THIS INSTRUMENT IS PREPARED BY: AMQUI TITLE & ESCROW CO. INC.
405 Two Mile Pike, Goodlettsville, Tn 37072

WARRANTY DEED

BOOK 6614 PAGE 411

ADDRESS NEW OWNER(S) AS FOLLOWS:	SEND TAX BILLS TO:	MAP PARCEL NUMBERS
CUMBERLAND BUILDERS, INC.	SAME	MAP- 71-2
(NAME) 615 Main St	(NAME)	Parcel 116
(STREET ADDRESS OR ROUTE NUMBER) Nash Tn 37206	(STREET ADDRESS)	
(CITY) (STATE) (ZIP)	(CITY) (STATE) (ZIP)	

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,

B. F. DENNIS , hereinafter referred to as Grantor. *has bargained and sold, and does hereby transfer and convey unto the said* CUMBERLAND BUILDERS, INC., hereinafter referred to as Grantees their *(successors), heirs and assigns, certain real estate in* Davidson *County, Tennessee, as follows:,*

Land located in Davidson County, Tennessee, being Lot 9, Lots 14, 15,16, 17, 18, 19,20, 21,22, 23, and Lot 28 on the Plan of John J. Rucker's Subdivision and Lot 9 on the second Plan of Brooklyn of record in Book 332, page 157, Register's Office for said County.

Being the same property conveyed to B. F. Dennis and Helen Dennis by deed from Joe E. Burt and wife, Dilla Freeman Burt, of record in Book 2487, page 338, Register's Office for Davidson County, Tennessee.

J 2 3 4 7 7.

IDENTIF. REFER. FILE

JUL 25 11 27 AM '85

FELIX Z. WILSON III
DAVIDSON COUNTY TENN.

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration or value whichever is greater, for this transfer is $ 5,000 ~

Subscribed and sworn to before me, this the 24th day of July 19 85.

Affiant B F Dennis

My commission expires: 7-21-85 4-12-88 (Affix Seal)

Notary Public Johnnie Lee

Unimproved ( )
This is improved ( ) property, known as 436 Roger Williams Ave., Nashville, Tn. 37207
(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. Grantor covenants that it is lawfully seized and possessed of said real estate in fee simple, has a good right to convey it, and that the same is unencumbered.*

Grantor further covenants and binds itself, its successors and representatives, to warrant and forever defend the title to said real estate to said Grantee, their *(successors), heirs and assigns, against the lawful claims of all persons.*

Witness our *hand this* 24th *day of* July, 1985, *the corporate party, having caused its name to be signed hereto by its duly authorized officers on said day and date.*

B F Dennis
B. F. DENNIS

BOOK 6614 PAGE 412

STATE OF TENNESSEE }
COUNTY OF DAVIDSON }

Personally appeared before me, the undersigned *, a Notary Public in and for said County and State,* B. F. DENNIS

the within named bargainor, S, *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 Nashville *Tennessee this* 24th *day of* July *, 19* 85

Johnnie Dennis
Notary Public

NOTARY PUBLIC AT LARGE STATE OF TENNESSEE

Commission expires 4-17-88

STATE OF TENNESSEE }
COUNTY OF DAVIDSON }

Before me, The Ur *, 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

TO

EAST END TITLE, INC.
405 TWO MILE PIKE
GOODLETTSVILLE, TN 37072
615 - 859-4871

Metropolitan Government of Nashville and Davidson County

Richard H. Fulton, Mayor

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

NOV 15 1984

J. M. Bistovish M.D.

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

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.

BOOK 6614 PAGE 413

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

VITAL RECORDS

8405103

BECOMES A LEGAL WHEN PROPERLY EXE- D FILED.

PRINT IN NT BLACK INK.

RESIDENCE RESIDENCE WHERE DE- IVED. IF DEATH OC- N INSTITUTION, GIVE E BEFORE ADMIS-

PARENT (IF MOTHER)

REQUIRED PRIOR TO ITATION OF BODY BY CARRIER OR RE- OM STATE.

LICENSE OR

CERTIFIED

I NOT ATTENDED BY AN, AUTHORIZED OF- SIGN HERE. ANY AN OR MEDICAL EX- EXECUTING CER- MUST COMPLETE GN MEDICAL CER- TION WITHIN 48 POWER OF TURE CANNOT BE TED.

CAUSE

BIRTH NO. _____ STATE FILE NO.

DECEASED—NAME (1. FIRST: Helen; MIDDLE; 1. LAST: Dennis) — 2. DATE OF DEATH (MONTH, DAY, YEAR): 11 - 10 84

3a. AGE—LAST BIRTHDAY (YEARS): 78 — 3b. UNDER 1 YEAR MOS. — DAYS — 3c. UNDER 1 DAY HOURS — MIN. — 4. DATE OF BIRTH (MONTH, DAY, YEAR): 5 11 06 — 5a. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)): Blk — 5b. ORIGIN OR DESCENT (ITALIAN, MEXICAN, GERMAN, ETC (SPECIFY)) — 6. SEX: F

7a. COUNTY OF DEATH: Davidson — 7b. CITY, TOWN OR LOCATION: Nashville — 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.): 421 Dennis Drive — 7e. IF HOSP. OR NST., Indicate Dead, Dr/Emer. Rm., Inpatient (Specify): Res

8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Tenn — 9. CITIZEN OF WHAT COUNTRY: U S A — 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married — 11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): B F Dennis

12a. SOCIAL SECURITY NUMBER (IF NONE, SPECIFY): [redacted]-9881 — 12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE) — 13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): House Wife — 13b. KIND OF BUSINESS OR INDUSTRY

14a. RESIDENCE—STATE: Tenn — 14b. COUNTY: Davidson — 14c. CITY, TOWN, OR LOCATION: Nashville — 14d. STREET AND NUMBER: 421 Dennis Drive — 14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes — 14f. CENSUS TRACT NO.

15. FATHER—NAME: Joseph Adams — 16. MOTHER—MAIDEN NAME: Clara UNKNOWN — 17. INFORMANT—NAME: Husband — MAILING ADDRESS

18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial — 18b. DATE (MONTH, DAY, YEAR): 11-14-84 — 18c. CEMETERY OR CREMATORY—NAME: Greenwood Cem — 18d. LOCATION (CITY OR TOWN, STATE): Elm Hill Rd, Nashville, Tn

19a. FUNERAL DIRECTOR (SIGNATURE): John W. Adkins — 19b. LICENSE NO.: 1241 — 19c. EMBALMER (SIGNATURE): John W. Adkins — 19d. LICENSE NO.: 1920

20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): J W Adkins, 2510-12th Av, S, Nashville TN.

21. REGISTRAR—SIGNATURE: Esther D. Groh — 21b. DATE RECEIVED BY LOCAL REGISTRAR: 11-16-84

22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE TIME, ON THE DATE, AND DUE TO THE CAUSE(S) STATED — SIGNATURE — DEGREE — 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: T. E. Simpkins, M.D. — TITLE — 23b. DATE SIGNED: 11-14-84

24a. CERTIFIER—NAME (TYPE OR PRINT): T. E. Simpkins, M.D. — 24b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 1120 Dickerson Rd., 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): Cardiac Arrythmia — Hist

DUE TO, OR AS A CONSEQUENCE OF: (b): Hypertension Arteriosclerotic Cardiovascular Disease

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

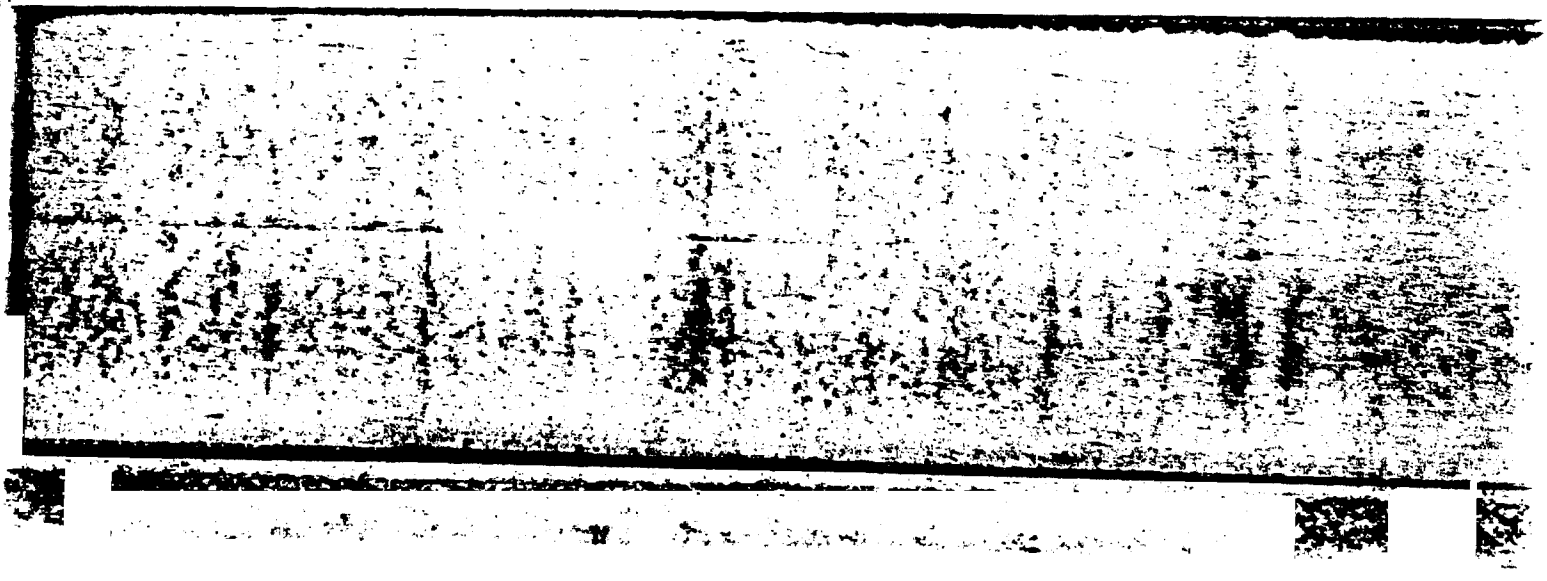
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) — AUTOPSY (YES OR NO): 26. No

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)

1659 9/81 CRC

202-06-002



OFFICIAL RECEIPT

FELIX Z. WILSON, II
REGISTER OF DAVIDSON COUNTY
NASHVILLE, TENNESSEE

RECEIVED OF_____

FOR_____

BOOK 6614 PAGE 414

CO -CONVEYANCE	CC -CERTIFIED COPY	MISC -MISCELLANEOUS
MO -MORTGAGE	REL -RELEASE	CO TX -STATE TAX CONVEY
WD -WARRANTY DEED	UCC -UNIFORM COMMERCIAL CODE	MO TX -STATE TAX MORT
TD -TRUST DEED		PRFEE -PROBATE FEE

DATE	SYMBOL	VALUATION	TAX AND FEES	TOTAL PAID
			5000.00- CAMT.	
			13.00 CSTAX	
			.50 PRFEE	
			9.00 WDEED	
			CHECK	22.50-
1205A	07/25/85		BAL	.00

RECEIPT IS NOT VALID UNTIL CHECK IS PAID BY BANK

J 2: 3: 4: 7: 7.

IDENTIF. REFERENCE T

JUL 25 11 27 AM '85

FELIX Z. WILSON II REGISTER
DAVIDSON COUNTY, TN

No. 157321