This Instrument Prepared by:
Record Title Agency, Inc.
914 A Woodland Street
Nashville, TN 37206

QUIT CLAIM DEED

Box 5

BOOK 6495 PAGE 75

2134

02/19 6.00- CHECK

Parcel #91-7-238

KNOW ALL MEN BY THESE PRESENTS, that Mattie E. Barton, a widow

of the County of Davidson and State of Tennessee for and in consideration of the sum of Ø dollars & 00/100 & other good & valuable consideration Dollars, do hereby bargain, sell, release, remise, quit claim and convey unto the said Alfred Wayne Barton and mother, Mattie E. Barton, as tenants in common all her right, title and interest in and to the following described real estate, to-wit:

Being Lots Nos. 806 and 808, Block 139, Plan No. 1, West Nashville, as of record in Book 57, Pages 74 and 75, Register's Office for said County.

Said Lots Nos. 806 and 808 adjoin and front together 50 feet on the southerly side of Kentucky Avenue and run back between parallel lines 150 feet to an alley.

Being the same property conveyed to Alfred Barton and wife, Mattie E. Barton by deed from Jesse G. Spurlock and wife, Margaret E. Spurlock, of record in Book 3158, Page 563, Register's Office of Davidson County, Tennessee.

The said Alfred Barton now deceased.

REGISTER'S OFFICE DAVIDSON COUNTY, TN
FEB 19 2 48 PM 1985

IDENTIFICATION REFERENCE

I.B.38.90

IN TESTIMONY WHEREOF I have hereunto set my hand and seal this 15th day of February A.D., 19 85

(SEAL)

Mattie E. Barton (SEAL)
Mattie E. Barton

(SEAL) (SEAL)

(SEAL) (SEAL)

STATE OF TENNESSEE,
County of Shelby.

On this 15th day of February, 19 85, before me, a Notary Public in and for said State and County, duly commissioned and qualified, personally appeared Mattie E. Barton

to me known to be the person described in and who executed the foregoing instrument, and acknowledged that She executed the same as her free act and deed

WITNESS my hand and Notarial Seal at office and day and year above written.

Judi Carruthers
Notary Public.

NOTARY PUBLIC AT LARGE STATE OF TN

My Commission expires 24th day of August, 19 85

Property known as: 4903 Kentucky Avenue, Nashville, Tennessee.

OWNER +
Mail Tax Notice to: SAME

I, or we, hereby swear or affirm that to the best of affiants knowledge, information, and belief, the actual consideration for this transfer is $ -0- none

Affiant

Subscribed and sworn to before me this 15th day of February, 19 85

Judi Carruthers
NOTARY PUBLIC AT LARGE OF TN

24th Aug. 85 Comm. exp.

Metropolitan Government of Nashville and Davidson County

Richard H. Fulton, Mayor

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

MAY 7 1984

J. M. Bistowish M.D.

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

BOOK 6495 PAGE 76

This is to certify that this 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.

840195?

BECOMES A LEGAL WHEN PROPERLY EXE- AND FILED.

PRINT IN ENT BLACK INK.

DECEASED

SIDENCE WHERE DE- IVED. IF DEATH OC- IN INSTITUTION, GIVE OF BEFORE ADMIS-

PARENTS AND INFORMANT

EQUIRED PRIOR TO TATION OF BODY BY CARRIER OR RE- OM STATE.

DISPOSITION

CERTIFIER

NOT ATTENDED BY AN, AUTHORIZED OF- SIGN HERE ANY N OR MEDICAL EX- EXECUTING CER- MUST COMPLETE N MEDICAL CER- ION WITHIN 48 POWER OF DE CANNOT BE ED

CAUSE

559
181 CRC

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

VITAL RECORDS

BIRTH NO. _____ STATE FILE NO.

DECEASED—NAME (FIRST / MIDDLE / LAST)			DATE OF DEATH (MONTH, DAY, YEAR)
1. Alfred	NMN	Barton	2. 4-27-1984

AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR: MOS. / DAYS	UNDER 1 DAY: HOURS / MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY))	ORIGIN OR DESCENT (ITALIAN, MEXICAN, GERMAN, ETC. (SPECIFY))	SEX
3a. 62	3b.	3c.	4. 4-4-1922	5. White	6.	6. Male

COUNTY OF DEATH	CITY, TOWN OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.)	IF HOSP. (OR INST.) INPATIENT, DOA, OP/Emer. Rm., Inpatient, Specify)
7a. Davidson	7b. Nashville	7c. Yes	7d. 4903 Kentucky Ave.	7e. P. R.

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)
8. Texas	9. USA	10. Married	11. Mattie Anderson

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
[redacted]-8531	12a. WWII	13. Truck Driver	14. Metro Public Works

RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (SPECIFY YES OR NO)	CENSUS TRACT NO
15a. TN	15b. Davidson	15c. Nashville	15d. 4903 Kentucky Avenue	Yes	15f.

FATHER—NAME	MOTHER—MAIDEN NAME	INFORMANT—NAME	MAILING ADDRESS
15. John William Barton	16. Dorothy Johnston	17. Paulette Hooper	Rt. 4 Ashland City, TN

BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY)	DATE (MONTH, DAY, YEAR)	CEMETERY OR CREMATORY—NAME	LOCATION (CITY OR TOWN, STATE)
18a. Burial	18b. 4-30-1984	18c. Harpeth Hills Cem.	Nashville TN

FUNERAL DIRECTOR (SIGNATURE)	LICENSE NO.	EMBALMER (SIGNATURE)	LICENSE NO.
19a. Floyd D Ruberts	19b. 2027	19c. Floyd D. Ruberts	19d. 2922

FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR
20. Pettus-Owen & Wood, Inc. Nashville, TN	21. Esther D. Groh	21b. May 7, 1984

PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE TIME, ON THE DATE, AND DUE TO THE CAUSE(S) STATED	SIGNATURE	DEGREE	DATE SIGNED (MONTH, DAY, YEAR)
22a.			22b.

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	TITLE	DATE SIGNED (MONTH, DAY, YEAR)
23a.	I. E. Simpkins M.D.		23b. 5-2-84

CERTIFIER—NAME (TYPE OR PRINT)	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
24a. T. E. Simpkins, M.D.	24b. 1120 Dickerson Road, Nashville, TN 37207

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)	Gunshot wound Head	short
DUE TO, OR AS A CONSEQUENCE OF (b)		
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST (c)		

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a). — AUTOPSY (YES OR NO) 26. No

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	DESCRIBE HOW INJURY OCCURRED
27a. Suicide	27b. 4-27-84	27c. 7:45 PM	27d. self-inflicted

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)
27e. No	27f. Residence	27g. 4903 Kentucky Ave

202-06-002