FILE BOX 30

BRENT A. CAMPBELL NOTARY PUBLIC AT LARGE STATE OF TENNESSEE

STATE OF TENNESSEE
COUNTY OF DAVIDSON The actual consideration or value whichever is greater, for this transfer is $ 54,900.00

Subscribed and sworn to before me, this the 17 day of November 19 89

My Commission Expires Jan 21 1990

Affiant

My commission expires: January 21, 1990 (Affix Seal)

Notary Public

WARRANTY DEED BOOK 7988 PAGE 811

THIS INSTRUMENT WAS PREPARED BY	
SOUTHEAST TITLE of Tennessee, Inc. 9B14404	
Suite 100, Bristol Building, 7003 Chadwick Drive, Brentwood, TN 37027	
ADDRESS OF NEW OWNER:	SEND TAX BILLS TO:
James E. Baltz	
1945 Omohundro Dr. (STREET ADDRESS)	(STREET ADDRESS)
Donelson, TN 37210 (CITY STATE ZIP)	(CITY STATE ZIP)
MAP & PARCEL NO 95-5 40 /3DZ38020	

FOR AND IN CONSIDERATION OF THE SUM OF TEN DOLLARS, CASH IN HAND PAID BY THE HEREINAFTER NAMED GRANTEE(S), AND OTHER GOOD AND VALUABLE CONSIDERATIONS, THE RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED, Ova G. Lawson, a widow, also being known as Ova Green Lawson.

HEREINAFTER CALLED GRANTOR(S), HAVE BARGAINED AND SOLD, AND BY THESE PRESENTS DO HEREBY TRANSFER AND CONVEY UNTO James E. Baltz, unmarried

HEREINAFTER CALLED GRANTEE(S), THEIR HEIRS AND ASSIGNS, A CERTAIN TRACT OR PARCEL OF LAND, TOGETHER WITH ALL TENEMENTS, HEREDITAMENTS AND APPURTENANCES THERETO LOCATED IN Davidson COUNTY, STATE OF TENNESSEE, MORE PARTICULARTY DESCRIBED AS FOLLOWS:

Being Lot Number 7 on the Plan of Foxwood, of record in Plat Book 2900 at page 24, Register's Office for Davidson County, Tennessee, to which reference is hereby made for a more complete description.

Being all of the property conveyed to William K. Lawson and wife, Ova Green Lawson by Deed of record in Book 3161 page 454, Register's office for said County. William K. Lawson, now being deceased. Certificate Attached Exhibit "A"
Ova G. Lawson being one and the same person as Ova Green Lawson.

This conveyance is subject to taxes for the year 1990 and subsequent years, easements and restrictive covenants of record.

83763

IDENTIF. REFERENCE

Nov 21 12 31 PM '89

FELIX Z. ... DAVIDSON COUNTY REG.

6415 11/21 0101 03CHECK 191.17

THIS IS _____ IMPROVED PROPERTY KNOWN AS 1945 Omohundro Dr., Nashville, TN 37210

TO HAVE AND TO HOLD the said tract or parcel of land, with the appurtenance, estate, title and interest thereto belonging to the said GRANTEES, their heirs and assigns, forever; and we do covenant with the said GRANTEES that we are lawfully seized and possessed of said land in fee simple, have a good right to convey it, and the same is unencumbered, unless otherwise herein set out; and we do further covenant and bind ourselves, our heirs and representatives, to warrant and forever defend the title to the said land to the said GRANTEES, their heirs and assigns, against the lawful claims of all persons whomsoever. Wherever used, the singular number shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

Witness my hand this 17 day of November, 19 89

Ova G Lawson by Lee Hajdasz Attorney in Fact

Ova G. Lawson by Attorney in Fact,
Lee Hajdasz

State of Tennessee
County of _____

On this_____day of_____, 19_____, before me personally appeared _____ to me known to be the person(s) described in or proved to me on the basis of satisfactory evidence, and who executed the foregoing instrument, and who acknowledged the execution of the same to be_____free act and deed.

Witness my hand and official seal.
My Commission expires:

_____ _____
Notary Public

State of Tennessee
County of _____

On this_____day of_____, 19_____, before me personally appeared _____ to me known to be the person(s) described in or proved to me on the basis of satisfactory evidence, and who executed the foregoing instrument, and who acknowledged the execution of the same to be_____free act and deed.

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Witness my hand and official seal.
My Commission expires:

_____ _____
Notary Public

WARRANTY DEED

SOUTHEAST TITLE
OF TENNESSEE, INC.

SUITE 100
BRISTOL BUILDING
7003 CHADWICK DRIVE
BRENTWOOD, TN 37027

State of Tennessee
County of Davidson

On this 17th day of November, 1989, before me personally appeared Lee Hajdasz, to me known or proved to me on the basis of satisfactory evidence, to be the person who executed the foregoing instrument in behalf of Ova G. Lawson, acknowledged that she executed the same as the free act and deed of said Ova G. Lawson.

Witness my hand and official seal.
My Commission expires:
January 21, 1990

Notary Public Brent A. Campbell

BRENT A. CAMPBELL
NOTARY PUBLIC AT LARGE
STATE OF TENNESSEE

My Commission Expires Jan. 21, 1990

Exhibit "A"

FILE BOX 30

STATE OF TENNESSEE
DEPARTMENT OF HEALTH AND ENVIRONMENT
CORDELL HULL BUILDING
NASHVILLE, TENNESSEE 37219-5402

BOOK 7988 PAGE 813

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 Health and Environment and red imprinted signature of the State Registrar are affixed.

STATE REGISTRAR

Paula Taylor
Paula Taylor
State Registrar

40
1994-

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH FILE NO. 77 000581
DIVISION OF VITAL STATISTICS

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

33

TYPE OR PRINT IN PERMANENT BLUE OR BLACK INK.

BIRTH NO.

DECEASED

1. DECEASED — NAME: William Kay Lawson
2. DATE OF DEATH (MONTH, DAY, YEAR): 1/14/1977
3. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)): White
4. SEX: Male
5a. AGE — LAST BIRTHDAY (YEARS): 80
5b. IF UNDER 1 YEAR — MONTHS / DAYS:
5c. IF UNDER 1 DAY — HOURS / MIN.:
6. DATE OF BIRTH (MONTH, DAY, YEAR): 11/23/1896
7a. COUNTY OF DEATH: Davidson
7b. CITY, TOWN, OR LOCATION OF DEATH: Nashville
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
7d. HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Middle Tenn. Mental Health Institute
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): Ova Scantland
12a. SOCIAL SECURITY NUMBER: [redacted]-3713
12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE): No
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): None
13b. KIND OF BUSINESS OR INDUSTRY:

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

14a. RESIDENCE — STATE: Tennessee
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Nashville
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14e. STREET AND NUMBER: 1945 Omohundro Street

PARENTS AND INFORMANT

15. FATHER — NAME: Willian Lawson
16. MOTHER — MAIDEN NAME: Angela Lynn
17. INFORMANT — NAME: Hospital Records-
MAILING ADDRESS: Middle Tenn. Mental Health Institute

CAUSE

18. PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)]
IMMEDIATE CAUSE (a) Pneumonia, bacterial — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 & 9
DUE TO, OR AS A CONSEQUENCE OF:
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST
(b)
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): Diabetes mellitus, controlled; generalized arteriosclerosis
19a. AUTOPSY (YES OR NO): No
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH?: 9

ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 72 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY): 20b. DATE OF INJURY (MONTH, DAY, YEAR): 20c. HOUR: M. 20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18):
20e. INJURY AT WORK (SPECIFY YES OR NO): 20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY): 20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):

CERTIFIER

PHYSICIAN — CERTIFICATION: I ATTENDED THE DECEASED AND DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. SIGNATURE: R. H. Kampmeier, M.D. TITLE:
21a. DATE SIGNED (MONTH, DAY, YEAR): 21b. 1/21/1977

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE.

MEDICAL EXAMINER — CERTIFICATION: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE: TITLE:
22a. DATE SIGNED (MONTH, DAY, YEAR): 22b.

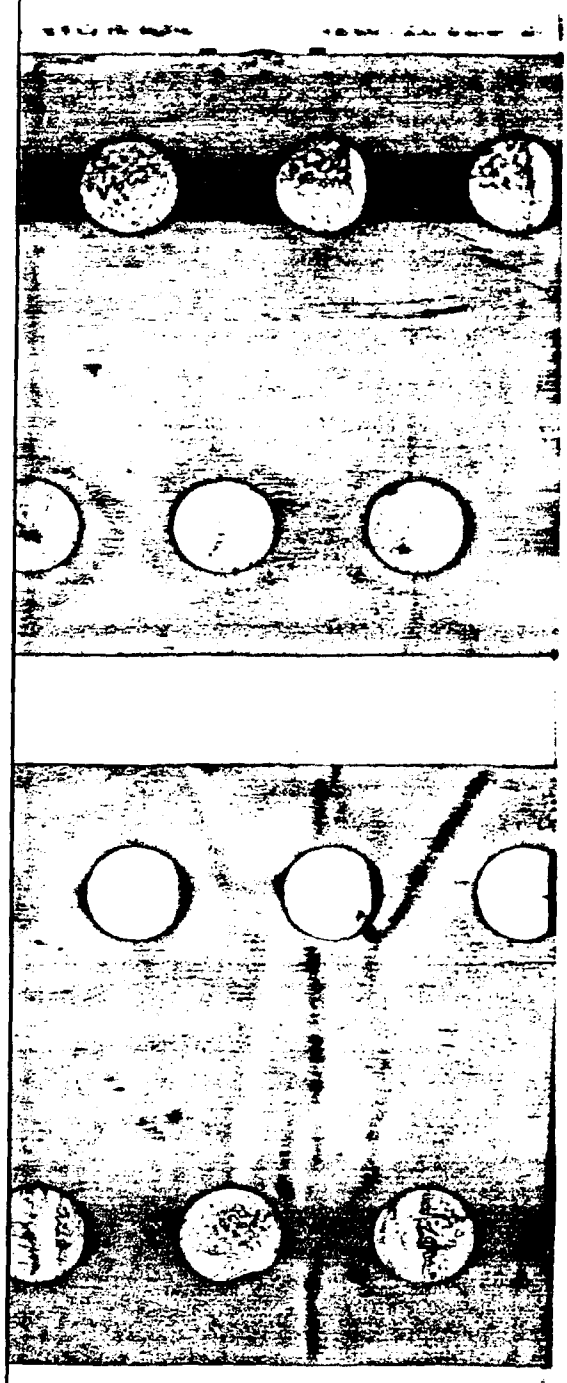
CERTIFIER — NAME (TYPE OR PRINT): 23a. R. H. Kampmeier, M.D.
MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 23b. 1501 Murfreesboro Road, Nashville, Tennessee 37217

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

BURIAL

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
24b. DATE (MONTH, DAY, YEAR): Jan. 16, 1977
24c. CEMETERY OR CREMATORY — NAME: John L. Clark
24d. LOCATION (CITY OR TOWN, STATE): Rt. #4, Gainesboro, Tennessee
25. FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Anderson Funeral Home, Gainsboro, Tennessee
26a. REGISTRAR — SIGNATURE: Esther D. Grok
26b. DATE RECEIVED BY LOCAL REGISTRAR: 1-28-77

FORM 130 REV. 1-68



OFFICIAL RECEIPT

FELIX Z. WILSON, II

REGISTER OF DAVIDSON COUNTY

NASHVILLE, TENNESSEE

RECEIVED OF _____

FOR _____

BOOK 7988 PAGE 814

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

CAMT 54900.00
CON TX 181.17
PRFEE 1.00
WDEED 9.00
TOTAL 191.17
CHECK 191.17

11/21/89 01 12:28 0001 6415

RECEIPT IS NOT VALID UNTIL CHECK IS PAID BY BANK

83763

IDENTIF. REFERENCE

Nov 21 12 31 PM '89

FELIX Z. WILSON, REGISTER
DAVIDSON COUNTY TN.

No. 263222