This instrument prepared by:
KARIN DALE COBLE, Attorney
DALE, THOMPSON, JACKSON & ROSENBERG
162 Fourth Avenue, North
Nashville TN 37219-0868

Mail

# WARRANTY DEED

| New Owner: | Send Tax Bill To: | Map-Parcel No. |
|---|---|---|
| George William Coble, III<br>921 Cantrell Avenue<br>Nashville, Tennessee 37215 | Same | Map 116-8<br>Parcel 159 |

For and in consideration of the sum of TEN ($10.00) AND NO/100 DOLLARS, cash in hand paid by George William Coble, III, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, I, MARY ELLEN EVANS, (originally William Glenn Evans, now deceased, and wife Mary Ellen Evans) have bargained and sold, and by these presents do transfer and convey unto the said GEORGE WILLIAM COBLE, III, a single person, the GRANTEE herein, his heirs and assigns, a certain tract or parcel of land in Davidson County, Tennessee, described as follows, to-wit:

> BEING Lot No. 50 on the Map of Woodmont Park Subdivision, as of record in Book 547, page 148, Register's Office of said County.
>
> Said Lot No. 50 fronts 100 feet on the westerly side of Cantrell Avenue and runs back between parallel lines 200 feet to a dead line.
>
> BEING the same property conveyed to William Glenn Evans and wife, Mary Ellen Evans by deed from Harvey C. Brown and wife, Angela Hamilton Brown, of record in Book 3986, page 300, said Register's office.

This is improved property known as 921 Cantrell Avenue, Nashville, Tennessee 37215.

To Have and to hold the said tract or parcel of land, with the appurtenances, estate, title, and interest thereto belonging to the said George William Coble, III, his heirs and assigns, forever.

And I do covenant with the said George William Coble, III that I am lawfully seized and possessed of said land in fee simple; have a good right to convey it, and the same is unencumbered except for current taxes.

And I, Mary Ellen Evans, do further covenant and bind myself, my heirs and representatives, to warrant and forever defend the title to the said land to the said George William Coble, III, his heirs and assigns, against the lawful claims of all persons whomsoever.

WITNESS my hand this 28th day of July, 1987.

Mary Ellen Evans
MARY ELLEN EVANS

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, _____, a Notary Public in and for said County and State, the within named MARY ELLEN EVANS, the bargainor, with whom I am personally acquainted, and who acknowledged that she has executed the within instrument for the purposes contained therein.

WITNESS my hand and official seal at Nashville, Tennessee, this 28th day of July, 1987.

_____
NOTARY PUBLIC

My commission expires: _____

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The actual consideration for this transfer or value of property (whichever is greater) is $85,500.00. This is equal to or greater than the property would bring at a fair and voluntary sale.

George William Coble III
GEORGE WILLIAM COBLE, III

Sworn to and subscribed before me this 28th day of July, 1987.

_____
NOTARY PUBLIC

My commission expires: _____

49972

IDENTIFICATION REFERENCE

JUL 28 9 51 AM '87

FELIX Z WILSON II REGISTER
DAVIDSON COUNTY, TN

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Exhibit A

RAY BLANTON
GOVERNOR

Eugene W. Fowinkle, M.D., M.P.H.
Commissioner

STATE OF TENNESSEE
DEPARTMENT OF PUBLIC HEALTH
NASHVILLE 37219

Wendell Spurgeon
STATE REGISTRAR

AUG. 9, 1978

I hereby certify the below to be a true and correct copy of the official document on file in this Department. Valid ONLY when embossed seal of the Tennessee Department of Public Health and red imprinted signature of the State Registrar are affixed.

EUGENE W. FOWINKLE, M.D.
Commissioner

# CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

BECOMES A LEGAL D WHEN PROPERLY EXE- AND FILED.

OR PRINT IN NENT BLACK INK.

RESIDENCE WHERE DE- D LIVED. IF DEATH OC- D IN INSTITUTION, GIVE ENCE BEFORE ADMIS-

PARENTS AND INFORMANT

F REQUIRED PRIOR TO PORTATION OF BODY BY ON CARRIER OR RE- FROM STATE.

DISPOSITION

PHYSICIAN

ATH NOT ATTENDED BY IAN, AUTHORIZED OFFI- IGN HERE. ANY PHYSI- OR MEDICAL EXAMINER TING CERTIFICATE MUST ETE AND SIGN MEDICAL FICATION WITHIN 72 . POWER OF SIGNATURE T BE DELEGATED.

10

CAUSE

BIRTH NO. _____ STATE FILE NO.

| DECEASED—NAME (FIRST / MIDDLE / LAST) | DATE OF DEATH (MONTH, DAY, YEAR) |
|---|---|
| 1. William Glenn Evans | 2. July 25, 1978 |

| 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) | SEX |
|---|---|---|---|---|---|---|---|
| 3a. 67 | 3b. 10 | | 3c. 2 | | 4. Sept. 23, 1910 | 5. White | 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.: INDICATE DOA, OP/EMRG., INPT., INSTANT (DAYS) |
|---|---|---|---|---|
| 7a. Davidson | 7b. Nashville | 7c. Yes. | 7d. Vanderbilt | 7e. In Patient |

| 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. U. S. A. | 10. Married | 11. Mary Ellen Mayes |

| SOCIAL SECURITY NUMBER (IF NONE, SPECIFY) | 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 |
|---|---|---|---|
| 12. [redacted]-4296 | 12b. NO. | 13a. Minister | 13b. Religion |

| RESIDENCE—STATE | COUNTY | CITY, TOWN, OR LOCATION | STREET AND NUMBER | INSIDE CITY LIMITS (SPECIFY YES OR NO) | CENSUS TRACT NO. |
|---|---|---|---|---|---|
| 14a. Tennessee | 14b. Davidson | 14c. Nashville | 14d. 921 Cantrell Ave | 14e. Yes | 14f. 180 |

| FATHER—NAME | MOTHER—MAIDEN NAME | INFORMANT—NAME / MAILING ADDRESS |
|---|---|---|
| 15. William Charles Evans | Mary E. Cain | 17. Mrs. Mary Ellen Evans (wife) |

| BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY) | DATE (MONTH, DAY, YEAR) | CEMETERY OR CREMATORY—NAME | LOCATION (CITY OR TOWN, STATE) |
|---|---|---|---|
| 16a. Removal | 16b. July 26, 1978 | 16c. | 16d. Nashville, Tennessee |

| FUNERAL DIRECTOR (SIGNATURE) | LICENSE NO. | EMBALMER (SIGNATURE) | LICENSE NO. |
|---|---|---|---|
| 19a. | 19b. | 19c. | 19d. |

| FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | REGISTRAR—SIGNATURE | DATE RECEIVED BY LOCAL REGISTRAR |
|---|---|---|
| 20. Meharry Medical College, Nashville, Tn | 21a. Esther D. Grok | 21b. 8-4-78 |

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

| SIGNATURE | DEGREE | DATE SIGNED (MONTH, DAY, YEAR) |
|---|---|---|
| 22a. Robert K. Rhamy | M.D. | 22b. July 31, 1978 |

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. | | 23b. |

| CERTIFIER—NAME (TYPE OR PRINT) | MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) |
|---|---|
| 24a. Robert K. Rhamy, M. D. | 24b. Vanderbilt Hospital, Nashville, Tennessee |

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) | Adenocarcinoma of prostate | 12 years |
| 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: (b) | | |
| (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.

| ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) | DATE OF INJURY (MONTH, DAY, YEAR) | HOUR | DESCRIBE HOW INJURY OCCURRED |
|---|---|---|---|
| 27a. | 27b. | 27c. M. | 27d. |

| 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. | 27f. | 27g. |

FORM NO. 55.10
ED 1-78 CRC

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

RECEIVED OF _____

FOR _____

BOOK 7308 PAGE 196

| | | |
|---|---|---|
| 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 |
|---|---|---|---|---|
| | | | 85500.00- CAPITAL | |
| | | | 239.40 STATE | |
| | | | .50 PRFEE | |
| | | | 9.00 WDEED | |
| | | | CHECK | 248.90- |
| 4777A07/28/87 | | | BAL | .00 |

RECEIPT IS NOT VALID UNTIL CHECK IS PAID BY BANK

49972

IDENTIFICATION REFERENCE

JUL 28 9 51 AM '87

FELIX Z. WILSON II REGISTER
DAVIDSON COUNTY, TN

No. 108844