8 6 1 2 9

IDENTIFICATION REFERENCE

JAN 26 10 50 AM '93

DAVIDSON COUNTY, TN.

FROM:

GLEN T. BRYANT
BETTE L. BRYANT

TO:

JOHN B. INGLESON, TRUSTEE

FROM:

JOHN B. INGLESON, TRUSTEE

AND

TO:

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BETTE L. BRYANT

QUIT CLAIM DEED

mail

THIS INSTRUMENT WAS PREPARED BY: John B. Ingleson, Attorney
5115 Maryland Way
Brentwood, TN 37027

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

9752 01/26 0101 03CHECK 12.00

The actual consideration or value, whichever is greater, for this transfer is $ -0-.

Affiant

Sworn to and subscribed before me this 30TH day of OCTOBER, 1992.

Notary Public

My Commission Expires:
My Commission Expires MAR 23, 1995

ADDRESS OF NEW OWNER:	SEND TAX BILLS TO:	MAP/PARCEL NO.
BETTE L. BRYANT	BRIGHT MORTGAGE COMPANY	149-4-81
2630 Edge-O-Lake Dr.	2355 STEMMONS FREEWAY	2D-40956
Nashville, TN 37217	DALLAS, TX 75207	

FOR AND IN CONSIDERATION of (no monetary consideration) for the express purpose of making a reconveyance to create a fee simple absolute title in BETTE L. BRYANT, we, GLEN T. BRYANT (deceased) and wife, BETTE L. BRYANT, by these presents do hereby quitclaim and convey unto JOHN B. INGLESON, Trustee his successors and assigns, the following described tract or parcel of land, to-wit:

Land in Davidson County, Tennessee, being Lot No. 373 on the Plan of Edge-O-Lake Estates, Section Six, as of record in Book 3700, pages 15 and 16, in said Register's Office for Davidson County, Tennessee.

Said Lot No. 373 fronts a total of 80 feet on the northeasterly side of Edge-O-Lake Drive and runs back 147.50 feet on the southeasterly line and 151.15 feet on the northwesterly line to a line in the rear which measures 92.18 feet thereon.

Being the same property conveyed to Glen T. Bryant and wife, Bette L. Bryant, by deed from Carlton Haywood and wife, Harriett T. Haywood of record in Book 7609, page 700, in said Register's Office of Davidson County, Tennessee.

This is unimproved (_____) or improved (___X___)property, known as 2630 Edge-O-Lake Drive, Nashville, Tennessee, 37217. Said property is conveyed subject to such limitations, restrictions and encumbrances as may affect the premises. AND NOW, I, the said JOHN B. INGLESON, Trustee, for the express purpose of carrying out the intent of this conveyance, as set forth above, do hereby quitclaim and convey unto BETTE L. BRYANT, 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 30TH day of October, 1992.

GLEN T. BRYANT (Deceased)

Bette L. Bryant
BETTE L. BRYANT

JOHN B. INGLESON, TRUSTEE

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 GLEN T. BRYANT (deceased, Death Certificate attached), and wife, BETTE L. BRYANT, the bargainors, 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, this 30TH day of OCTOBER, 1992.

Blanche M. Gibson
Notary Public

My Commission Expires:
My Commission Expires MAR 23, 1996

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned authority, a Notary Public in and for said County and State, the within named JOHN B. INGLESON, TRUSTEE, the bargainor, with whom I am personally acquainted, and who acknowledge that he executed this instrument for the purposes herein contained.

Witness my hand and my seal this 30TH day of OCTOBER, 1992.

Blanche M. Gibson
Notary Public

My Commission Expires:
My Commission Expires MAR 23, 1996

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Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

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

AUG 27 1992

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.

Linda Whitby, M.D.

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER: 9203969

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT: For use by physician or institution

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): GLENN THOMAS BRYANT
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): 8/20/92
4. SOCIAL SECURITY NUMBER (of Deceased): 404-54-7810
5a. AGE – LAST BIRTHDAY (Years): 52
6. DATE OF BIRTH (Month, Day, Year): Mar. 3, 1940
7. BIRTHPLACE (City and State or Foreign Country): BONNIEVILLE, KENTUCKY
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [X] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Metro General Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): BETTE DIPERSIO
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): MANAGER
12b. KIND OF BUSINESS/INDUSTRY: BODY SHOP
13a. RESIDENCE – STATE: TN
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 2630 EDGE O LAKE DRIVE
CENSUS TRACT: 10
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37217
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): 12; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): WILLIAM BRYANT
18. MOTHER'S NAME (First, Middle, Maiden Surname): DOVIE Bryant

INFORMANT

19a. INFORMANT'S NAME (Type/Print): MRS. BETTE BRYANT
19b. RELATIONSHIP TO DECEASED: WIFE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2630 EDGE O LAKE DRIVE, NASHVILLE, TN 37217

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): WOODLAWN MEMORIAL PARK
20c. LOCATION – City or Town, State: NASHVILLE, TENNESSEE
21a. SIGNATURE OF FUNERAL DIRECTOR: James T. Bond
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2230
21c. SIGNATURE OF EMBALMER:
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODLAWN FUNERAL HOME 660 THOMPSON LANE, NASHVILLE, TN 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 731

REGISTRAR

23. REGISTRAR'S SIGNATURE: Mary C. Pentecost
24. DATE FILED (Month, Day, Year): August 27, 1992

CERTIFIER

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

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):
26a. MEDICAL EXAMINER – On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated.
2 [X] SIGNATURE AND TITLE OF MEDICAL EXAMINER: Charles W. Harlan, M.D.
26b. LICENSE NUMBER: 7778
26c. DATE SIGNED (Month, Day, Year): 8/25/92
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Charles W. Harlan, M.D., 84 Hermitage Ave., Nashville, TN 37210-2110

CAUSE OF DEATH

SEE INSTRUCTIONS ON OTHER SIDE

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. HYPERTENSIVE CARDIOVASCULAR DISEASE
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.

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 [X] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [X] 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: 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-1656 REV 1/89

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