BOOK 7357 PAGE 753

67037

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

NAME Maxine Simpson
STREET ADDRESS Glenda Marie Evans
CITY P. O. Box 6221
STATE Long Beach, California
ZIP 90810

Title Order No. _____ Escrow No. _____

IDENTIFICATION REFERENCE

SEP 21 1 55 PM '87

JOHNSON COUNTY, TN

SPACE ABOVE THIS LINE FOR RECORDER'S USE

THIS DOCUMENT WAS PREPARED BY: Maxine Simpson, 2475 Daisy Avenue, Long Beach, California 90806.

GRANT DEED

JOINT TENANCY

DOCUMENTARY TRANSFER TAX $ None - Gift
☐ computed on full value of property conveyed, or
☐ computed on full value less liens and encumbrances remaining at time of sale.

Signature of Declarant or Agent Determining Tax — Firm Name

FOR VALUABLE CONSIDERATION, receipt of which is acknowledged, I (We), Susie M. Lanning, now deceased (name of grantor(s)) on March 7, 1977, and Maxine Simpson Evans as co-owners

grant to Maxine Simpson and Glenda Marie Evans as Joint Tenants (name of grantee(s))

AS JOINT TENANTS.

all that real property situated in the City of Nashville Tennessee

(or in an unincorporated area of) Davidson County, Tennessee, California,

described as follows (insert legal description):

Being a Southerly part of Lot No. 165 on the Map of Neill . Brown's Addition, of record in Book 57, page 56, Register's Office for Davidson County, Tennessee, and more accurately described as follows: Beginning at a point in the easterly margin of North Winter Street which point is a common corner of Lots Nos. 165 and 166 on said plan; running thence easterly along the dividing line between Lot No. 165, 170 feet to a point on the west margin of an alley, being the southeast corner of then west margin of an alley, being the southeast corner of said Lot No. 165; thence northerly along said margin of said alley 25 feet to a point in the southerly margin of Curtis Street,

Assessor's parcel No. _____ Short form of book of sale:

Executed on September 9, 1987 at 2476 Delta Avenue Long Beach, California (City and State)

Maxine Simpson Evans

STATE OF CALIFORNIA }
COUNTY OF LOS ANGELES } ss.

On this 9th day of September, in the year 1987, before me, the undersigned, a Notary Public in and for said State, personally appeared Maxine Simpson Evans,

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that She executed it.

WITNESS my hand and official seal.

Beatrice C. La Rue
Notary Public in and for said State
BEATRICE C. LARUE

OFFICIAL SEAL
BEATRICE C LA RUE
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
My comm. expires MAR 25, 1991

MAIL TAX STATEMENTS TO Maxine Simpson & Glenda Marie Evans P. O. Box 6221 Long Beach California 90810
NAME ADDRESS ZIP

DEED - GRANT - JOINT TENANTS
WOLCOTTS FORM 768 - Rev. 5-83
©1983 WOLCOTTS, INC
(price class 3)

This standard form is intended for the typical situations encountered in the field and listed. However, before you sign, read it, fill in all blanks and make whatever changes are appropriate and necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use.

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DESCRIPTION OF PROPERTY CONTINUED FROM PAGE 754:

and being the northeast corner of said lot no. 168; thence in a a northwesterly direction along the southerly margin of Marina Street 20 feet to a point, being the northeast corner of the lot conveyed to Uriel Martin July 28, 1906; thence southerly a long the easterly margin of the Uriel Martin lot 8 feet to a point, being the southeast corner of said Martin lot; thence westerly along the southerly margin of said Martin lot 150 feet, more of less, to a point on the easterly margin of North 9th Street, the southwest corner of said Martin lot; thence southerly along said margin of North 9th Street 91 feet, more or less, to the beginning. Being the same property conveyed to Uncle G. Bunning and wife Susie M. Bunning by deed from A. K. Smith and= Arch Bishop, Jr. of record in Book 1913, page 73 Register's Office for Davidson County Tennessee.

Property, known as 215 No. 9th Street, Nashville, Tennessee
(House Number) (Street) (P.O. Address) (City/Town)

State of CALIFORNIA }
County of LOS ANGELES } SS.

On this the 9th day of DECEMBER 19 87, before me,

the undersigned Notary Public, personally appeared

Maxine Simpson Evans

☒ personally known to me
☐ proved to me on the basis of satisfactory evidence
to be the person(s) whose name(s) is subscribed to the within instrument, and acknowledged that she executed it.
WITNESS my hand and official seal.

OFFICIAL SEAL
BEATRICE C LA RUE
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
My comm. expires MAR 25, 1991

Beatrice C. La Rue
Notary's Signature
BEATRICE C. LARUE

GENERAL ACKNOWLEDGMENT FORM 7110.052

NATIONAL NOTARY ASSOCIATION • 23012 Ventura Blvd. • Woodland Hills, CA 91364

STATE OF TENNESSEE }
COUNTY OF DAVIDSON } The actual consideration ~~or value, whichever is greater~~, for this transfer is $ none

Subscribed and sworn to before me, this the 9th day of September 19 87

My commission expires: March 25, 1991 (Affix Seal)

Affiant

Beatrice C. La Rue
Notary Public BEATRICE C. LARUE

(CVC)

OFFICIAL SEAL
BEATRICE C LA RUE
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
My comm. expires MAR 25, 1991

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

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STATE FILE NUMBER | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME	2a. DATE OF DEATH—MONTH, DAY, YEAR	2b. HOUR
Susie	Simpson	Dunning	March 7, 1977	3:00 P M

3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH	7. AGE (LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HOURS
Female	Negro	South Carolina	January 15, 1904	73 YEARS		

8. NAME AND BIRTHPLACE OF FATHER	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER
Andrew Jackson - South Carolina	Lizzie Norman - South Carolina

10. CITIZEN OF WHAT COUNTRY	11. SOCIAL SECURITY NUMBER	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
U.S.A.	424-05-5362	Widowed	---

14. LAST OCCUPATION	15. NUMBER OF YEARS IN THIS OCCUPATION	16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF-EMPLOYED SO STATE)	17. KIND OF INDUSTRY OR BUSINESS
Homemaker	Adult Life	Self	Own Home

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY	18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION)	18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)
Memorial Hospital of Long Beach	2801 Atlantic Avenue	Yes

18d. CITY OR TOWN	18e. COUNTY	18f. LENGTH OF STAY IN COUNTY OF DEATH	18g. LENGTH OF STAY IN CALIFORNIA
Long Beach	Los Angeles	10 YEARS	10 YEARS

USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	20. NAME AND MAILING ADDRESS OF INFORMANT
1871 Kramer Drive	Yes	Maxine Mims 1871 Kramer Drive Carson, California 90746

19c. CITY OR TOWN	19d. COUNTY	19e. STATE
Carson	Los Angeles	California

PHYSICIAN'S OR CORONER'S CERTIFICATION

21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE. THE CAUSES STATED BELOW WERE ON THE BASIS OF INVESTIGATION AS REQUIRED BY LAW. (SIGNATURE OF CORONER)

21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED.

FROM (ENTER MONTH, DAY, YEAR)	TO (ENTER MONTH, DAY, YEAR)	AND LAST SAW THE DECEASED ALIVE ON (ENTER MONTH, DAY, YEAR)
Apr 73	3-7-77	3-7-77

21c. PHYSICIAN OR CORONER (SIGNATURE AND DEGREE OR TITLE): Edward F Gutman MD

21d. DATE SIGNED: 3-9-77

21e. ADDRESS: 2865 Atlantic Long Beach

21f. LICENSE NUMBER: A 12155

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION	22b. DATE	23. NAME OF CEMETERY OR CREMATORY	24. EMBALMER—SIGNATURE OF BODY EMBALMED, LICENSE NUMBER
Burial	Shipped 3-10-1977	Madison, Tennessee Nashville National Cemetery	C. Barry Johnston 5730

25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO)	27. LOCAL REGISTRAR—SIGNATURE	28. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR
Dilday Family Mortuary	No	Lester C. Whitehead	MAR 9 1977

MEDICAL AND HEALTH DATA

CAUSE OF DEATH

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C.

CONDITIONS IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Shock and vasomotor collapse	immed
DUE TO, OR AS A CONSEQUENCE OF (B)	Uremia and chronic interstitial nephrosclerosis	15 yrs
DUE TO, OR AS A CONSEQUENCE OF (C)	and Diabetes mellitus	20 yrs

30. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I: Uremia, secondary. Pneumonitis, aspiration

31. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY YES OR NO)	32a. AUTOPSY? (SPECIFY YES OR NO)	32b. IF AUTOPSY OR OPERATION, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)
No	No	

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34. PLACE OF INJURY (E.G., HOME, FARM, FACTORY, OFFICE BUILDING, ETC.)	35. INJURY AT WORK (SPECIFY YES OR NO)	36a. DATE OF INJURY—MONTH, DAY, YEAR	36b. HOUR
				M.

37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (IN MILES)	38. WERE LABORATORY TESTS FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)?	39. WERE LABORATORY TESTS DONE FOR ALCOHOL (SPECIFY YES OR NO)?

40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29.)

STATE REGISTRAR

A.	B.	C.	D.	E.	F.
					84-1-0525

VS 11 (M 73)

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE OFFICE OF THE REGISTRAR-RECORDER OF THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES. IF IT BEARS THIS SEAL IN BLUE INK. FEE $2.00 MAR 9 1977 Registrar-Recorder/County Clerk