QUIT CLAIM DEED

STATUTORY FORM

BOOK 4909 PAGE 231

Map 60-12
Par. 67

KNOW ALL MEN BY THESE PRESENTS: That ELENA MAYE SPERRY, survivor of herself and her former joint tenant, MARY RAUSCH, whose death certificate is attached

whose address is 9083 Monroe Street, Taylor, Michigan 48180

Quit Claim S to JOSEPH SPERRY and ELENA MAYE SPERRY, his wife

whose street number and postoffice address is 9083 Monroe Street, Taylor, Michigan 48180

the following described premises situated in the City of Nashville County of Davidson and State of ~~Michigan~~ Tennessee, to-wit:

Land in the 12th Civil District of Davidson County, Tennessee, described according to a survey made by M. H. Ragan, August 19, 1957, as follows: Beginning at an iron pin in the northerly margin of Hart Street or Lane, said Point being 2102.6 feet, more or less, easterly from the center line of Dickerson Pike; thence North 4 degrees 55 minutes East 197.0 feet to an iron pin; thence south 84 degrees 35 minutes East 50 feet to an iron pin; thence South 4 degrees 55 minutes West 197.0 feet to an iron pin in the northerly margin of Hart Street or Lane; thence with the margin of same, North 84 degrees 34 minutes West 50 feet to the point of beginning, containing .23 acres, more or less.

Being the same property conveyed to Dewey E. Moore and wife, Esther R. Moore by deed from Russell Coleman and wife, of record in Book 3537, Page 494, Register's Office for Davidson County, Tennessee.

together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining,

for the sum of (See attached Affidavit)

BURTON ABSTRACT AND TITLE COMPANY HAS OPERATED CONTINUOUSLY SINCE 1866

MAKE YOUR REAL ESTATE TRANSFERS SAFE BY USING BURTON TITLE INSURANCE

Dated this 25th day of April 19 75

Signed in the presence of:

Harry F. Vellmure
HARRY F. VELLMURE

Marilyn F. Martin
MARILYN F. MARTIN

Signed by:

Elena Maye Sperry
ELENA MAYE SPERRY

STATE OF MICHIGAN }
COUNTY OF Wayne } ss.

The foregoing instrument was acknowledged before me this 25 day of April

19 75 by Elena Maye Sperry

Harry F. Vellmure
Harry F. Vellmure
Notary Public
Wayne County, Michigan

My Commission expires August 3, 1975

When Recorded Return To:	Send Subsequent Tax Bills To:	Drafted by:
Harry F. Vellmure 4517 Allen Road Allen Park, Mi. 48101	Elena Maye Sperry 9083 Monroe Street Taylor, Mi. 48180	Harry F. Vellmure, Atty. Business Address 4517 Allen Road Allen Park, Mi. 48101

Tax Parcel # _____ Recording Fee _____ Revenue Stamps _____

QUIT CLAIM DEED

STATUTORY FORM

C 96650

IDENTIF. REFERENCE

MAY 2 11 44 AM '95

FELIX A. WILSON, REGISTER
DAVIDSON COUNTY, TENN.

BURTON
ABSTRACT & TITLE COMPANY

ABSTRACTS of TITLE
ESCROW SERVICE
TITLE INSURANCE
(OFFICES THROUGHOUT MICHIGAN)
Serving Continuously Since 1866

QUIT CLAIM DEED

STATUTORY FORM

In using this form attention should be given to the following:

1. Print, typewrite or stamp the names of grantors, witnesses and notary public beneath their signatures. CL 1948, 565.201; Stat. Ann. 26.1221.

2. State the address of each grantee. Include the street number address if such is commonly used and if not, the post office address. CL 1948, 565.201; Stat. Ann. 26.1221.

3. Marital Status of each male grantor must be shown. CL 1948, 565.221; Stat. Ann. 26.581.

4. Print, typewrite or stamp the address of each person who executed the instrument upon the face thereof. CL 1948, 565.201; Stat. Ann. 26.1221.

5. State the name and business address of the person drafting the instrument. CL 1948, 565.201a; Stat. Ann. 26.1221(1).

M-B-1272-14

MAY-25

MISC

A* 8.00 * 8.00

BOOK 4909 PAGE 232

BOOK 4909 PAGE 233

AFFIDAVIT

STATE OF MICHIGAN)
) ss
COUNTY OF WAYNE)

I hereby swear that the actual consideration for this transfer is Ten and no/100 Dollars ($10.00).

Elena Maye Sperry
ELENA MAYE SPERRY

Subscribed and sworn to before me
this 25th day of April, A.D. 1975.

Barry F. Wellmure
Barry F. Wellmure
Notary Public
Wayne County, Michigan
My Commission expires: 8/3/75

CERTIFICATE OF DEATH

LOCAL FILE NUMBER — Michigan Department of Public Health — STATE FILE NUMBER

DECEASED

1 DECEASED—NAME (FIRST) Mary	(MIDDLE) Emma	(LAST) Rausch	2 SEX Female	3 DATE OF DEATH (MONTH, DAY, YEAR) Feb. 11, 1975	
4 RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)) White	5a AGE—LAST BIRTHDAY (YEARS) 80	5b UNDER 1 YEAR: MOS / DAYS	5c UNDER 1 DAY: HOURS / MIN	6 DATE OF BIRTH (MONTH, DAY, YEAR) 2-27-1894	7 COUNTY OF DEATH Wayne
7b CITY, TOWN, OR LOCATION OF DEATH Belleville	7c INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	7d HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Belleville Hospital			
8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Kentucky	9 CITIZEN OF WHAT COUNTRY U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed	11 SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) None	BOOK 4309 PAGE 234	
12 SOCIAL SECURITY NUMBER [redacted]168 B	13a USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Housewife	13b KIND OF BUSINESS OR INDUSTRY Home			
14a RESIDENCE—STATE Mich.	14b COUNTY Wayne	14c CITY, TOWN, OR LOCATION Taylor	14d INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	14e STREET AND NUMBER 9083 Monroe	

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

PARENTS

15 FATHER—NAME (FIRST) John	(MIDDLE) Carrell	(LAST)
16 MOTHER—MAIDEN NAME (FIRST) Nancy	(MIDDLE)	(LAST)

17a INFORMANT—NAME Mrs. Elena Sperry	17b MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 9083 Monroe, Taylor, Michigan 48180

CAUSE

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

18 IMMEDIATE CAUSE
(a) Cardio Pulmonary Failure
DUE TO, OR AS A CONSEQUENCE OF
(b) Cerebral Metastasis
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST
DUE TO, OR AS A CONSEQUENCE OF
(c) Pulmonary CA

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

Pneumonia -

19a AUTOPSY (YES OR NO) 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 M.	20d HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
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) Belleville Comm Hospital		Belleville Mi 48111	

CERTIFIER

21a CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR) 10-4-74	21b TO (MONTH, DAY, YEAR) 2-11-75	21c AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 2-11-75	21d I DID/DID NOT VIEW THE BODY AFTER DEATH. Did	21e DEATH OCCURRED (HOUR) 10:03 A M.	AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
22a CERTIFICATION—MEDICAL EXAMINER OR CORONER 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	HOUR OF DEATH M.	22b THE DECEDENT WAS PRONOUNCED DEAD (MONTH) 2	(DAY) 4	(YEAR) 75	(HOUR) 10:03 A M.
23a CERTIFIER—NAME (TYPE OR PRINT) John D Robertson	23b SIGNATURE John D Robertson	DEGREE OR TITLE MD	23c DATE SIGNED (MONTH, DAY, YEAR) 2-11-75		
23d MAILING ADDRESS—CERTIFIER (STREET OR R.F.D. NO.) 2350 S Wayne Road	(CITY OR TOWN) West Land	(STATE) Michigan	(ZIP)		

BURIAL

24a BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	24b CEMETERY OR CREMATORY—NAME London Cemetery	24c LOCATION CITY OR TOWN: Milan	STATE: Michigan
24d DATE (MONTH, DAY, YEAR) 2-15-75	24e FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Voran Funeral Homes Inc. 23750 Goddard Rd. Taylor, MI.		
25a FUNERAL DIRECTOR—SIGNATURE Ronald R. Voran	25b REGISTRAR—SIGNATURE Jean Baumdraher	25c DATE RECEIVED BY LOCAL REGISTRAR Feb-12-1975	

B-36
8-68
300M

I, Jean Baumdraher, Clerk for the City of Belleville do hereby certify that this is a true copy of the record of Death on file in my office.

Jean Baumdraher, City Clerk

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