BOOK 9833 PG 327

QUIT CLAIM DEED

For and in consideration of the sum of $1.00 cash in hand paid by the hereinafter named grantee and other good and valuable consieration, the receipt of which is hereby acknowledged,

Dorlis M. Gibson, survivor of herself and her deceased husband, Billy C. Gibson, whose death certificate is attached hereto for recording

whose address is: 15614 Millar, Clinton Township, MI 48036

has bargained and sold, and by these presents does remise, release and QUIT CLAIM unto

Dorlis M. Gibson Trustee of the Dorlis M. Gibson Trust UTA dated September 5, 1995, or her successors in Trust

whose adress is: 15614 Millar, Clinton Township, MI 48036

all of her right, title and interest in a certain tract or parcel of land in Davidson County, State of Tennessee, described as follows, to wit:

See Attached Legal Description

This improved property, known as:

3055 Greer Road, Goodlettsville, TN 37072

Wherever used, the singular number shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

Witness our hands this 9th day of October, 1995.

Charles H. Earl, Jr.

Dorlis M. Gibson

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

Personally appeared before me, the undersigned authority, a Notary Public in and for said County and State, the within named DORLIS M. GIBSON, survivor of herself and her deceased husband, Billy C. Gibson, the bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at office this 9th day of October, 1995.

My Commission Expires:
TINA M. RACKLEY
Notary Public, Oakland County, MI
My Commission Expires Oct. 16, 1996
Acting in Macomb County, MI

Notary Public

STATE OF MICHIGAN)
)ss.
COUNTY OF MACOMB)

The actual consideration for this transfer is $ 1.00.

Affiant Dorlis M. Gibson

Subscribed and sworn to before me this 9th day of October, 1995.

TINA M. RACKLEY
Notary Public, Oakland County, MI
My Commission Expires Oct. 16, 1996
Acting in Macomb County, MI

Notary Public

New Property Owner:	Send Subsequent Tax Bills To:	Drafted By:
Dorlis M. Gibson Trust 15614 Millar Clinton Township, MI 48036	Dorlis M. Gibson, Trustee 15614 Millar Clinton Township, MI 48036	Charles H. Earl, Jr. Attorney at Law Business Address: 31851 Mound Rd., Box 941 Warren, MI 48090

Map & Parcel Number(s): 011-00-0-067.00
10D-16390

Tract I: A Tract of land in the 10th Civil District of Davidson County, Tennessee, described according to a copy of a survey by John R. Alley, Surveyor, dated June, 1965, as follos:

Beginning at a stake in the northerly line of Mrs. Elizabeth Greer, a corner with Robert clark and the southwest corner of the tract of land conveyed to Joseph E. Greer, by deed from J. C. C. Galbreath and wife of record in Book 509, page 65, Register's Office for said County; thence with Mrs. Elizabeth Greer's northerly line South 83 deg. 30 min. east 727 feet to a point; thence north 8 deg. east 1392 feet to an iron spike set in the center of Greer Road; thence with the center of said road, south 73 deg. 5 min. west 117 feet to an iron spike; thence south 5 deg. 30 min. west 148.5 feet to a stone monument; thence north 85 deg. 50 min. vest 600 feet to a stake in Robert Clark's easterly line; thence with Clark's easterly line, south 5 deg. 30 min. west 1166 feet to the point of beginning, containing 20.84 acres, more or less.

Being the same property conveyed to Billy C. Gibson and wife, Dorlis M. Gibson by deed from Margaret V. Lum, Charles H. Sweeney and Frank Brady Co-Executors, Margaret Padgett Mayers Estate Rule No. 96384 of record in book 8320, page 199, Register's Office for Davidson County, Tennessee. The said Billy C. Gibson having since died. And being the same property vested in Dorlis M. Gibson, survivor of her deceased husband, Billy C. Gibson, whose death certificate is attached hereto for recording with the County Clerk's Office for Davidson County, Tennessee.

Tract II: A certain tract or parcel of land situated in the 11th Civil District of Davidson County, Tennessee, described as follows, to-wit:

Beginning at an iron pin in the south margin of Greer Road, a corner with Margaret P. Mayers, the northeast corner of this land; thence with the line of said Mayers as follows: South 5 deg. 30' West 125.8 feet to a stone; thence North 87 deg. West 111.9 feet to an iron pin, a corner with Addie Sweeney; thence with line of said Sweeney North 125.8 feet to an iron pin in aforesaid margin line of Greer Road; thence with said margin line as follows; South 73 deg. East 50 feet and North 83 deg. East 76.5 feet to the beginning, containing 0.32 acre, more or less, after survey by F. E. Mead, Assistant County Surveyor for Robertson County, Tennessee, on November 27, 1973.

Being the same property conveyed to Billy C. Gibson and wife, Dorlis M. Gibson by deed from Margaret V. Lum, Charles H. Sweeney and Frank Brady Co-Executors, Margaret Padgett Mayers Estate Rule No. 96384 of record in book 8320, page 199, Register's Office for Davidson County, Tennessee. The said Billy C. Gibson having since died. And being the same property vested in Dorlis M. Gibson, survivor of her deceased husband, Billy C. Gibson, whose death certificate is attached hereto for recording with the County Clerk's Office for Davidson County, Tennessee.

LEGIBILITY OF WRITING DISPLEASING IN THIS DOCUMENT WHEN RECEIVED

88779 10/20 0101 03CHECK 12.00

95 OCT 20 AM 8:56
FELIX Z. WILSON III REGISTER
DAVIDSON COUNTY, TN.

IDENTIF. & REFERENCE

011142

BOOK 9833 PG 329

LF

CF 1876

STATE OF MICHIGAN
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER
0807141

TYPE/PRINT IN PERMANENT BLACK INK

FOR USE BY PHYSICIAN OR INSTITUTION

DECEDENT

1 DECEDENT'S NAME (First, Middle, Last): Billy C. Gibson

2 SEX: Male

3 DATE OF DEATH (Month, Day, Year): September 30, 1994

4a AGE - Last Birthday (Years): 69

4b UNDER 1 YEAR: MONTHS / DAYS

4c UNDER 1 DAY: HOURS / MINUTES

5 DATE OF BIRTH (Month, Day, Year): July 23, 1925

6 COUNTY OF DEATH: Macomb

7a LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c.) HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number): St. Joseph Mercy Hospital - Clinton

7b IF HOSP OR INST Inpatient, Op /Emer Room, DOA (Specify): Emergency Room

7c CITY, VILLAGE, OR TOWNSHIP OF DEATH: Clinton Township

8 SOCIAL SECURITY NUMBER: [redacted]-3943

9a USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Business Owner

9b KIND OF BUSINESS OR INDUSTRY: Truck Equipment

10a CURRENT RESIDENCE - STATE: Michigan

10b COUNTY: Macomb

10c LOCALITY (Check one box and specify)
☐ INSIDE CITY OR VILLAGE OF
☒ TWP. OF Clinton

10d STREET AND NUMBER: 15614 Millar

10e ZIP CODE: 48036

11 BIRTHPLACE (City and State or Foreign Country): Joelton, Tenn.

12 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married

13 SURVIVING SPOUSE (If wife, give name before first married): Dorlis Knoop

14 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): Yes

15 ANCESTRY - Mexican, Puerto Rican, Cuban, Central or South American, Chicano, other Hispanic, Afro-American, Arab, English, French, Finnish, etc. (Specify below): English

16 RACE - American Indian, Black, White, etc. If Asian, give nationality i.e., Chinese, Filipino, Asian Indian, etc. (Specify below): White

17. DECEDENT'S EDUCATION (Specify only highest grade completed)
Elementary/Secondary (0-12): 10
College (1-4 or 5+):

PARENTS

18 FATHER'S NAME (First, Middle, Last): Bardie Gibson

19 MOTHER'S NAME (First, Middle, Surname before first married): Ida Nicholson

INFORMANT

20a INFORMANT'S NAME (Type/Print): Mrs. Dorlis M. Gibson

20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, ZIP Code): 15614 Millar Road, Clinton Township, Michigan 48036

DISPOSITION

21. METHOD OF DISPOSITION - Burial, Cremation, Removal, Donation, Other (specify): Burial

22a PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place): Clinton Grove Cemetery

22b. LOCATION - City or Village, State: Clinton Township, Michigan

23. SIGNATURE OF FUNERAL SERVICE LICENSEE: Michael R Kaschmitt

24 LICENSE NUMBER (of Licensee): 6709

25 NAME AND ADDRESS OF FACILITY: Kaul Funeral Homes, Inc.
35201 Garfield, Clinton Township, MI 48035

CAUSE OF DEATH

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	VENTRICULAR FIBRILLATION	20 MIN
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	ACUTE MYOCARDIAL INFARCTION	30 MINUTES
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: HYPERTENSION

27a WAS AN AUTOPSY PERFORMED? (Yes or No): No

27b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No):

CERTIFIER

28 ACTUAL PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify): Hospital

29 WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No): No

CERTIFYING PHYSICIAN

30a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title): Robert A Barretto MD

30b DATE SIGNED (Mo., Day, Yr.): October 3, 1994

30c TIME OF DEATH: 19:40 P M

30d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

MEDICAL EXAMINER

31a (Check one only)
☐ The case reviewed and determined not to be a medical examiner's case
☐ On the basis of examination and of investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated.

(Signature and Title):

31b DATE SIGNED (Mo., Day, Yr.):

31c CASE NUMBER:

31d PRONOUNCED DEAD (Mo., Day, Yr.): ON

31e TIME OF DEATH: M

32a NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type or Print): Dr. Roberto Barretto, M.D., 25599 Kelly, Roseville, MI 48066

32b LICENSE NUMBER: RB 031958

MEDICAL EXAMINER

33a ACC SUICIDE, HOM., NATURAL OR PENDING INVEST (Specify):

33b DATE OF INJURY (Mo., Day, Yr.):

33c TIME OF INJURY: M

33d DESCRIBE HOW INJURY OCCURRED:

33e INJURY AT WORK (Specify Yes or No):

33f PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):

33g LOCATION - Street or R.F.D. No. City, Village or Twp. State:

34a REGISTRAR'S SIGNATURE: Carmella Sabaugh

34b. DATE FILED (Month, Day, Year): OCT 03 1994

6 1/90

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

COUNTY OF MACOMB · STATE OF MICHIGAN ·

THIS CERTIFIES THAT the above is a true copy of the facts recorded on the death certificate of the person named hereon, as filed in the MACOMB COUNTY CLERK'S OFFICE.

OCT 03 1994
Date

Carmella Sabaugh
Carmella Sabaugh, County Clerk