ADDRESS NEW OWNER(S) AS FOLLOWS	SEND TAX BILLS TO	MAP-PARCEL NUMBERS
Charles F. Terry, et al	Same	104 - 15
(NAME) 2505 Sunset Place	(NAME)	118
(STREET ADDRESS OR ROUTE NUMBER) Nashville TN 37212	(STREET ADDRESS)	
(CITY) (STATE) (ZIP CODE)	(CITY) (STATE) (ZIP CODE)	

WARRANTY DEED

For and in consideration of the sum of Ten Dollars ($10.00) DOLLARS

and other good and valuable considerations, the receipt of which is hereby acknowledged, we, Marshall E. Terry and Charles O. Terry

BOOK 8525 PAGE 409

have bargained and sold, and by these presents do transfer and convey unto the said Charles O. Terry and Dorothy E. Terry, Genevieve Terry and Charles P. Terry

the GRANTEES herein, their heirs and assigns, a certain tract or parcel of land in Davidson County, State of Tennessee, described as follows:

Being the Westerly half of Lot No. 27 on the map of Sunset Park as of record in Book 332, page 132, Registers Office for said County.

Said part of Lot No. 27 fronts 50 feet on the southerly side of Sunset Place, formerly Turner Avenue, and runs back between parallel lines, 160.5 feet to a dead line.

Being the same property conveyed to Oscar F. Terry and wife, Irrine Pack Terry, by deed from Howard Gardner and wife, Alleen P. Gardner, of record in Book 1816, page 157, said Register's Office.

The life estate of record at Book 7282, page 271, of the Davidson County Register of Deeds Office is hereby extinguished as evidenced by the two attached certificates of death for Oscar Frank Terry and Irene Myrtle Terry.

Oscar F. Terry and Oscar Frank Terry are one and the same person.

Irene Myrtle Terry and Irrine Pack Terry are one and the same person.

unimproved ( )
This is improved (X) property, known as 2505 Sunset Place (House Number) (Street)
Nashville, Tennessee 37212
(P. O. Address) (City or Town) (Zip Code)

To have and to hold the said tract or parcel of land, with the appurtenances, 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.

Whenever 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 our hands this 23rd day of December, 19 91.

Marshall E. Terry

Charles O. Terry

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, Gloria Jeanne Hill, a Notary Public in and for said County and State, the within named Charles O. Terry and Marshall E. Terry

the bargainor (s), with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that they executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this 23rd day of Dec., 1991.

My commission expires 5/28/95 Notary Public Gloria Jeanne Hill

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Before me, _____, a Notary Public of the State and County aforesaid, personally appeared _____ and _____ with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who, upon oath, acknowledged _____ to be the _____ and _____ respectively of _____, the within named bargainor, a corporation, and that _____ as such _____ and _____, executed the foregoing instrument for the purpose therein contained by signing the name of the corporation by the said _____ as _____ and attesting the same by the said _____ as _____.

Witness my hand and seal, at office in _____, this _____ day of _____, 19____.

_____ Notary Public

Commission expires _____

BOOK 8525 PAGE 410

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration for this transfer or value of property (whichever is greater) is $ 27,000.00
This is equal to or greater than the property would bring at a fair and voluntary sale.

Charles O. Terry

Sworn to and subscribed before me
this 24th day of December, 19 91

My commission expires 3/3/92 Notary Public Cathy Tucker

NOTARY PUBLIC AT LARGE STATE OF TENNESSEE

This instrument was prepared by:
WOODS & VENICK, 121 Seventeenth Avenue, South, Nashville, Tennessee 37203
Name Address

7.55 4.8
IDENTIFICATION REFERENCE
JAN 9 11 10 AM '92
MAIL ENV.

WARRANTY DEED

FROM
MARSHALL E. TERRY and
CHARLES O. TERRY

TO
CHARLES O. TERRY, DOROTHY E. TERRY, GENEVIEVE TERRY and CHARLES P. TERRY

5582 01/09 0101 03CHECK 112.90

Ticor Title Insurance Company
Public Square Building
344 4th Avenue North
NASHVILLE, TENNESSEE 37219

Metropolitan Government of Nashville and Davidson County

Richard H. Fulton, Mayor

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

AUG 11 1987

Esther D. Groh

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.

BOOK 8525 PAGE 411

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

8703553

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

BIRTH NO. _____ STATE FILE NO.

DECEASED

1. DECEASED—NAME: First: Irene; Middle: Myrtle; Last: Terry
2. DATE OF DEATH (Month, Day, Year): July 28, 1987
3. AGE—Last Birthday (Years): 88
3a. If Under 1 Year: Months / Days
3b. If Under 1 Day: Hours / Min.
4. DATE OF BIRTH (Month, Day, Year): May 2, 1899
5. RACE (White, Black, American Indian, etc.): 5a. White
6. ORIGIN OR DESCENT (Italian, American, German, etc.): 6a. American
7. SEX: 7a. Female
8. COUNTY OF DEATH: 8a. Davidson
9. CITY, TOWN OR LOCATION: 9a. Nashville
10. INSIDE CITY LIMITS (Specify Yes or No): 10a. yes
11. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, specify Private Residence, Business, Street, etc.): 11a. 2505 Sunset Place
12. If Hosp. or Inst., Inpatient or Dead on Arrival, Emergency Room, Public Institution (Specify): 12a. Priv Res
13. STATE OF BIRTH (If not in U.S.A., name country): 13a. Tennessee
14. CITIZEN OF WHAT COUNTRY: 14a. U.S.A.
15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 15a. Married
16. SURVIVING SPOUSE (If wife, give maiden name): 16a. Oscar F. Terry
17. SOCIAL SECURITY NUMBER: [redacted]-9345
18. SERVICE IN ARMED FORCES (Specify branch and dates of service): 18a.
19. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 19a. Homemaker
20. KIND OF BUSINESS OR INDUSTRY: 20a.

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

21. RESIDENCE—STATE: 21a. Tennessee
22. COUNTY: 22a. Davidson
23. CITY, TOWN, OR LOCATION: 23a. Nashville
24. STREET AND NUMBER: 24a. 2505 Sunset Place
25. INSIDE CITY LIMITS (Specify Yes or No): 25a. yes
26. CENSUS TRACT NO.: 26a.

PARENTS AND INFORMANT

27. FATHER—NAME: 27a. Jess Pack
28. MOTHER—MAIDEN NAME: 28a. Mollie Simmons
29. INFORMANT—NAME: 29a. husband (same)
30. MAILING ADDRESS: 30a. 37212

DISPOSITION

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

31. BURIAL, CREMATION, REMOVAL, OTHER (Specify): 31a. Burial
32. DATE (Month, Day, Year): 32a. July 30,1987
33. CEMETERY OR CREMATORY—NAME: 33a. Woodlawn Cem.
34. LOCATION (City or Town, State): 34a. Nashville, Tenn.
35. FUNERAL DIRECTOR (Signature): 35a. James Little
36. LICENSE NO.: 36a. 505
37. EMBALMER (Signature): 37a. Robert Jugua
38. LICENSE NO.: 38a. 3992
39. FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 39a. Roesch Patton Dorris & Charlton, Nashville Tn
40. REGISTRAR—SIGNATURE: 40a. Esther D Groh
41. DATE ACCEPTED BY LOCAL REGISTRAR: 41a. 8-11-87

CERTIFIER

42. PHYSICIAN—I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSES STATED. SIGNATURE: 42a. W Johnson MD. DEGREE
43. DATE SIGNED (Month, Day, Year): 43a. Aug 5 1987
44. 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: 44a. TITLE
45. DATE SIGNED (Month, Day, Year): 45a.

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.

46. CERTIFIER—NAME (Type or Print): 46a. William Johnson
47. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 47a. 300 25th Ave. No. Nashville, Tenn 37203

CAUSE

48. 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) Insanition — 2-3 months
- DUE TO, OR AS A CONSEQUENCE OF: (b) Carcinoma of the Rectal cavity
- CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: DUE TO, OR AS A CONSEQUENCE OF: (c) beyond control — 6-8 months

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (d) — 48a. AUTOPSY (Yes or No):

49. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (Specify): 49a.
49b. DATE OF INJURY (Month, Day, Year): 49c. HOUR: 49d.
49e. DESCRIBE HOW INJURY OCCURRED: 49f.
49g. INJURY AT WORK (Specify Yes or No): 49h.
49i. PLACE OF INJURY (At Home, Farm, Street, Factory, Office Bldg., etc.): 49j.
49k. LOCATION (Street or R.F.D. No., City or Town, State): 49l.

TH-1659
Rev. 9/81 CRS

202-06-002

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

[redacted]

Metropolitan Government of Nashville and Davidson County

Bill Boner, Mayor

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

OCT 25 1989

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.

Julia S. Walby, M.D.
LOCAL REGISTRAR

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

BOOK 8525 PAGE 412

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK — STATE FILE NUMBER 8904882

DECEDENT

1 DECEDENT'S NAME (First Middle Last)		2 SEX	3 DATE OF DEATH (Month Day Year)
Oscar Frank Terry		M	Oct. 4, 1989
4 SOCIAL SECURITY NUMBER	5a AGE — LAST BIRTHDAY (Years)	6 DATE OF BIRTH	7 BIRTHPLACE (City and State or Foreign Country)
408-07-9572	95	July 20, 1894	Sherwood, Tennessee

8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No

5b PLACE OF DEATH (Check only one) — HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA — OTHER: 4 [X] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)

5b FACILITY NAME (If not institution give street and number)	5c CITY, TOWN, OR LOCATION OF DEATH	5d COUNTY OF DEATH
Nashville Health Care	Nashville	Davidson

10 MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify)	11 SURVIVING SPOUSE (If wife give maiden name)	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b KIND OF BUSINESS/INDUSTRY
Widowed		Millwright	Tennco

13a RESIDENCE — STATE	13b COUNTY	13c CITY, TOWN OR LOCATION	13d STREET AND NUMBER OR RURAL LOCATION
Tennessee	Davidson	Nashville	2505 Sunset Place

CENSUS TRACT

13e INSIDE CITY LIMITS?	13f ZIP CODE	14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No — If yes specify Cuban, Mexican, Puerto Rican, etc.)	15 RACE — American Indian, Black, White, etc. (Specify)	16 DECEDENT'S EDUCATION (Specify only highest grade completed)	
1 [X] Yes 2 [ ] No	37212	[ ] Yes [X] No — Specify, if yes	White	Elementary/Secondary (0-12)	College (1-4 or 5+)
				5th	

PARENTS

17 FATHER'S NAME (First Middle Last)	18 MOTHER'S NAME (First Middle Maiden Surname)
Frank Terry	Rodie Garner

INFORMANT

19a INFORMANT'S NAME (Type/Print)	19b RELATIONSHIP TO DECEASED	19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Charles O. Terry	son	2108 Ashwood Ave. Nashville, Tn 37212

DISPOSITION

20a METHOD OF DISPOSITION	20b PLACE OF DISPOSITION (Name of cemetery, crematory or other place)	20c LOCATION — City or Town, State
1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)	Woodlawn Cemetery	Nashville, Tenn.

21a SIGNATURE OF FUNERAL DIRECTOR	21b LICENSE NUMBER OF FUNERAL DIRECTOR	21c SIGNATURE OF EMBALMER	21d LICENSE NUMBER OF EMBALMER
James Hardin	505	Bill Carter	3610

22a NAME AND ADDRESS OF FUNERAL HOME	22b LICENSE NUMBER OF FUNERAL HOME
Roesch Patton Dorris and Charlton, 1715 Broadway, Nashville, Tn	121

REGISTRAR

23 REGISTRAR'S SIGNATURE	24 DATE FILED (Month, Day, Year)
Mary C. Pentecost	October 24, 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	25b LICENSE NUMBER	25c DATE SIGNED (Month, Day, Year)
Charles O. Wiggins M.D.	MD007162	

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)
Dr. Charles Wiggins, 1205 8th Ave. So., Nashville, Tenn. 37203

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.	PNEUMONIA	
	DUE TO (OR AS A CONSEQUENCE OF)	
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.		

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

30 MANNER OF DEATH	31a DATE OF INJURY (Month, Day, Year)	31b TIME OF INJURY	31c INJURY AT WORK?	31d DESCRIBE HOW INJURY OCCURRED
1 [ ] Natural 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide		M	1 [ ] Yes 2 [ ] No	

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. _____ 202-06-002

PH-1659
REV 1/89

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

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

RECEIVED OF _____

FOR _____

BOOK 8525 PAGE 413

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

DATE	SYMBOL	VALUATION	TAX AND FEES	TOTAL PAID

CAMT 27000.00
CON TX 99.90
PRFEE 1.00
WDEED 12.00
TOTAL 112.90
CHECK 112.90

01/09/92 01 11:11 0001 5582

RECEIPT IS NOT VALID UNTIL CHECK IS PAID BY BANK

7.5.5.4.8.

IDENTIFICATION REFERENCE

JAN 9 11 10 AM '92

FELIX Z. WILSON, II
REGISTER OF DAVIDSON COUNTY

No. 492005