This instrument prepared by:

H. Marshall Greene
Greene & Greene
323 Union Street
P.O. Box 198768
Nashville, Tennessee 37219

DEED OF CORRECTION

Address New Owner(s)	Send Tax Bills To:	Map/Parcel
Alvin Lyell Hunter et ux Sandra Hunter 1444 Campbell Road Goodlettsville, Tenn. 37218	Same	69-4-87.1

WHEREAS, by Installment Deed dated January 15, 1985 of record in Book 6477, page 109, Register's Office for Davidson County, Tennessee, Raymond Harper Conquest et ux, Della B. Conquest, the said Della B. Conquest having since died, transferred and conveyed to Alvin Lyell Hunter et ux, Sandra Hunter, certain real property located in Davidson County, Tennessee.

WHEREAS, the legal description of the tract of land conveyed in the Installment Deed is incorrect and the parties thereto hereby desire to correct said legal description to include the appropriate metes and bounds portion of the legal description.

NOW THEREFORE, in consideration of these premises and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned have executed this Deed of Correction for the purpose of amending and correcting the legal description of the Installment Deed to read as follows:

SEE EXHIBIT A ATTACHED HERETO AND INCORPORATED HEREIN BY REFERENCE.

In all other respects the Installment Deed referenced above is affirmed and ratified and is herein incorporated by this reference.

IN WITNESS WHEREOF, the undersigned has hereunto set their hands this 29th day of October, 1994.

Alvin Lyell Hunter

Alvin Lyell Hunter

Sandra Hunter

Sandra Hunter

Raymond Harper Conquest

Raymond Harper Conquest

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

Before me, the undersigned, a Notary Public in and for the County and State aforesaid, personally appeared Alvin Lyell Hunter with whom I am personally acquainted (or proven to me on the basis of satisfactory evidence), and who acknowledged upon oath or affirmation that (s)he executed the foregoing instrument for the purposes therein contained.

Witness my hand and seal at office in Goodlettsville, Tennessee, this the 29 day of October, 1994.

Judy Callis
NOTARY PUBLIC

My Commission Expires: 7-27-96

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

Before me, the undersigned, a Notary Public in and for the County and State aforesaid, personally appeared Sandra Hunter with whom I am personally acquainted (or proven to me on the basis of satisfactory evidence), and who acknowledged upon oath or affirmation that (s)he executed the foregoing instrument for the purposes therein contained.

Witness my hand and seal at office in Goodlettsville, Tennessee, this the 29 day of October, 1994.

Judy Callis
NOTARY PUBLIC

My Commission Expires: 7-27-96

BOOK 9540PG863

STATE OF TENNESSEE)

COUNTY OF Davidson)

Before me, the undersigned, a Notary Public in and for the County and State aforesaid, personally appeared Raymond Higgins Company with whom I am personally acquainted (or proven to me on the basis of satisfactory evidence), and who acknowledged upon oath or affirmation that (s)he executed the foregoing instrument for the purposes therein contained.

Witness my hand and seal at office in Nashville, Tennessee, this the 29th day of October, 1994.

Dave S. Hollingsworth
NOTARY PUBLIC

My Commission Expires: 11-20-96

STATE OF TENNESSEE)

COUNTY OF _____)

Before me, the undersigned, a Notary Public in and for the County and State aforesaid, personally appeared _____ with whom I am personally acquainted (or proven to me on the basis of satisfactory evidence), and who acknowledged upon oath or affirmation that (s)he executed the foregoing instrument for the purposes therein contained.

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

_____
NOTARY PUBLIC

My Commission Expires: _____

STATE OF TENNESSEE)

COUNTY OF Davidson)

The actual consideration for this transfer is $0.

Ruth H. Pinyston
Affiant

Subscribed and sworn to before me, this the 29th day of October, 1994.

Jackie Odette Kennedy
Notary Public

My Commission Expires: 3-22-97

j:\firstam\ceebee\doc

EXHIBIT "A"

BOOK 9540 PG 864

Land in the 19th Civil District of said County and State, being part of Tract No. 11 on the Revised Map of Fairview Subdivision, as of record in book 1130, page 54, Register's Office for said County, and a tract of land immediately east of said part of Tract No. 11, described together partly according to a survey made by Ralph W. C. Lambert, December 1, 1962, as follows:

Beginning at a railroad spike on the easterly margin of State Highway No. 112 south 8° 45' west 140 feet from the northwest corner of the property conveyed to Cordell W. Draper and wife, by deed from John C. Sewell, Jr. and wife, of record in book 3247, page 451, said Register's Office; thence south 81° 15' east 255 feet; thence south 8° 45' west 124.8 feet; thence north 81° 15' west 255 feet to the easterly margin of said Highway; thence with same north 8° 45' east 124.8 feet to the beginning.

151435

IDENTIFICATION REFERENCE

1969 DEC -7 PM 1:14

DAVIDSON COUNTY, TN.

1969 12/07 1:01 33CHECK 20.00

Metropolitan Government of Nashville and Davidson County

9540 PG 865

Philip Bredesen, Mayor

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

AUG 20 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.

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER: 920385

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): DELLA COLEMAN CONQUEST
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): August 8, 1992
4. SOCIAL SECURITY NUMBER: [redacted]9839
5a. AGE – LAST BIRTHDAY (Years): 76
5b. UNDER 1 YEAR – MONTHS:
5c. UNDER 1 DAY – HOURS:
6. DATE OF BIRTH (Month, Day, Year): Apr. 2, 1916
7. BIRTHPLACE (City and State or Foreign Country): NICKMAN COUNTY, TENNESSEE
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 X No
8a. PLACE OF DEATH (Check only one): HOSPITAL 1 X Inpatient 2 ER/Outpatient 3 DOA; OTHER 4 Nursing Home 5 Residence 6 Other (Specify)
9a. FACILITY NAME (If not institution, give street and number): NASHVILLE MEMORIAL HOSPITAL
9c. CITY, TOWN, OR LOCATION OF DEATH: MADISON
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): RAYMOND H. CONQUEST
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): HOMEMAKER
12b. KIND OF BUSINESS/INDUSTRY:
13a. RESIDENCE – STATE: TN
13b. COUNTY: SUMNER
13c. CITY, TOWN OR LOCATION: WHITE HOUSE
13d. STREET AND NUMBER OR RURAL LOCATION: P.O. BOX 490
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 Yes 2 No
13f. ZIP CODE: 37188
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): ; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): ALBERT ADEN COLEMAN
18. MOTHER'S NAME (First, Middle, Maiden Surname): ANNIE LOU (UNKNOWN)

INFORMANT

19a. INFORMANT'S NAME (Type/Print): MR. RAYMOND CONQUEST
19b. RELATIONSHIP TO DECEASED: HUSBAND
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): P.O. BOX 490, WHITE HOUSE, TN 37188

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): FOREST LAWN MEMORIAL GARDENS
20c. LOCATION – City or Town, State: GOODLETTSVILLE, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Chris Neighbours
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4249
21c. SIGNATURE OF EMBALMER: ▶ Chris Neighbours
21d. LICENSE NUMBER OF EMBALMER: 4253
22a. NAME AND ADDRESS OF FUNERAL HOME: FOREST LAWN FUNERAL HOME 1150 DICKERSON ROAD, GOODLETTSVILLE, TN 37076
22b. LICENSE NUMBER OF FUNERAL HOME: 732

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Mary C. Pentecost
24. DATE FILED (Month, Day, Year): August 20, 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: ▶ Fernando T. Miranda
25b. LICENSE NUMBER: MD 11379
25c. DATE SIGNED (Month, Day, Year): 8/17/92
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:
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): FERNANDO T. MIRANDA, 610 W. DUE WEST, 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. Carcinoma Colon, metastatic — DUE TO (OR AS A CONSEQUENCE OF): — 2 years

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 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-1659
REV 1/89