QUITCLAIM DEED

BOOK 5614 PAGE 856

ADDRESS NEW OWNER(S) AS FOLLOWS:	SEND TAX BILLS TO:	MAP-PARCEL NUMBERS
Leo H. Howell	Same	
(NAME)	(NAME)	119-7-102
2604 Malden Drive		
(STREET ADDRESS OR ROUTE NUMBER)	(STREET ADDRESS)	
Nashville, TN 37211		
(CITY) (STATE) (P.O. ZIP)	(CITY) (STATE) (ZIP)	aef

5207 06/19 9.00- CHECK

MAIL

FOR AND IN CONSIDERATION of love and affection (and no monetary consideration) and for the express purpose of making a re-conveyance to Leo H. Howell, a widower

We, Leo H. Howell

by these presents do hereby quitclaim and convey unto Richard E. Norman, Jr.

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

Land in Davidson County, Tennessee, being Lot No. 54 on the Map of Laurel Acres, Section I, as of record in Book 2133, page 48, Register's Office for said County.

Said Lot No. 54 fronts 112 feet on the east side of Malden Drive, and runs back between lines, 130 feet on the north line, and 240 feet on the south line, to a dead line in the rear, measuring 156.7 feet thereon.

Being the same property conveyed to Leo H. Howell and wife, Viola Cantrell Howell, (since deceased - see attached Death Certificate), by deed from Donelson Home Builders, Inc., of record in Book 3894 Page 591, Register's Office for said County.

F 94208

IDENTIF. REFERENCE

JUN 19 | 54 PM '80

FELIX Z. WILSON
DAVIDSON COUNTY, TENN.

STATE OF TENNESSEE
COUNTY OF DAVIDSON } The actual consideration or value whichever is greater, for this transfer is $ 10.00-

Subscribed and sworn to before me, this the 17th day of June 1980

Leo N. Howell
Affiant

My commission expires: 01-15-83

(Affix Seal)

Notary Public

This is unimproved ( ) improved (X) property, known as 2604 Malden Drive, Nashville, Tennessee, 37211
(House Number) (Street) P. O. Address: (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 Richard E. Norman, Jr. *, Trustee, for the express purpose of carrying out the intent of this conveyance, as above set out, do hereby quitclaim and convey unto* Leo H. Howell

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* 17th *day of* June, 1980.

THIS INSTRUMENT WAS PREPARED BY:

Richard E. Norman, Jr.
Attorney at Law
2720 Nolensville Road
Nashville, TN 37211

Leo N. Howell

Richard E. Norman, Jr. *Trustee.*

ATE OF TENNESSEE }
UNTY OF DAVIDSON }

Personally appeared before me, Patsy B. Norman, a Notary Public in for said County and State, the within named, Leo H. Howell, Bargainors, with whom I am personally acquainted, and who acknowledged that they executed the within instrument for purposes therein contained.

WITNESS my hand and official seal at Nashville, Tennessee, this 17th day of June, 1980.

Patsy Norman
Notary Public

commission expires: 01-15-83

ATE OF TENNESSEE }
UNTY OF DAVIDSON }

Personally appeared before me, Patsy B. Norman, a Notary Public in and for County and State, the within named Richard E. Norman, Jr., Trustee, the bar-or, with whom I am personally acquainted, and who acknowledged that he, as Trustee, executed the within instrument for purposes therein contained.

WITNESS my hand and official seal at Nashville, Tennessee, this 17th day of June, 1980.

Patsy Norman
Notary Public

commission expires: 01-15-83

From: Leo H. Howell, a widower

to: Richard E. Norman, Jr. Trustee.

AND

From: Richard E. Norman, Jr. Trustee.

to: Leo H. Howell

Compliments of
Chicago Title Insurance Company
First Floor — First American Center
Phone 255-4631
NASHVILLE, TENNESSEE 37238

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
DIVISION OF VITAL STATISTICS

BOOK 5614 PAGE 858 FILE NO.

BIRTH NO.

1. DECEASED — NAME (FIRST) Viola	(MIDDLE) Cantrell	(LAST) Howell				2. DATE OF DEATH (MONTH, DAY, YEAR) 12-4-70
3. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)) White	4. SEX Female	5a. AGE — LAST BIRTHDAY (YEARS) 40	5b. UNDER 1 YEAR MOS.	DAYS	5c. UNDER 1 DAY HOURS / MIN.	6. DATE OF BIRTH (MONTH, DAY, YEAR) 12-27-29
7a. COUNTY OF DEATH Davidson	7b. CITY, TOWN, OR LOCATION OF DEATH Nashville	7c. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	7d. HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 2604 Malden Dr.,			
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Tenn.	9. CITIZEN OF WHAT COUNTRY USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Leo Howell, 2604 Malden Dr.			
12a. SOCIAL SECURITY NUMBER [redacted]0707	12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE) No	13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Hair Dresser	13b. KIND OF BUSINESS OR INDUSTRY Nash., Tn. Self-employed			
14a. RESIDENCE — STATE Tenn.	14b. COUNTY Davidson	14c. CITY, TOWN, OR LOCATION Nashville	14d. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	14e. STREET AND NUMBER 2604 Malden Dr.,		
15. FATHER — NAME P. F. Cantrell	16. MOTHER — MAIDEN NAME Cymleline Nicholson	17. INFORMANT — NAME Leo Howell, 2604 Malden Dr.	MAILING ADDRESS Nash., Tn			

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)	Lymphosarcomatosis	6 months
DUE TO, OR AS A CONSEQUENCE OF: (b)		
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)

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)	

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 — DEGREE — 21b. DATE SIGNED (MONTH, DAY, YEAR)

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 M. A. Petrone — TITLE M. D. — 22b. DATE SIGNED (MONTH, DAY, YEAR) 12-19-70

23a. CERTIFIER — NAME (TYPE OR PRINT)	23b. MAILING ADDRESS STREET OR R.F.D. NO.	CITY OR TOWN	STATE	ZIP
M. A. Petrone, M. D.	4300 Charlotte Avenue,	Nashville,	Tenn.	37209

24a. BURIAL, CREMATION, REMOVAL (SPECIFY)	24b. DATE (MONTH, DAY, YEAR)	24c. CEMETERY OR CREMATORY — NAME	24d. LOCATION — CITY OR TOWN	STATE
Burial	12-6-70	Woodlawn	Thompson Lane, Nash.,	Tn.

25. FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Woodlawn, Thompson Ln., Nashville, Tn.

REGISTRAR — SIGNATURE Esther D. Groh — 26b. DATE RECEIVED BY LOCAL REGISTRAR 12-21-70

This is a true copy of the certificate on file in this office.

LaRue K Crocker Dec. 22, 1970
Signature — Date

Metropolitan Health Department for
Nashville-Davidson County, Tennessee