PREPARED BY:

THOMAS H. WARE
2121 Parkway Towers
Nashville, Tennessee 37219
615/ 242-8107

BOOK 8251 PAGE 33

QUITCLAIM DEED

Address of New Owner as Follows: JoAnn Moss & James R. Moss
6214 Morrow Road
Nashville, Tenn. 37209

Send Tax Bills To: JoAnn Moss & James R. Moss
6214 Morrow Road
Nashville, Tenn. 37209

Map Parcel Nos. 91-1'59

KNOW ALL MEN BY THESE PRESENTS:

That ANITA POLSON, for and in consideration of the payment of the sum of Eighteen Thousand Five Hundred Dollars ($18,500.00), cash in hand paid, for the express purpose of making a conveyance, does hereby quitclaim and convey unto JoANN MOSS and JAMES R. MOSS, husband and wife, their successors and assigns, all her right, title and interest in and to the following described tract of land located in Davidson County, Tennessee, said tract of land being held by the said Anita Polson and JoAnn Moss as tenants in common, same having been vested in them upon the death of their natural mother, Rebecca Louis Nance, on May 11, 1989, a copy of the Death Certificate being made an exhibit hereto and incorporated, said property being more particulary described as follows:

BEING Lot No. 9, Cherokee Park Subdivision.

SAID Lot No. 9 fronts 50 feet on the north side of Morrow Road and extends back between parallel lines with the east margin of 22nd Street, now 63rd Avenue, North, 150 feet to an alley.

Being the same property conveyed to Walker Nance and wife, Rebecca Louise Nance, by Louis Anderson and wife, Louise Anderson, of record in Book 1639, page 627, Register's Office of Davidson County, Tennessee.

77244

IDENTIF. TREFERENCE

DEC 5 10 39 AM '90

FELIX Z. WILSON REGISTER
DAVIDSON COUNTY TN.

6361 12/05 0101 03CHECK 74.05

The said Walker Nance having died intestate on December 30, 1980, leaving his surviving widow, Josephine Louise Nance.

The said Rebecca Louise Nance having died intestate on May 11, 1989, unmarried, and leaving two lawful heirs, her natural daughters, Anita Polson and JoAnn Moss.

Witness my hand this the 3rd day of December, 1990.

Anita Polson
ANITA POLSON

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

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

Witness my hand and official seal at Nashville, Davidson County, Tennessee, the the 3rd day of December, 1990.

NOTARY PUBLIC

My Commission Expires: July 23, 1994.

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

The actual consideration for this transfer is $18,500.00.

Anita Polson
ANITA POLSON

Sworn to and subscribed before me this the 3rd day of December, 1990.

NOTARY PUBLIC

My Commission Expires: July 23, 1994.

quitclm/c

Metropolitan Government of Nashville and Davidson County

Richard H. Fulton, Mayor

I, M. BISTOWISH, M.D., REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY

JAN 13 1981

J. M. Bistowish, M.D.

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-5313

BOOK 8251 PAGE 35

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 PUBLIC HEALTH
VITAL RECORDS

8005939

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

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

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

DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE. ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 72 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

BIRTH NO. _____ STATE FILE NO. _____

1. DECEASED—NAME: Joseph Walker Nance			2. DATE OF DEATH (MONTH, DAY, YEAR): 12-30-1980
3a. AGE—LAST BIRTHDAY (YEARS): 68	3b. UNDER 1 YEAR: MOS. / DAYS	3c. UNDER 1 DAY: HRS. / MINS.	4. DATE OF BIRTH (MONTH, DAY, YEAR): 6-19-1912
5. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)): white			6. SEX: male
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.): 6216 Morrow Rd.
7e. IF HOSP. OR INST., INDICATE DOA, OP/Emer. Rm., Inpatient (Specify): P.R.			
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Tenn	9. CITIZEN OF WHAT COUNTRY: USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): married	11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Rebecca Louise Bassham
12a. SOCIAL SECURITY NUMBER: [redacted]-6862	12b. SERVICE IN ARMED FORCES (SPECIFY BRANCH OR DATES OF SERVICE):	13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Welder	13b. KIND OF BUSINESS OR INDUSTRY: Nashville Machine Co.
14a. RESIDENCE—STATE: Tenn.	14b. COUNTY: Davidson	14c. CITY, TOWN, OR LOCATION: Nashville	14d. STREET AND NUMBER: 6216 Morrow Rd.
14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes	14f. CENSUS TRACT NO.		
15. FATHER—NAME: Joseph Walker Nance, Sr.	16. MOTHER—MAIDEN NAME: Roxie R. Ricketts	17. INFORMANT—NAME: James Moss	MAILING ADDRESS: 6214 Morrow Rd. Nashville, Tn. STATE: 37209
18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial	18b. DATE (MONTH, DAY, YEAR): 12-31-1980	18c. CEMETERY OR CREMATORY—NAME: Harpeth Hills Cem.	LOCATION: Nashville Tn.
19a. FUNERAL DIRECTOR (SIGNATURE): Floyd D. Ricketts	19b. LICENSE NO.: 2027	EMBALMER (SIGNATURE): Floyd D. Ricketts	19c. LICENSE NO.: 2922
20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Pettus-Owen & Wood, Inc. Nashville, Tn.	REGISTRAR—SIGNATURE: Marguerite M. Bumpas		21b. DATE RECEIVED BY LOCAL REGISTRAR: 1-9-81
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)
23a. 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: [illegible]	TITLE: Coroner	23b. DATE SIGNED (MONTH, DAY, YEAR): 1-4-81
24a. CERTIFIER—NAME (TYPE OR PRINT): John C Ashhurst MD	24b. MAILING ADDRESS (STREET OR R.F.D. NO.): 4200 King St	CITY OR TOWN: Nash	STATE: Tn ZIP: 37215

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)	Cardiac Arrest	
DUE TO, OR AS A CONSEQUENCE OF: (b)	Acute Left Coronary Artery Occlusion	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO, OR AS A CONSEQUENCE OF: (c)	Coronary Heart Disease	

PART II. OTHER SIGNIFICANT CONDITIONS. (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)): Chronic Obstructive Pulmonary Disease

AUTOPSY (YES OR NO): No

27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	27b. DATE OF INJURY (MONTH, DAY, YEAR)	27c. HOUR: 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:

VSM FORM NO. 55.10
REVISED 1-75

08-018-14-800

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

Metropolitan Government of Nashville and Davidson County

Bill Boner, Mayor

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

MAY 31 1989

Fredia S. Wadley, M.D.

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

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.

8902416 — TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT — STATE FILE NUMBER

CERTIFICATE OF DEATH

BOOK 8251 PAGE 36

TYPE / PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Rebecca Louise Nance
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): May 11, 1989
4. SOCIAL SECURITY NUMBER: [redacted]-0579
5a. AGE - LAST BIRTHDAY (Years): 74
5b. UNDER 1 YEAR: Months / Days / Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): March 16, 1915
7. BIRTHPLACE (City and State or Foreign Country): Columbia, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 | | Yes 2 |X| No
9. PLACE OF DEATH (Check only one): 1 |X| Inpatient 2 | | ER/Outpatient 3 | | DOA 4 | | Other 5 | | Nursing Home 6 | | Residence 7 | | Other (Specify)
9a. FACILITY NAME (If not institution, give street and number): St. Thomas Hospital
9b. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9c. COUNTY OF DEATH: Davidson
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
12b. KIND OF BUSINESS/INDUSTRY:
13a. RESIDENCE - STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN, OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 6216 Morrow Rd.
CENSUS TRACT:
13e. INSIDE CITY LIMITS? 1 |X| Yes 2 | | No
13f. ZIP CODE: 37209
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - If yes specify Cuban, Mexican, Puerto Rican, etc.) | | Yes 0 |X| No — Specify if yes:
15. RACE - American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8th; College (1-4 or 5+):

NAME OF DECEDENT For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Chancey Bell Bassham
18. MOTHER'S NAME (First, Middle, Maiden Surname): Lena Maude Reed

INFORMANT

19a. INFORMANT'S NAME (Type/Print): James R. Moss
19b. RELATIONSHIP TO DECEASED: Son-In-Law
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 6214 Morrow Rd. Nashville, TN. 37209

DISPOSITION

20a. METHOD OF DISPOSITION: 1 |X| Burial 2 | | Cremation 3 | | Removal from State 4 | | Donation 5 | | Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Harpeth Hills
20c. LOCATION - City or Town, State: Nashville, TN.
21a. SIGNATURE OF FUNERAL DIRECTOR: John W. McCormack
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2026
21c. SIGNATURE OF EMBALMER: Richard Morrison
21d. LICENSE NUMBER OF EMBALMER: 3137
22a. NAME AND ADDRESS OF FUNERAL HOME: Pettus-Owen & Wood Funeral Home, 4506 Charlotte Ave. Nashville, TN. 37209
22b. LICENSE NUMBER OF FUNERAL HOME: 710

REGISTRAR

23. REGISTRAR'S SIGNATURE: Marsha H. Gaw
24. DATE FILED (Month, Day, Year): May 30, 1989

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
1 | | SIGNATURE AND TITLE OF PHYSICIAN: James P. Gregory M.D
25b. LICENSE NUMBER: 6266
25c. DATE SIGNED (Month, Day, Year): 5-17-89
26a. MEDICAL EXAMINER - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 | | SIGNATURE AND TITLE OF MEDICAL EXAMINER:
26b. LICENSE NUMBER:
26c. DATE SIGNED (Month, Day, Year):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): James P. Gregory, M.D.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Metastatic Adenocarcinoma — DUE TO (OR AS A CONSEQUENCE OF): — 3 months

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST:
b. Unknown Primary — DUE TO (OR AS A CONSEQUENCE OF):
c. — DUE TO (OR AS A CONSEQUENCE OF):
d.

SEE INSTRUCTIONS ON OTHER SIDE

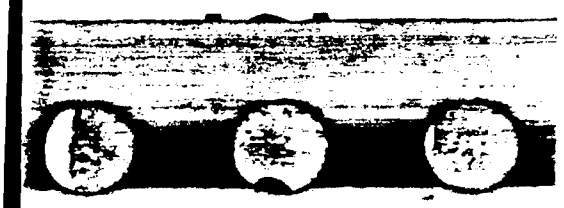
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

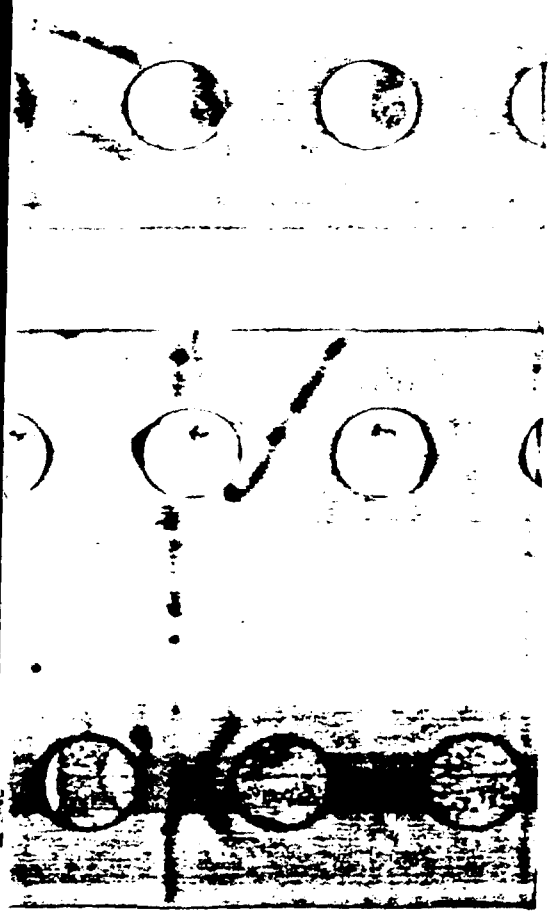
29a. WAS AN AUTOPSY PERFORMED? 1 | | Yes 2 |X| No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | | Yes 2 | | No

30. MANNER OF DEATH: 1 |X| Natural 2 | | Accident 3 | | Suicide 4 | | Homicide 5 | | Pending Investigation 6 | | Could not be Determined
31a. DATE OF INJURY (Month, Day, Year):
31b. TIME OF INJURY:
31c. INJURY AT WORK? 1 | | Yes 2 | | No
31d. DESCRIBE HOW INJURY OCCURRED:
31e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

202-06-002

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





OFFICIAL RECEIPT

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

RECEIVED OF _____

FOR _____

BOOK 8251 PAGE 37

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	18500.00
CON TX	61.05
PRFEE	1.00
TDEED	12.00
ERR	CO
TDEED	12.00-
WDEED	12.00
TOTAL	74.05
CHECK	74.05

12/05/90 01 10:38 0001 6361

RECEIPT IS NOT VALID UNTIL CHECK IS PAID BY BANK

77244

IDENTIF. TREFERENCE

DEC 5 10 39 AM '90

FELIX Z. WILSON II REGISTER
DAVIDSON COUNTY TN.

No. 378831