Culwell E. Ward
Attorney at Law
Suite 1720, Parkway Towers
Nashville, Tennessee 37219

BOOK 7922 PAGE 699

QUITCLAIM DEED

ADDRESS NEW OWNER(S) AS FOLLOWS	SEND TAX BILLS TO	MAP-PARCEL NUMBERS
Ella B. Fulce	Same	117-4
(NAME)	(NAME)	
1503 Dallas Avenue		188
(STREET ADDRESS OR ROUTE NUMBER)	(STREET ADDRESS)	
Nashville, TN 37212		
(CITY) (STATE) (P.O. ZIP)	(CITY) (STATE) (ZIP)	

FOR AND IN CONSIDERATION of love and affection (and no monetary consideration) and for the express purpose of making a re-conveyance to Ella B. Fulce 9150 08/25 0101 03CHECK 9.00

XX I, Ella B. Fulce

by these presents do hereby quitclaim and convey unto Culwell E. Ward

, *Trustee, his successors and assigns, the following described tract or parcel of land, to wit:*

Being Lot No. 27 on the Plan of Victoria Place, as of record in Book 332, Page 10, Register's Office for Davidson County, Tennessee. Said Lot No. 27 fronts 62.5 Feet on the south side of Dallas Avenue and runs back betwen parallel lines, 130.5 feet to an alley.

Being the same property conveyed to Mattie dansby and Ella B. Fulce by Installemnt Deed in Book 4459, page 881, R.O.D.C., Mattie Dansby having died instestate on December 19, 1985, with Ella B. Fulce, her daughter, being her sole surviving heir. Death Certificate of Mattie Dansby is attached as "Exhibit A".

AUG 25 9 38 AM '89 DAVIDSON COUNTY, TN IDENTIFICATION REFERENCE 6 0 6 7. 2

STATE OF TENNESSEE
COUNTY OF DAVIDSON } The actual consideration or value whichever is greater, for this transfer is $ -0-

Subscribed and sworn to before me, this the 23 day of Aug 1989

Affiant: Ella B Fulce

My commission expires: 11-12-89 (Affix Seal) Notary Public

This is unimproved ( ) improved (X) property, known as 1503 Douglas Avenue, Nashville, (House Number) (Street) P. O. Address: (City or Town) (Postal Zone)

Said property is conveyed subject to such limitations, restrictions, and encumbrances as may affect the premises.

And now, I, the said Culwell E. Ward *, Trustee, for the express purpose of carrying out the intent of this conveyance, as above set out, do hereby quitclaim and convey unto* Ella B. Fulce

her *heirs and assigns, the same property hereinabove described and set forth, to which reference is here made, and said property is conveyed subject to the same limitations, restrictions and encumbrances as may affect the premises, as above set forth.*

IN WITNESS WHEREOF *we have hereunto set our hands on this the* 23 *day of* August, 1989.

THIS INSTRUMENT WAS PREPARED BY:

Ella B Fulce

Culwell E. Ward
Trustee.

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STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, [illegible] Jack W. Langford, a Notary Public in and for said County and State, the within named, Ella B. Fulce the Barguinors, with whom I am personally acquainted, and who acknowledged that they executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at Nashville, Tennessee, this 23 day of August, 1989

Jack W. Langford
Notary Public

My commission expires: 11-12-89

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, [illegible] Jack W. Langford, a Notary Public in and for said County and State, the within named Calvell E. Ward, Trustee, the bargainor, with whom I am personally acquainted, and who acknowledged that he, as Trustee, executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at Nashville, Tennessee, this 23 day of August, 1989

Jack W. Langford
Notary Public

My commission expires: 11-12-89

Deed

From:

to: Trustee.

AND

From:

to: Trustee.

Compliments of
Chicago Title Insurance Company
First Floor — First American Center

Phone 255-4631
NASHVILLE, TENNESSEE 37238

Metropolitan Gover ent of Nashville and Davidson County

Bill Boner, Mayor

FREDIA S. WADLEY, M.D.
LOCAL REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY, TN

JUN 14 1989

Fredia S. Wadley, M.D

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

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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.

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

8505846
THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

H

BIRTH NO. _____ STATE FILE NO. _____

TYPE OR PRINT IN PERMANENT BLACK INK.

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS AND INFORMANT

PERMIT REQUIRED PRIOR TO TRANSPORTATION OF BODY BY COMMON CARRIER OR REMOVAL FROM STATE.

DISPOSITION

CERTIFIER

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE. ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

CAUSE

1. DECEASED—NAME (First) Mattie	(Middle) Fulce	(Last) Dansby		2. DATE OF DEATH (Month, Day, Year) December 19, 1985	
3a. AGE—Last Birthday (Years) 86	3b. Under 1 Year: Months	3c. Under 1 Day: Hours	3d. Minutes	4. DATE OF BIRTH (Month, Day, Year) 10-16-1899	5. RACE (White, Black, American Indian, Etc.) Black
6. ORIGIN OR DESCENT (Italian, Mexican, German, Etc.) American	7. SEX Female				
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.) 1503-Dallas Ave.	7e. If hosp. or inst., indicate dept. (Specify, No., Resident, Patient) Resident	
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) Widowed	11. SURVIVING SPOUSE (If wife, give maiden name)		
12a. SOCIAL SECURITY NUMBER (Of name, specify) 411-46-6293	12b. SERVICE IN ARMED FORCES (Specify branch or dates of service) None	13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	13b. KIND OF BUSINESS OR INDUSTRY		
14a. RESIDENCE—STATE Tennessee	14b. COUNTY Davidson	14c. CITY, TOWN, OR LOCATION Nashville	14d. STREET AND NUMBER 1503-Dallas Ave.	14e. INSIDE CITY LIMITS (Specify Yes or No) Yes	14f. CENSUS TRACT NO.
15. FATHER—NAME Horace Nixon	16. MOTHER—MAIDEN NAME Fannie McDonald	17. INFORMANT—NAME Ella B. Fulce	MAILING ADDRESS 1503-Dallas Ave.		
18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	18b. DATE (Month, Day, Year) 12-24-85	18c. CEMETERY OR CREMATORY—NAME Greenwood	18d. LOCATION—City or Town Nashville	State Tenn.	
19a. FUNERAL DIRECTOR (Signature) Andrew Holmes	19b. LICENSE NO. 635	19c. EMBALMER (Signature) Andrew Holmes	19d. LICENSE NO. 2003		
20. FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, ZIP) Holmes Funeral Home, Nashville, Tn.	21. REGISTRAR—SIGNATURE Esther D. Groh	DATE RECEIVED BY LOCAL REGISTRAR 12-23-85			
22a. PHYSICIAN—I certify that the death occurred at the place, on the date, and due to the causes stated.	SIGNATURE	DEGREE	22b. DATE SIGNED (Month, Day, Year)		
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 I. E. Simpkins MD	TITLE	DATE SIGNED (Month, Day, Year) 12-19-85		
23a. CERTIFIER—NAME (Type or Print) T. E. SIMPKINS, M. D.	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, ZIP) 1120 DICKERSON RD., NASHVILLE, TN. 37207				

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)	Metastatic Carcinoma	
DUE TO, OR AS A CONSEQUENCE OF: (b)	Ca Colon	appx 14 mos
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)

25. AUTOPSY (Yes or No) No

27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (Specify)	27b. DATE OF INJURY (Month, Day, Year)	27c. HOUR	27d. DESCRIBE HOW INJURY OCCURRED
		M.	

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)

FH-1060
Rev. 9/81 cmc

"EXHIBIT A"

202-06-002

RECORDER'S MEMO
Legibility of Writing, Typing or Printing Unsatisfactory in this Document When Received.