Prepared by: Milton W. Smith, Jr.
4301 Hillsboro Road
Nashville, TN 37215

Mail

WARRANTY DEED

MORTGAGEE: NONE

ADDRESS NEW OWNER (S) AS FOLLOWS:	SEND TAX BILLS TO:	MAP PARCEL NUMBERS
Alton Brooks Parker and wife, Anne Smith Parker	NAME: (Same)	Map 81-8 Parcel 220
NAME: 340 21st Avenue North (STREET ADDRESS OR ROUTE NUMBER)	(STREET ADDRESS)	
Nashville, TN 37203 (CITY) (P.O. ZONE) (STATE)	(CITY) (ZONE) (STATE)	

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FOR AND IN CONSIDERATION of the sum of..... Ten and 00/100 ($10.00) ..... *Dollars,*

Cash in hand paid by the Grantees, hereinafter named, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged,

DAVIDSON COUNTY, TN. Dec 14 9 45 AM IDENTIFICATION REFERENCE 90039

Carlene Bigsby, James E. Bigsby and Clarissa Bigsby, the heirs of James William Bigsby, deceased, hereinafter called Grantors,

have this day bargained and sold, and do hereby transfer and convey unto the said..... Alton Brooks Parker and wife, Anne Smith Parker, hereinafter called Grantees, their

..... ~~successors~~, heirs and assigns.

certain real estate in Davidson County, Tennessee, as follows:

Being the north of Lot No. 456 on the Map of North Nashville Real Estate Company's Plan of Lots of record in Book 21, page 105, Register's Office for said county.

Said part of said lot fronts 25 feet, more or less, on 6th Avenue North and extends back between parallel lines to an alley.

Being the same property conveyed to James William Bigsby by deed of record in Book 6620, page 910, said Register's Office, and by will of record in Will Book 148, page 193, Probate Court for said county. The said James William Bigsby having died intestate, being survived by Grantors, his only heirs at law. (See attached Exhibits A & B).

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration or value whichever is greater, for this transfer is $ 6,500.00

Subscribed and sworn to before me, this the 9th day of December, 1987

Affiant

My commission expires 9n19,1988
(Affix Seal)

Notary Public

unimproved( )
This is improved (X) property, known as 1805 1/2 - 6th Avenue North, Nashville, TN
(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,..... We ..... *covenant that* ..... we are ..... *lawfully seized and possessed of said real estate in fee simple, have a good right to convey it, and that the same is unencumbered.*

We ..... *further covenant and bind*..... ourselves, our ..... *heirs and representatives, to warrant and forever defend the title to said real estate to said*..... Grantees, their .....

~~successors~~, heirs and assigns, *against the lawful claims of all persons.*

Witness..... our ..... *hands*..... *this* ..... 9th ..... *day of* ..... December ..... *19* 87 ..... *the corporate party, if any, having caused its name to be signed hereto by its duly authorized officers on said day and date.*

Carlene Bigsby
Carlene Bigsby

James E. Bigsby
James E. Bigsby

Clarissa Bigsby
Clarissa Bigsby

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personallly appeared before me, the undersigned *a Notary Public in and for said County and State,* Carlene Bigsby, James E. Bigsby, and Clarissa Bigsby *the within named bargainors, with whom I am personally acquainted, and who acknowledged that* they *executed the within instrument for the purpose therein contained.*

Witness my hand and official seal at Nashville, *Tennessee, this* 9th *day of* December, 19 87

Notary Public

Commission expires Jan 19, 1988

NOTARY PUBLIC DAVIDSON COUNTY

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Before me, _____, *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

Compliments of
Colonial Title Company
Suite 110, Continental Plaza
4301 HILLSBORO ROAD
NASHVILLE, TENNESSEE 37215

EXHIBIT A

AFFIDAVIT OF CARLENE BIGSBY,
JAMES E. BIGSBY AND CLARISSA BIGSBY

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

CARLENE BIGSBY, JAMES E. BIGSBY, and CLARISSA BIGSBY, being first duly sworn according to law makes oath as follows:

1. They are the widow, son and daughter, respectively, of James William Bigsby, who died intestate in Davidson County, Tennessee, on August 30, 1987, and are the only heirs at law of the said James William Bigsby, deceased.

2. The said James William Bigsby owned during his lifetime certain real property located at 1805 1/2 - 6th Avenue North, Nashville, Davidson County, Tennessee, by virtue of that deed of record in Book 6620, page 910, Register's Office for said county.

3. There are no debts or taxes owing against the estate of James William Bigsby or against the estate of Beulah Bigsby Smith.

FURTHER AFFIATH SAITH NOT.

Carlene Bigsby
CARLENE BIGSBY

James E. Bigsby
JAMES E. BIGSBY

Clarissa Bigsby
CLARISSA BIGSBY

Sworn to and subscribed before me, this 9th day of November, 1987.

NOTARY PUBLIC

My Commission expires: Jan 19, 1988

EXHIBIT B

Metropolitan Government of Nashville and Davidson County

Richard H. Fulton, Mayor

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

ESTHER D. GROH, LOCAL REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY

SEP 3 1987

Esther D. Groh

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.

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CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

BECOMES A LEGAL RD WHEN PROPERLY EXE- D AND FILED.

703932

OR PRINT IN AMENT BLACK INK.

BIRTH NO. _____ STATE FILE NO.

DECEASED

1. DECEASED—NAME: First: James; Middle: William; Last: Bigsby
2. DATE OF DEATH (MONTH, DAY, YEAR): August 30, 1987
3a. AGE—LAST BIRTHDAY (YEARS): 66
3b. UNDER 1 YEAR: MONTHS / DAYS
3c. UNDER 1 DAY: HOURS / MINS.
4. DATE OF BIRTH (MONTH, DAY, YEAR): 8-19-21
5. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC (SPECIFY)): Black
6. ORIGIN OR DESCENT (ITALIAN, MEXICAN, GERMAN, ETC (SPECIFY)): American
7. SEX: Mal
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.): Parkview Hospital
7e. IF HOSP. OR INST., INDICATE OP/Emer. Rm., Inpatient (In: DOA
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Tennessee
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Carleen Bryant
12a. SOCIAL SECURITY NUMBER (IF NONE, SPECIFY): 413-16-6106
12b. SERVICE IN ARMED FORCES (SPECIFY BRANCH OR DATES OF SERVICE): Navy
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Accountant
13b. KIND OF BUSINESS OR INDUSTRY: State Office Blo
14. RESIDENCE—STATE: Tennessee
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Nashville
14d. STREET AND NUMBER: 1711-6th Ave. N.
14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14f. CENSUS TRACT:

PARENTS AND INFORMANT

15. FATHER—NAME: Jim Bigsby
16. MOTHER—MAIDEN NAME: Beulah Smith
17. INFORMANT—NAME: Carleen Bigsby
17a. MAILING ADDRESS: 1711-6th Ave. No

DISPOSITION

18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial
18b. DATE (MONTH, DAY, YEAR): 9-4-87
18c. CEMETERY OR CREMATORY—NAME: National
18d. LOCATION—CITY OR TOWN: Madison
18d. LOCATION—STATE: Tenn.
19a. FUNERAL DIRECTOR (SIGNATURE): [signature]
19b. LICENSE NO.: 632
19c. EMBALMER (SIGNATURE): [signature]
19d. LICENSE NO.: 201
20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Holmes Funeral Home, Nashville, Tn.
21a. REGISTRAR—SIGNATURE: Mary Pentecost
21b. DATE RECEIVED BY LOCAL REGISTRAR: 9-2-87

CERTIFIER

22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE AND DUE TO THE CAUSES STATED.
SIGNATURE: [signature] DEGREE: MD
22b. DATE SIGNED (MONTH, DAY, YEAR): 9/2/87
22c. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSES STATED.
SIGNATURE: TITLE:
22d. DATE SIGNED (MONTH, DAY, YEAR):
23a. CERTIFIER—NAME (TYPE OR PRINT): James Davison
23b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP):

CAUSE

24. 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): 1(a). Respiratory Arrest
DUE TO, OR AS A CONSEQUENCE OF (b):
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST (c): Terminal Lung Cancer
DUE TO, OR AS A CONSEQUENCE OF:
(d):
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)
25. AUTO (YES OR NO):

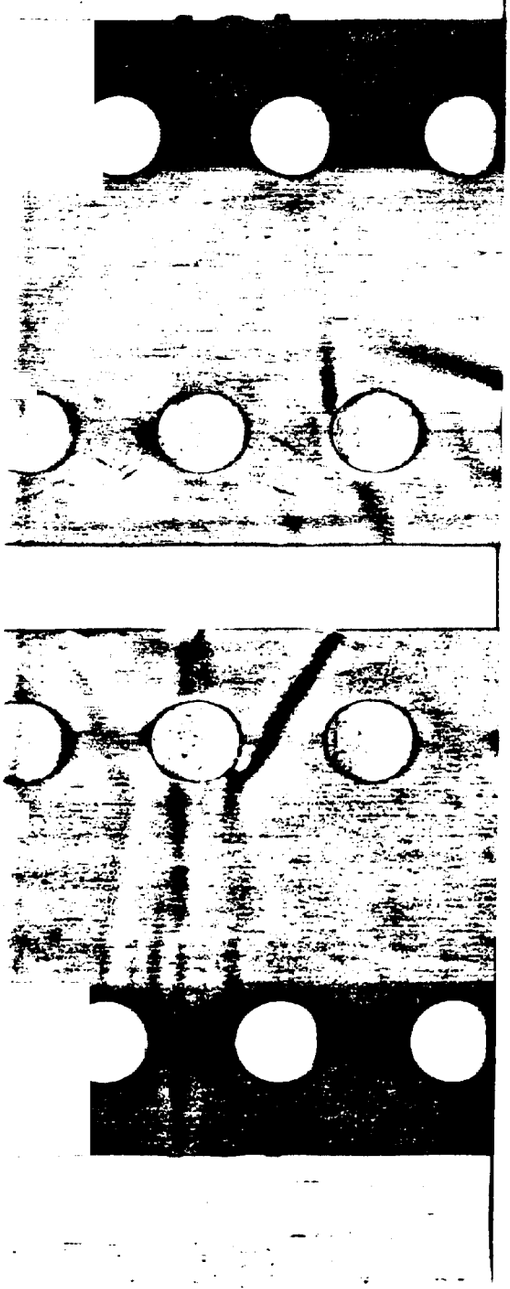
26. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)
27a. DATE OF INJURY (MONTH, DAY, YEAR)
27b. HOUR
27c. M.
27d. DESCRIBE HOW INJURY OCCURRED
27e. INJURY AT WORK (SPECIFY YES OR NO)
27f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (SPECIFY)
27g. LOCATION—STREET OR R.F.D. NO., CITY OR TOWN, STATE

DEATH NOT ATTENDED BY YSICIAN, AUTHORIZED OF- IAL SIGN HERE. ANY YSICIAN OR MEDICAL EX- INER EXECUTING CER- ICATE MUST COMPLETE D SIGN MEDICAL CER- IFICATION WITHIN 48 URS. POWER OF INATURE CANNOT BE EGATED.

CERTIFIER

PH-1699
Rev. 9/81 enc

202-06-002



OFFICIAL RECEIPT

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

RECEIVED OF _____

FOR _____

BOOK 7424 PAGE 920

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

DATE	SYMBOL	VALUATION	TAX AND FEES	TOTAL
			6500.00-	CAMT.
			18.20	MSTAX
		VD	18.20-	MSTAX
			18.20	CSTAX
			.50	PRFEE
			12.00	TDEED
		VD	12.00-	TDEED

RECEIPT IS NOT VALID UNTIL CHECK IS PAID BY BANK

CASH 30.70-

1462A12/14/87 BAL .00

9:00:39.

IDENTIFT REFERENCE

Dec 14 9 45 AM '87

FELIX Z. WILSON II REGISTER
DAVIDSON COUNTY, TN

No. 44448