This instrument prepared by
J. K. WOODARD, Attorney at law
223 MADISON ST.
MADISON, TENNESSEE 37115

BOOK 4937 PAGE 60

WARRANTY DEED

ADDRESS NEW OWNER (S) AS FOLLOWS:	SEND TAX BILLS TO	MAP PARCEL NUMBERS
Charles W. Hosse et ux	First Federal Savings & Loan	
(NAME)	(NAME)	
1107 Stockell St.	401 Union Street	82-3
(STREET ADDRESS OR ROUTE NUMBER)	(STREET ADDRESS)	
Nashville, Tennessee	Nashville, Tennessee	196 pw
(CITY) (P. O. ZONE) (STATE)	(CITY) (ZONE) (STATE)	

FOR AND IN CONSIDERATION of the sum of ----------TEN AND NO/100----------

----------($10.00)---------- *Dollars,*
cash in hand paid and other good and valuable considerations, the receipt of which is hereby acknowledged, including the assumption of and agreement to pay by the grantees the balance owing on a note, dated October 2, 1954, in the original principal amount of $6,950.00 and secured by a Deed of Trust of record in Book 2319, page 219 said Register's Office to which reference is here made for a more complete description of said note,

I, William E. Kane,

have this day bargained and sold, and do hereby transfer and convey unto the said
Charles W. Hosse and wife, Vernell Hosse,

their *(successors), heirs and assigns,*
certain real estate in Davidson County, Tennessee, as follows:

Being Lot No. 113 on the Plan of the Benedict Land Company's Subdivision of the Lindsley Tract, as of record in Book 332, page 40, Register's Office for said County.

Said Lot No. 113 fronts 50 feet on the easterly side of Stockell Street or Avenue and runs back between parallel lines 170 feet to an alley.

Being the same property conveyed to William E. Kane and wife, Maggie E. Kane, by deed from Elmer Lewis Harper and wife, Mary Elizabeth Harper, of record in Book 2300, page 343, Register's Office for Davidson County, Tennessee.

The said Maggie E. Kane having since died. Said evidence of death is attached hereto.

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration or value whichever is greater for this transfer is $ 5,500.00

Subscribed and sworn to before me, this the 23rd day of July 19 75

Affiant Charles W. Hosse

My commission expires: November 13, 1977 (Affix Seal)

Notary Public

This is unimproved ( ) improved (X) property, known as 1107 Stockell Street, Nashville, Tennessee
(House Number) (Street) P. O. Address: (City or Town)

TO HAVE AND TO HOLD said real estate, with the appurtenances, estate, title and interest belonging to the said
Grantees
their *(successors),*
heirs and assigns forever. I *covenant that* I am *lawfully seized and possessed of said real estate in fee simple, have a good right to convey it, and that the same is unencumbered.*, except as noted above.

I *further covenant and bind* myself and my *heirs and representatives, to warrant and forever defend the title to said real estate to said* Grantees
their
(successors), heirs and assigns, against the lawful claims of all persons.

Witness my *hand this* 23rd *day of* July 19 75 *the corporate party, if any, having caused its name to be signed hereto by its duly authorized officers on said day and date.*

William E. Kane

WILLIAM E. KANE

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STATE OF TENNESSEE }
COUNTY OF DAVIDSON }

Personally appeared before me, the undersigned, *a Notary Public in and for said County and State,* William E. Kane

the within named bargainor....., with whom I am personally acquainted, and who acknowledged that he *executed the within instrument for the purposes therein contained.*

Witness my hand and official seal at Goodlettsville, Tennessee *this* 23rd *day of* July, *19*75.

Commission expires November 12, 1975 Bobby G. Henson
Notary Public

BOBBY G. HENSON, JR. NOTARY PUBLIC AT LARGE STATE OF TENNESSEE

STATE OF TENNESSEE }
COUNTY OF DAVIDSON }

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

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

.....*Notary Public*

Commission expires .....

WARRANTY DEED

FROM

William E. Kane

TO

Charles W. Hosse et ux

JUL 31 8 09 24

RECORDED

JUL 30 2 45 PM '75

REGISTER DAVIDSON COUNTY, TENN.

After Recording Return to
Lee Real Estate Co
101 Cumberland St.
Madison, Tennessee
Attn: Dan Carver

Compliments of
Commonwealth Title Agency of Nashville, Inc.
Suite 112 Madison Bldg.
223 Madison St.
MADISON, TENNESSEE 37115

JUL 30 75	CONV	*5,500.00			
JUL 30 75	S'TAX		A*	14.30	
JUL 30 75	PR'FEE		A*	.50	
JUL 30 75	W'DEED		A*	6.00	* 20.80

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RAY BLANTON
GOVERNOR

STATE OF TENNESSEE
DEPARTMENT OF PUBLIC HEALTH
NASHVILLE 37219

Eugene W. Fowinkle, M.D., M.P.H.
Commissioner

JUL 23 1971

I hereby certify the below to be a true and correct copy of the official document on file in this Department. Valid ONLY when embossed seal of the Tennessee Department of Public Health and multi-color seal of State Registrar are affixed.

EUGENE W. FOWINKLE, M.D.
Commissioner

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH — DIVISION OF VITAL STATISTICS

FILE NO. 71-010132

BIRTH NO.

DECEASED — NAME (FIRST / MIDDLE / LAST)			DATE OF DEATH (MONTH, DAY, YEAR)
Maggie	Elizabeth	Kane.	2. 4/10/1971.

RACE (WHITE, NEGRO, AMERICAN INDIAN, (SPECIFY))	SEX	AGE — LAST BIRTHDAY (YEARS)	UNDER 1 YEAR: MOS. / DAYS	UNDER 1 DAY: HOURS / MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)
White	4. Female.	5a. 49.	5b.	5c.	6. Feby.27,1922.

COUNTY OF DEATH	CITY, TOWN, OR LOCATION OF DEATH	INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
Davidson.	7b. Nashville,	7c. Yes.	7d. Baptist Hospital.

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
Tennessee.	9. U.S.A.	10. Married.	11. William E.Kane.Goodletsville.

SOCIAL SECURITY NUMBER	SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE)	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY
	12b.	13a. At Home. 448,Moss Trail	13b.

RESIDENCE — STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER
Tennessee.	14b. Davidson.	14c. Goodletsville	14d. Yes.	14e. 448-Moss Trail

FATHER — NAME	MOTHER — MAIDEN NAME	INFORMANT — NAME	MAILING ADDRESS
James H.Patrick.	16. Florence Smith.	17. William E.Kane,	Goodletsville,10.

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)	Probable Pulmonary Embolus 448-Moss Trail	Terminal
DUE TO, OR AS A CONSEQUENCE OF: (b)	Post Operative Status Hemi Stroke Left	Days
DUE TO, OR AS A CONSEQUENCE OF: (c)		

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

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

Diabetes Mellitus

AUTOPSY (YES OR NO) 19a. No

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

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

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

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 K Jennison DEGREE MD, DATE SIGNED (MONTH, DAY, YEAR) 21b.

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 DATE SIGNED (MONTH, DAY, YEAR) 22b.

CERTIFIER — NAME (TYPE OR PRINT) MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 23b.

BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE (MONTH, DAY, YEAR)	CEMETERY OR CREMATORY — NAME	LOCATION CITY OR TOWN	STATE
Burial.	24b. 4/13/1971.	24c. Smith.	24d. McEwen, Tenn. Rt 2.	

FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Luff-Bowen Inc. Waverly, Tenn.

REGISTRAR — SIGNATURE 26a. Esther D. Groh DATE RECEIVED BY LOCAL REGISTRAR 26b. 4-20-71

RECORDER'S NOTE: Legibility of Writing or Typing on This Document Unsatisfactory When Received