QUITCLAIM DEED

BOOK 5272 PAGE 938

ADDRESS NEW OWNER(S) AS FOLLOWS:	SEND TAX BILLS TO:	MAP-PARCEL NUMBERS
Robert E. French	Robert E. French	43-6
(NAME) 303 Nix Drive	(NAME) 303 Nix Drive	Par 93 ,1
(STREET ADDRESS OR ROUTE NUMBER) Madison, Tenn. 37115	(STREET ADDRESS) Madison, Tennessee 37115	
(CITY) (STATE) (P.O. ZIP)	(CITY) (STATE) (ZIP)	

FOR AND IN CONSIDERATION of love and affection (and no monetary consideration) and for the express purpose of making a re-conveyance to Robert E. French

We, I Elenora Hamm French (Husband, Robert H. French, to prior Warranty deed to himself and wife, Elenora Hamm French, died 3-10-78)

by these presents do hereby quitclaim and convey unto Jim H. Wachter

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

Being part of lot No. 14 on the Plan of Anderson Estates, as of record in book 1130, page 37, Register's Office for said County, being lot No. 41 on the Revised Plan of the Subdivision of lot No. 14 of the Anderson Estates, not of record, described according to a survey made by Harvey Gee, Surveyor, December 29, 1947, as follows:

APR 13 80 MISC B* 6.00 * 6.00

Beginning on the westerly margin of Nix Drive 130.01 feet north of the northerly margin of Roosevelt Drive, said point being the northeast corner of lot No. 40 conveyed to Sadie Sykes by deed from Walter E. Sykes, of record in book 2199, page 603, Register's Office for said County, being also the common corner of lots Nos. 40 and 41; thence with the line between said lots Nos. 40 and 41 westwardly 175 feet to the easterly line of lot No. 55; thence with the line between lots Nos. 41, 54 and 55 northwardly 120 feet to the southwest corner of lot No. 42; thence with the line between said lots Nos. 41 and 42 eastwardly 175 feet to the westerly margin of said Nix Drive; thence with same southwardly 120 feet to the beginning.

Being the same property conveyed to Robert H. French and wife, Elenora Hamm French, by Warranty Deed filed and recorded April 4, 1960, in Book 3035, Page 301, Register's Office for Davidson County, Tennessee.

STATE OF TENNESSEE
COUNTY OF DAVIDSON } The actual consideration or value whichever is greater, for this transfer is $ Nothing - Love & Affection

Subscribed and sworn to before me, this the 12th day of April 1978 Affiant Robert E. French

My commission expires: 5-13-78 (Affix Seal) Notary Public

This is unimproved ( ) improved (X) property, known as 303 Nix Drive, (House Number) (Street) Madison, Tennessee (P. O. Address:) 37115 (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 Jim H. Wachter *, Trustee, for the express purpose of carrying out the intent of this conveyance, as above set out, do hereby quitclaim and convey unto* Robert E. French

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* 12th *day of* April, 19 78.

THIS INSTRUMENT WAS PREPARED BY:

Elenora Hamm French

JIM H. WACHTER
Attorney at Law
400 N. Gallatin Road
Madison, Tennessee 37115

Jim H. Wachter
Trustee.

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STATE OF TENNESSEE }
COUNTY OF DAVIDSON }

Personally appeared before me, Roy L. GREGORY, a Notary Public in and for said County and State, the within named, Elenora Hamm French, the Bargainors, 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 12th day of April, 19 78

Roy L. Gregory
Notary Public

My commission expires: 5-17-78

STATE OF TENNESSEE }
COUNTY OF DAVIDSON }

Personally appeared before me, Roy L. GREGORY, a Notary Public in and for said County and State, the within named Jim H. Wachter, Trustee, the bargainor, 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 12th day of April, 19 78

Roy L. Gregory
Notary Public

My commission expires: 5-17-78

QUITCLAIM

Deed

E 5 9 6 1.4

From:
ELENORA HAMM FRENCH

to:
JIM H. WACHTER
Trustee.

AND

From:
JIM H. WACHTER
Trustee.

to:
ROBERT E. FRENCH

IDENTIF. REFERENCE

APR 13 10 55 AM '78

FELIX Z. WILSON JR. REGISTER
DAVIDSON COUNTY, TENN.

Compliments of
Guaranty Title
Office of
Chicago Title Insurance Company
American Trust Bldg.—S. W. Corner
Third & Union
Phone 256-2656
NASHVILLE, TENNESSEE

Metropolitan Government of Nashville and Davidson County

Richard H. Fulton, Mayor

J. M. BISTOWISH, M.D.
DIRECTOR OF HEALTH

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

BOOK 5272 PAGE 940

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

A LEGAL PERLY EXE- INK. WHERE DE- DEATH OC- TION, GIVE RE ADMIS- PRIOR TO OF BODY BY R OR RE- TENDED BY RIZED OFFI- ANY PHYSI- EXAMINER ICATE MUST GN MEDICAL WITHIN 72 SIGNATURE ATED.

BIRTH NO. _____ STATE FILE NO.

1. DECEASED—NAME (FIRST, MIDDLE, LAST): Robert Harmon French		2. DATE OF DEATH (MONTH, DAY, YEAR): 3-10-78	
3a. AGE—LAST BIRTHDAY (YEARS): 77	3b. UNDER 1 YEAR: MOS. / DAYS	3c. UNDER 1 DAY: HOURS / MIN.	4. DATE OF BIRTH (MONTH, DAY, YEAR): 7-23-1900
5. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)): White	6. SEX: Male		
7a. COUNTY OF DEATH: Davidson	7b. CITY, TOWN OR LOCATION: Madison	7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes	7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.): Memorial Hospital
7e. IF HOSP. OR INST. INCLUDE APT. NO. (SPECIFY): DOA			
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Tennessee	9. CITIZEN OF WHAT COUNTRY: U. S. A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married	11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Elnora Hamm
12a. SOCIAL SECURITY NUMBER (IF NONE, SPECIFY): 415-32-0232	12b. SERVICE IN ARMED FORCES (SPECIFY BRANCH AND DATES OF SERVICE): None	13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Night Watchman	13b. KIND OF BUSINESS OR INDUSTRY: Brick Block Co.
14a. RESIDENCE—STATE: Tennessee	14b. COUNTY: Davidson	14c. CITY, TOWN, OR LOCATION: Madison	14d. STREET AND NUMBER: 303 Nix Dr.
14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes	14f. CENSUS TRACT NO.: 104		
15. FATHER—NAME: Robert Lee French	16. MOTHER—MAIDEN NAME: Nancy Alsup	17. INFORMANT—NAME: Wife	MAILING ADDRESS: Same
18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial	18b. DATE (MONTH, DAY, YEAR): 3-13-78	18c. CEMETERY OR CREMATORY—NAME: Spring Hill	18d. LOCATION (CITY OR TOWN, STATE): Davidson Co. - Tenn.
19a. FUNERAL DIRECTOR (SIGNATURE): Vinnie McDonald	19b. LICENSE NO.: 60	19c. EMBALMER (SIGNATURE): James McDonald	19d. LICENSE NO.: 1596
20a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Madison Funeral Home, Madison Tenn.	21a. REGISTRAR—SIGNATURE: Esther D. Gr[illegible] DEG.	21b. DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): Mar 22 1978	

22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE

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

23a. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE: John C Ashhurst MD TITLE

23b. DATE SIGNED (MONTH, DAY, YEAR): 3-20-78

24a. CERTIFIER—NAME (TYPE OR PRINT): John C ASHHURST. M.D

24b. MAILING ADDRESS (STREET OR R.F.D. NO.): 4200 KINGS CT CITY OR TOWN: NASH STATE: TN ZIP: 37218

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

IMMEDIATE CAUSE
(a) Cardiac Arrest — Hours

DUE TO, OR AS A CONSEQUENCE OF
(b) Probable Acute Myocardial Infarction

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST
DUE TO, OR AS A CONSEQUENCE OF:
(c) Coronary Heart Disease

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

26. AUTOPSY (YES OR NO): No

27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	27b. DATE OF INJURY (MONTH, DAY, YEAR)	27c. HOUR M.	27d. DESCRIBE HOW INJURY OCCURRED
27e. INJURY AT WORK (SPECIFY YES OR NO)	27f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (SPECIFY)	27g. LOCATION: STREET OR R.F.D. NO. / CITY OR TOWN / STATE	

crc

J. M. BISTOWISH, M.D., REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY

MAR 22 1978

J. M. Bistowish, M.D

08-018 (1/74)

This is to certify that the above is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

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