THIS INSTRUMENT PREPARED BY:

Bobby D. Davis, Attorney
Madison Title Company
P. O. Box 1368
Madison, TN 37116

Mail

BOOK 8512 PAGE 363

RELEASE OF DEED TO LAND FOR LIFE OF JOE SMITH AND WIFE, IRENE SMITH

WHEREAS, the said Joe Smith is deceased, as of record in an Instrument of Correction dated April 18, 1984 and of record in Book 6280, page 581, Register's Office of Davidson County, Tennessee.

WHEREAS, the said Irene Smith is now deceased as evidenced by a certified Certificate of Death, State File Number 89-035282, attached herewith and called Exhibit A, and made a part hereof .

WHEREAS, on the 30th day of June, 1989, Ray Baker bargained and sold the within described property to Kenneth Williams and wife, Juanita L. Williams, subject to the Life Estate conveyed to Joe Smith and wife, Irene Smith by deed of record in Book 4992, page 720, Register's Office for Davidson County, Tennessee, and Correction of Record in Book 6280, page 581, said Register's office.

DESCRIPTION OF PROPERTY:

BEING the southerly 25 feet of Lot No. 15 on the Map of a Subdivision of a part of the W. W. Gray property at Madison, Tennessee, as of record in Book 974, page 22, Register's Office for Davidson County, described as follows:

BEGINNING at a point on the common line between Lot Nos. 15 and 16, 125 feet south of the margin of Chelsea Drive; thence along said common line 25 feet to a point in the common corner of Lot Nos. 15 and 16; thence westerly parallel to Chelsea Drive, 100 feet to a point in the common corner of Lot Nos. 14 and 15; thence northerly with the line between Lot Nos. 14 and 15, 25 feet to a point; thence easterly in a line parallel to Chelsea Drive, 100 feet to the point of beginning.

BEING a part of the sam property conveyed to Ray Baker by deed from Blue Crest Music, Inc. of record in Book 4894, page 845, Register's Office for Davidson County, Tennessee.

IN WITNESS WHEREOF, we have hereunto subscribed our names on this the 18th day of December, 1991.

Ray Baker

Ken Williams
Kenneth Williams

4355 12/20 0101 03CHECK 9.00

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named Ray Baker, the bargainor, with whom I am personally acquainted, and who acknowledged that he executed the within instrument for the purposes there in contained.

Witness my hand and official seal at Madison, Tennessee, this the 18th day of December, 1991.

Notary Public

My commission expires: 1-22-95

7:0993

IDENTIFICATION

Dec 20 11 00 AM '91

STATE OF TENNESSEE
COUNTY OF DAVIDSON

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

Witness my hand and official seal at Madison, Tennessee, this the 20th day of December, 1991.

Linda F. Quarstein
Notary Public

My commission expires: 1-22-95

EXHIBIT A

BOOK 8512 PAGE 365

STATE OF TENNESSEE
CORDELL HULL BUILDING
DEPARTMENT OF HEALTH
NASHVILLE, TENNESSEE 37247

I hereby certify the below to be a true and correct copy of the original document on file in this department. Valid ONLY when embossed seal of the Tennessee Department of Health and red imprinted signature of the State Registrar are affixed.

Paula Taylor
Paula Taylor
State Registrar

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

890482 — STATE FILE NUMBER 89-035282

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Bessie Irene Smith
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): 10-11-1989
4. SOCIAL SECURITY NUMBER (If Deceased): [redacted]-9138
5a. AGE - LAST BIRTHDAY (Years): 65
5b. UNDER 1 YEAR — Months / Days / Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): 9-10-1924
7. BIRTHPLACE (City and State or Foreign Country): Smith Co. Tn
8. WAS DECEDENT EVER IN US ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [X] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution give street and number): Imperial Manor Nursing Home
9c. CITY, TOWN, OR LOCATION OF DEATH: Madison
9d. 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): House Wife
12b. KIND OF BUSINESS/INDUSTRY: Domestic
13a. RESIDENCE - STATE: Tn
13b. COUNTY: Davidson
13c. CITY, TOWN, OR LOCATION: Madison
13d. STREET AND NUMBER OR RURAL LOCATION: 306 W Due West Ave.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37115
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [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): 8; College (1-4 or 5+):

PARENTS
17. FATHER'S NAME (First, Middle, Last): Lonnie M. Sircy
18. MOTHER'S NAME (First, Middle, Maiden Surname): Lillian M. Thomas

INFORMANT
19a. INFORMANT'S NAME (Type/Print): Phyllis S. Williams
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 503 Charles Dr. Madison Tn 37115

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 (Specify)): Ridgewood Cemetery
20c. LOCATION - City or Town, State: Carthage Tn
21a. SIGNATURE OF FUNERAL DIRECTOR: Lanny J. Willis
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2673
21c. SIGNATURE OF EMBALMER: Jerry Wilson
21d. LICENSE NUMBER OF EMBALMER: 3567
22a. NAME AND ADDRESS OF FUNERAL HOME: Madison Funeral Home 219 Old Hickory Blvd. Madison Tn 37115
22b. LICENSE NUMBER OF FUNERAL HOME: 690

REGISTRAR
23. REGISTRAR'S SIGNATURE: Mary C. Pentecost
24. DATE FILED (Month, Day, Year): October 20, 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 [V] SIGNATURE AND TITLE OF PHYSICIAN: Stephen A. White, M.D.
25b. LICENSE NUMBER: MD14198
25c. DATE SIGNED (Month, Day, Year): 10/16/89
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)

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

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Stephen White 200 Gleaves St. Madison Tn 37115

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.	Left frontal astrocytoma	4 months
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST — b.	DUE TO (OR AS A CONSEQUENCE OF):	
c.	DUE TO (OR AS A CONSEQUENCE OF):	
d.	DUE TO (OR AS A CONSEQUENCE OF):	

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 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [ ] 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: M
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)

BIRTH NO.

PH 1669
REV 1/89

RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING IN THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED