OR NO)	20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

21a. OCCUPATION—WHAT KIND OF WORK WAS DONE DURING MOST OF THE TIME DECEASED WAS EMPLOYED (EVEN IF RETIRED)	21b. MONTH / DAY / YEAR TO	21c. AND LAST SAW HIM/HER ALIVE ON MONTH / DAY / YEAR	21d. I DID/DID NOT VIEW THE BODY AFTER DEATH	21e. DEATH OCCURRED (HOUR) M.	AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

22a. I HAVE VIEWED THE BODY OF THE DECEDENT AND, ON THE BASIS OF THE EXAMINATION, I HEREBY PRONOUNCE DEATH TO HAVE OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED	HOUR OF DEATH	22b. THE DECEDENT WAS PRONOUNCED DEAD MONTH / DAY / YEAR	HOUR M.
John E. Burton M.D. DR. ROGER SORG, D.O Medical Examiner of Wayne County			

23a. SIGNATURE, DEGREE OR TITLE	23b. STREET OR R.F.D. NO.	CITY OR TOWN	STATE	ZIP	DATE SIGNED (MONTH, DAY, YEAR)
D. Hanculak Clerk					OCT 20 1969

24a. BURIAL, CREMATION, REMOVAL	24b. CEMETERY OR CREMATORY—NAME	24c. LOCATION: CITY OR TOWN	STATE
Removal-Burial	Spring Hill Cemetery	Nashville,	Tennessee

24d. DATE (MONTH, DAY, YEAR)	24e. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
October 21, 1969	The Wm. R. Hamilton Co., 3975 Cass, Detroit, Michigan 48201

24f. FUNERAL DIRECTOR—SIGNATURE	24g. REGISTRAR—SIGNATURE	24h. DATE RECEIVED BY LOCAL REGISTRAR
	George Richmond	OCT 20 1969

I hereby certify that the above is a true and correct reproduction of the certificate on file in the Michigan Department of Public Health, Lansing, Michigan.

[redacted]

Maurice S. Reizen, M. D.
Director
Michigan Department of Public Health

RECORDER'S MEMO:
Legibility of Writing, Typing or Printing in This Document Unsatisfactory When Received