QUITCLAIM DEED

BOOK 9093 PAGE 655

ADDRESS NEW OWNER (S) AS FOLLOWS	SEND TAX BILLS TO	MAP PARCEL NUMBERS
FAYE A. COLEMAN	FAYE A. COLEMAN	119-14-0 - 276.00
(NAME)	(NAME)	
260 PLEASANT RUN	260 PLEASANT RUN	BOOK 421
(STREET ADDRESS OR ROUTE NUMBER)	(STREET ADDRESS)	
NASHVILLE, TN 37167	NASHVILLE, TN 37167	PAGE 134
(CITY) (STATE) (ZIP)	(CITY) (STATE) (ZIP)	

FOR AND IN CONSIDERATION of One dollar ($1.00), cash in hand paid, the receipt of which is hereby acknowledged, D.L. BINKLEY, by these presents do hereby quitclaim and convey unto FAYE A. COLEMAN, successors and assigns, all HIS right, title and interest in and to the following described tract of land:

312 E. RADNOR STREET, NASHVILLE, TN 37211

LOT 55, PLEASANT VIEW SUBDIVISION

BOOK 421

PAGE 134

BEING THE SAME PROPERTY CONVEYED TO D.L. BINKLEY ET UX BY DEED OF RECORD IN BOOK 1314, PAGE 170.

68775 IDENTIFICATION REFERENCE

93 SEP 30 PM 1:14 DAVIDSON COUNTY, TN.

PICK-UP

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

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration or value whichever is greater, for this transfer is $ .00

Subscribed and sworn to before me, this the 29th day of September 1993

Affiant: Faye A. Coleman

My commission expires: Nov. 27 1993 (Affix Seal)

Notary Public: Janice Yearwood

Witness MY hand ON this 29TH day of SEPTEMBER, 1993, the corporate party, if any, having caused its name to be signed hereto by its duly authorized officers on said day and date.

D. L. Binkley

BOOK 9093 PAGE 656

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Personally appeared before me, Janice Yearwood, a Notary Public in and for said County and State, D. L. Binkley, with whom I am personally acquainted, and who acknowledged that he executed the within instrument for the purposes therein contained, and who further acknowledged that he is the maker of the maker or a constituent of the maker and is authorized by the maker or by its constituent, the constituent being authorized by the maker, to execute this instrument on behalf of the maker.

Witness my hand, at office, this 29th day of September, 1993.

Janice Yearwood
Notary Public

My Commission Expires: November 29, 1993

NOTARY PUBLIC AT LARGE STATE OF TENNESSEE

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Personally appeared before me, JANICE YEARWOOD, a Notary Public in and for said County and State, NASHVILLE, DAVIDSON, TENNESSEE, THAT D.L. BINKLEY

the within named 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 NASHVILLE, TN, this 29TH day of SEPTEMBER, 19 93.

Janice Yearwood
Notary Public

My Commission Expires: NOVEMBER 27, 1993

NOTARY PUBLIC AT LARGE STATE OF TENNESSEE

STATE OF

COUNTY OF

Before me, _____, a Notary Public of the State and County aforesaid, personally appeared _____, with whom I am personally acquainted, and who, upon oath, acknowledged ____self to be _____ of the 1697 09/30 0101 03CHECK 12.00 _____ the within named bargainor, a corporation, and that ____he as such _____, being authorized so to do, executed the foregoing instrument for the purpose therein contained, by signing the name of the corporation by ____self as _____.

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

_____
Notary Public

My Commission Expires: _____

PREPARED BY JANICE YEARWOOD

QUIT CLAIM DEED

AND

Compliments of
Chicago Title Insurance Company
First Floor — First American Center
Phone 255-4631
NASHVILLE, TENNESSEE 37238

Chicago Title Insurance Company
2000 Richard Jones Road
Nashville, Tenn. 37215
Phone 298-2627

Department of Health and Environment
303 N. Church Street P.O. Box 576
Murfreesboro, Tennessee 37133-0576

BOOK 9033 PAGE 657

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): DOROTHY RUBY BINKLEY
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): NOVEMBER 7, 1992
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-4271
5a. AGE – LAST BIRTHDAY (Years): 80
5b. UNDER 1 YEAR – MOS / DAYS
5c. UNDER 1 DAY – HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): JULY 5, 1912
7. BIRTHPLACE (City and State or Foreign Country): CHEATHAM COUNTY, TENNESSEE
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 260 PLEASANT RUN ROAD
9c. CITY, TOWN, OR LOCATION OF DEATH: SMYRNA
9d. COUNTY OF DEATH: RUTHERFORD
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): D. L. BINKLEY
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): SALESLADY
12b. KIND OF BUSINESS/INDUSTRY: CAIN SLOAN DEPARTMENT STORE
13a. RESIDENCE – STATE: TENN.
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 312 EAST RADNOR
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37211
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+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): JAMES B. HARRIS
18. MOTHER'S NAME (First, Middle, Maiden Surname): LUNA CROCKER

INFORMANT

19a. INFORMANT'S NAME (Type/Print): FAYE COLEMAN
19b. RELATIONSHIP TO DECEASED: DAUGHTER
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 260 PLEASANT RUN RD., SMYRNA, TN 37167

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 CEMETERY
20c. LOCATION – City or Town, State: NASHVILLE, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Wendell L Bond
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2556
21c. SIGNATURE OF EMBALMER: ▶ Timothy B. Bond
21d. LICENSE NUMBER OF EMBALMER: 4259
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODBINE FUNERAL HOME, INC. 3620 NOLENSVILLE ROAD, NASHVILLE, TN 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 396

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Barbara Earp
24. DATE FILED (Month, Day, Year): November 18, 1992

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 ▶ Stephen M Lewis
25b. LICENSE NUMBER: MO18500
25c. DATE SIGNED (Month, Day, Year): 11/16/92
25a. 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 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER ▶
25b. LICENSE NUMBER:
25c. DATE SIGNED (Month, Day, Year):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print):

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

CAUSE OF DEATH

SEE INSTRUCTIONS ON OTHER SIDE

26. 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. Pancreatic Cancer — 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. — 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: Pulmonary Edema, Anemia
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 [X] No

30. MANNER OF DEATH: 1 [X] Natural 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide
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-1659
REV 1/89

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND EXACT COPY OF THE RECORD FILED WITH THE DIVISION OF VITAL RECORDS, TENNESSEE DEPARTMENT OF HEALTH, BY THE LOCAL HEALTH DEPARTMENT. THIS IS VALID ONLY WHEN THE EMBOSSED SEAL OF THE ISSUING LOCAL HEALTH DEPARTMENT IS AFFIXED.

Barbara Earp — REGISTRAR
11/18/92 — DATE

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