731 09/08 9.00- CASH

BOOK 5648 PAGE 37

QUITCLAIM DEED

ADDRESS NEW OWNER(S) AS FOLLOWS:	SEND TAX BILLS TO:	MAP-PARCEL NUMBERS
~~James Allison Webb Jr.~~ (NAME)	~~SAME~~ (NAME)	~~Map 75-4~~
600 Atlanta Drive (STREET ADDRESS OR ROUTE NUMBER)	(STREET ADDRESS)	Parcel 71
Hermitage Tennessee 37076 (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 James Allison Webb Jr.

~~I, James A. Webb Sr. (I believe that the Title to this property is vested in me in fee simple due to the death of Margaret S Webb-whose death certificate is filed on the immediately succeeding page in the Register's office)~~ *by these presents do hereby quitclaim and convey unto* LINDA LINDSTROM, *Trustee,* her *successors and assigns, the following described tract or parcel of land, to wit:*

Being Lot No. 304 on the map of Tulip Grove, Section 5, as of record in Book 4175, page 71, Register's Office of said County.

Being part of the property to Fisher & Short Construction Company Inc. by deed from Miller Kimbrough, Trustee, as of record in Book 4462, page 372, said Register's Office.

and

Being the same property conveyed to JAMES A WEBB SR. AND WIFE, MARGARET S. WEBB by Fischer & Short Construction Company by deed recorded in the Register's office of said County in book_____ page_____.

STATE OF TENNESSEE }
COUNTY OF DAVIDSON } The actual consideration or value whichever is greater, for this transfer is $ -0-

Subscribed and sworn to before me, this the 19th day of August, 19 80

Affiant

My commission expires: 4-2-82 (Affix Seal)

Notary Public

This is unimproved ( ) improved (X) property, known as 600 (House Number) Atlanta Drive (Street) Hermitage (P. O. Address:) Tennessee (City or Town) 37076 ((Postal Zone)

Said property is conveyed subject to such limitations, restrictions, and encumbrances as may affect the premises.

And now, I, the said LINDA LINDSTROM, *Trustee, for the express purpose of carrying out the intent of this conveyance, as above set out, do hereby quitclaim and convey unto* James Allison Webb Jr.

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* 19th *day of* AUGUST, 19 80.

THIS INSTRUMENT WAS PREPARED BY:
NOBLE E PEFFER SR
ATTORNEY AT LAW
4067 LAKEPARK WAY
HERMITAGE TN 37076

Trustee.

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STATE OF TENNESSEE }
COUNTY OF DAVIDSON }

Personally appeared before me, NOBLE E PEPPER, a Notary Public in and for said County and State, the within named, JAMES ALLISON WEBB SR 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 18th day of August 1980

Notary Public.

My commission expires: 4/2/1982

STATE OF TENNESSEE }
COUNTY OF DAVIDSON }

Personally appeared before me, NOBLE E PEPPER a Notary Public in and for said County and State, the within named LINDA LINDSTROM 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 18th day of August 1980

Notary Public.

My commission expires: 4/2/1982

QUITCLAIM

Deed

From: JAMES A. WEBB SR

to: LINDA LINDSTROM Trustee.

AND

From: LINDA LINDSTROM Trustee.

to: JAMES ALLISON WEBB JR.

G 0 6 5 4 0

mail env.

IDENTIF. REFERENCE

SEP 8 1 26 PM '80

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

Compliments of

Chicago Title Insurance Company
First Floor — First American Center

Phone 255-4631
NASHVILLE, TENNESSEE 37238

Metropolitan Government of Nashville and Davidson County

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Richard H. Fulton, Mayor

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

APR 9 1980

J. M. Bistowish, M.D.

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

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.

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

8001619

BIRTH NO. _____ STATE FILE NO.

1. DECEASED—NAME (First, Last): Margaret Evelyn Webb
2. DATE OF DEATH (Month, Day, Year): 3/28/80
3. AGE (Last Birthday) (Years): 62
4. DATE OF BIRTH (Month, Day, Year): 11/8/17
5. RACE (White, Black, American Indian, etc.): White
6. SEX: Female
7a. COUNTY OF DEATH: Davidson
7b. CITY, TOWN OR LOCATION: Donelson
7c. INSIDE CITY LIMITS (Specify Yes or No): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME: Donelson Hospital
7e. INPT
8. STATE OF BIRTH (If not in U.S.A., name country): Tennessee
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): James A. Webb, Sr.
12. SOCIAL SECURITY NUMBER: 412-24-6797
13. SERVICE IN ARMED FORCES (Specify Yes or No): _____
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance Administrator
15. KIND OF BUSINESS OR INDUSTRY: Baird Ward Print C
16. RESIDENCE—STATE: Tennessee
17. COUNTY: Davidson
18. CITY, TOWN, OR LOCATION: Hermitage
19. STREET AND NUMBER: 600 Atlanta Dr.
19a. INSIDE CITY LIMITS (Specify Yes or No): Yes
19b. CENSUS TRACT NO.: _____
20. FATHER—NAME: George E. Stringer
21. MOTHER—MAIDEN NAME: Ruby Tankersley
22. INFORMANT—NAME AND MAILING ADDRESS: James Webb 600 Atlanta Dr. Hermitage TN.
23. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
24. DATE: 3/31/80
25. CEMETERY OR CREMATORY—NAME: Woodlawn
26. LOCATION (City or Town, State): Thompson Lane Nashville, TN.
27. FUNERAL DIRECTOR (Signature): _____
28. LICENSE NO.: 325-3
29. EMBALMER: _____
30. LICENSE NO.: _____
31. FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip): Woodlawn THompson Lane Nash. TN.
32. REGISTRAR (Signature): Esther W. Hyde
33. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year): 4-9-80
34. PHYSICIAN—I CERTIFY THAT THIS DEATH OCCURRED AT THE TIME, DATE AND DUE TO THE CAUSE(S) STATED: Ben J. Birdwell, M.D. (Signature) _____ (Degree)
35. DATE SIGNED (Month, Day, Year): 4-7-80
36. MEDICAL EXAMINER—ON THE BASIS OF THIS EXAMINATION OF THE BODY AND/OR THIS INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED: _____ (Signature) _____ (Title)
37. DATE SIGNED (Month, Day, Year): _____
38. CERTIFIER—NAME (Type or Print): BEN J. BIRDWELL, M.D.
39. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 2531 PARK DR., NASHVILLE, TN 37214

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

40. (a) IMMEDIATE CAUSE: Carcinoma of Breast with Metastasis — Approx 3 Yrs
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).

41. AUTOPSY (Yes or No): No

42. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (Specify): _____
43. DATE OF INJURY (Month, Day, Year): _____
44. HOUR: _____ 45. _____
46. DESCRIBE HOW INJURY OCCURRED: _____
47. INJURY AT WORK (Specify Yes or No): _____
48. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify): _____
49. LOCATION (Street or R.F.D. No., City or Town, State): _____

08-018 (11/74)