Return to:
Greater Nashville Title & Closing Co.
223 Madison Street, S. 106
Madison, Tn 37115

Prepared by:
Albert Fox,
Attorney

BOOK 9297 PAGE 404

# QUITCLAIM DEED

THIS INSTRUMENT PREPARED BY
ALBERT J. FOX, ATTORNEY
SUITE B 815 GALLATIN RD.
MADISON, TN 37115
868-4972

| ADDRESS NEW OWNER (S) AS FOLLOWS | SEND TAX BILLS TO | MAP PARCEL NUMBERS |
|---|---|---|
| Katie R. Laberer (NAME) | Same (NAME) | 051.04 |
| 624 Gibson Drive (STREET ADDRESS OR ROUTE NUMBER) | (STREET ADDRESS) | 003 |
| Madison, Tn. 37113 (CITY) (STATE) (ZIP) | (CITY) (STATE) (ZIP) | 11d 13275 |

FOR AND IN CONSIDERATION of One dollar ($1.00), cash in hand paid, the receipt of which is hereby acknowledged, THE CITY ROAD CHAPEL UNITED METHODIST CHURCH, by these presents do hereby quitclaim and convey unto KATIE R. LABERER, successors and assigns, all ITS right, title and interest in and to the following described tract of land:

8675 04/04 0101 03CHECK 8.00

LAND in Davidson County, Tennessee, being Lot No. 47 on the Plan of Blair Heights, Section Six, as of record in Book 2331 Page 98, Register's Office for said County, as revised and corrected by Surveyor's Certificate, of record in Book 2496 Page 301, Register's Office fro said County.

Said Lot No. 47 fronts 89.83 feet on the west side of Gibson Drive and runs back between lines, 238.65 feet on the north line and 217.13 feet on the south line to a dead line in the rear which measures 136.38 feet.

Being the same property conveyed to Katie R. Laberer fromLaurine Haney Boatman, Frances Haney Neese, Mamie Haney King, Ruby Haney Cole, Mary Haney Boucher, Alma Smith and THE CITY ROAD CHAPEL UNITED METHODIST CHURCH of record in Book 8722 Page 695 Register's Office Davidson County.

THIS IS IMPROVED PROPERTY KNOWN AS 624 GIBSON DRIVE, MADISON, TN. 37115

STATE OF TENNESSEE
COUNTY OF DAVIDSON

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

Subscribed and sworn to before me, this the 30 day of March, 19 94

Affiant

My commission expires 7-5-95 (Affix Seal)

Notary Public

Said property is conveyed subject to such limitations, restrictions, and encumbrances as may affect the premises.

Witness our hand this 30th day of March, 1994. the corporate party, if any, having caused its name to be signed hereto by its duly authorized officers on said day and date.

TRUSTEE

TRUSTEE

A. Lynn Hill
PASTOR CITY ROAD CHAPEL

DISTRICT SUPERINTENDENT

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

STATE OF TENNESSEE

COUNTY OF Davidson

Before me, J. P. Campbell a Notary Public of the State and County aforesaid, personally appeared

J. O. Crumley IV, Ben Batty and Lynn Hall, Ed Templeton with whom I am personally acquainted, and who upon oath, acknowledged themselves to be DISTRICT SUPERINTENDENT, PASTOR, and TRUSTEE (delete inappropriate titles) of the CITY ROAD CHAPEL UNITED METHODIST CHURCH of Madison Tennessee, the within named bargainor, a corporation, and that they as such Officers and Fiduciaries, being duly authorized so to do , executed the foregoing instrument for the purpose therein contained, by signing for the corporation by themselves as such identified Trustee or Fiduciary.

Witness my right hand and seal, at office in Madison Tennessee, this 20 day of March, 1994.

J. P. Campbell NOTARY PUBLIC

My commission expires 7-22-95

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, and who upon oath, acknowledged themselves to be DISTRICT SUPERINTENDENT, PASTOR, and TRUSTEE (delete inappropriate titles) of the CITY ROAD CHAPEL UNITED METHODIST CHURCH of Madison Tennessee, the within named bargainor, a corporation, and that they as such Officers and Fiduciaries, being duly authorized so to do , executed the foregoing instrument for the purpose therein contained, by signing for the corporation by themselves as such identified Trustee or Fiduciary.

Witness my right hand and seal, at office in _____ Tennessee, this _____ day of _____, 1994.

_____ NOTARY PUBLIC

My commission expires _____

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

94 APR -4 AM 8:59
PELIA HAMMONS REGISTER
DAVIDSON COUNTY, TN.

34085
IDENTIF. & REFERENCE

QUITCLAIM DEED

CITY ROAD CHAPEL UNITED METHODIST CHURCH

AND

TO

KATIE R. LABERER

Compliments of
MADISON TITLE COMPANY
333 GALLATIN ROAD SOUTH
MADISON, TENNESSEE 37115

BOOK 9297 PAGE 406

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

9400146 — STATE FILE NUMBER

**DECEDENT**

1. DECEDENT'S NAME (First, Middle, Last): Katie Rose Laberer
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): 1-05-1994
4. SOCIAL SECURITY NUMBER: [redacted]4676
5a. AGE — LAST BIRTHDAY (Years): 67
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 11-27-1926
7. BIRTHPLACE (City and State or Foreign Country): 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 [X] DOA; OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Metropolitan General Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify): Divorced
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.): Housewife
12b. KIND OF BUSINESS/INDUSTRY:
13a. RESIDENCE — STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Madison
13d. STREET AND NUMBER OR RURAL LOCATION: 624 Gibson Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 36115
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): ; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

**PARENTS**

17. FATHER'S NAME (First, Middle, Last): Martin Mike Cunniff
18. MOTHER'S NAME (First, Middle, Maiden Surname): Hattie Beatrice Peeler

**INFORMANT**

19a. INFORMANT'S NAME (Type/Print): Charlene Young
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1601 Rosewood Dr., Brentwood, TN 37027

**DISPOSITION**

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [X] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Vanderbilt School of Medicine
20c. LOCATION — City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR:
21b. LICENSE NUMBER OF FUNERAL DIRECTOR:
21c. SIGNATURE OF EMBALMER:
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME:
22b. LICENSE NUMBER OF FUNERAL HOME:

**REGISTRAR**

23. REGISTRAR'S SIGNATURE: Patricia Sauve'
24. DATE FILED (Month, Day, Year): January 21, 1994

**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):
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 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER: Gretel C. Harlan, M.D.
26b. LICENSE NUMBER: 8872
26c. DATE SIGNED (Month, Day, Year): 1/10/94

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): Gretel Harlan, M.D., 84 Hermitage Avenue, Nashville, TN 37210-2110

**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. CONTACT GUNSHOT WOUND TO THE HEAD (Handgun)
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? 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 [ ] Natural 2 [ ] Accident 3 [X] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year): 1/5/94
31b. TIME OF INJURY: a M
31c. INJURY AT WORK? 1 [ ] Yes 2 [X] No
31d. DESCRIBE HOW INJURY OCCURRED: Self inflicted gunshot wound to the head
31e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify): Residence
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State): 624 Gibson Dr., Madison, TN

READERS MEMO ...INTING IN THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED
...TYPING OR PRINTING IN ... UNSATISFACTORY WHEN RECEIVED

BOOK 9297 PAGE 407

34086

IDENTIF. & REFERENCE

94 APR -4 AM 9:00

FELIX [illegible] REGISTER
DAVIDSON COUNTY, TN.

8676 04/04 0101 03CHECK 8.00

Mail
Greater Nash.