Prepared by David F. Burns, Owner
3703 Princeton Ave
Nashville TN 37205
Send Tax Bills to Same.

MAP 107-05-0
FAR 168.00

FILED 9764 PG 258

STATE OF TENNESSEE
COUNTY OF DAVIDSON
THE ACTUAL CONSIDERATION OR TRUE VALUE WHICHEVER IS GREATER, FOR THIS TRANSFER IS
$ 1.00
AFFIANT
SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 16 DAY OF August 19 95
Deputy Register

Form A298

QUITCLAIM DEED

THIS QUITCLAIM DEED, Executed this 16 day of Aug, 1995,
by first party, Robbye H. Burns
whose post office address is 3703 Princeton Ave, Nashville TN 37205
to second party, David F. Burns & Elaine Burns Turk
whose post office address is 3703 Princeton Ave, Nashville, TN 37205

WITNESSETH, That the said first party, for good consideration and for the sum of Dollars ($ 1.00) paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said second party forever, all the right, title, interest and claim which the said first party has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of Davidson, State of Tennessee to wit:

Lot 410 Richland Rity Co. Div C, in book K421, page 31
3703 Princeton Ave, Nashville TN 37205

Robbye H. Burns retains life estate. Property cannot be sold or mortgaged in her lifetime.
being the same property conveyed to H.F. Burns et al by deed of record in book 967 page 791, said H.F. Burns having since died

IN WITNESS WHEREOF, The said first party has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in presence of:

Melissa B. Goss
Witness

Robbye H. Burns
First Party

Brenda Y Emery
Witness

Second Party

State of Tennessee }
County of Davidson

On 8/10/95 before me,
appeared Robbye H. Burns and David Burns,
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or entity upon behalf of which the person(s) acted, executed the instrument.
WITNESS my hand and official seal.

Signature

LEIGH WILSON NOTARY PUBLIC AT LARGE DAVIDSON COUNTY

Affiant ____Known____Produced ID
Type of ID_____
(Seal)

FELIX Z. ... REGISTER
DAVIDSON COUNTY, TENN.
95 AUG 16 PM 1:02
MAIL ENV.
REC FEE 08/16 0104 0.50
CHECK

00090156
IDENTIF. & REFERENCE

0 53926 20040 5

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(Revised 3/93)

Run-ZBHP

STATE OF TENNESSEE
Office of Vital Records

BOOK 9764 PG 259

8906071

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER 89-043321

1. DECEDENT'S NAME (First, Middle, Last)	2. SEX	3. DATE OF DEATH (Month, Day, Year)
Herman Franklin Burns	Male	December 29, 1989

4. SOCIAL SECURITY NUMBER (of Deceased)	5a. AGE – LAST BIRTHDAY (Years)	5b. UNDER 1 YEAR: MOS. / DAYS	5c. UNDER 24 HOURS: HOURS / MIN.	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
409-46-3961	86			Oct. 20, 1903	Tennessee

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

9a. PLACE OF DEATH (Check only one)
HOSPITAL: 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA
OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify) /

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN OR LOCATION OF DEATH	9d. COUNTY OF DEATH
Baptist Hospital 071	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
Married	Robbye Hall	Art Director	Baptist Sunday School Board

13a. RESIDENCE – STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER OR RURAL LOCATION
Tennessee	Davidson 19	Nashville 071	3703 Princeton Avenue

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	37205	[ ] Yes 0 [X] No Specify if yes	White	Elementary/Secondary (0-12)	College (1-4 or 5+)

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
Henderson Franklin Burns	Eva Redman

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)
Robbye Burns	wife	3703 Princeton Ave., Nashville, Tn 37205

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, Tennessee

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER OF FUNERAL DIRECTOR	21c. SIGNATURE OF EMBALMER	21d. LICENSE NUMBER OF EMBALMER
▶ W.R. Quinton	2767	▶ Don Dupree	3374

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

23. REGISTRAR'S SIGNATURE	24. DATE FILED (Month, Day, Year)
▶ Maurice H. Jones	January 4, 1990

26a. 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	26b. LICENSE NUMBER	26c. DATE SIGNED (Month, Day, Year)
▶ T. Haltom	5279	Jan. 4, 1990

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)
▶		

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)
Dr. Thomas Haltom, 2611 West End Ave., Nashville, Tenn. 37203

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Paula Taylor
Paula Taylor
State Registrar

AUG 14 1995
Date Issued

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD