Prepared by
Charles F. Moyer, Jr.

STATE OF TENNESSEE
COUNTY OF DAVIDSON
THE ACTUAL CONSIDERATION OR TRUE VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $ 0
Charles F. Moyer, Jr.
AFFIANT
SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 9 DAY OF April 1996
B. Edwards
Deputy Register

BOOK 10009 PG 600

115-11-0 084.00

Form A298

QUITCLAIM DEED

THIS QUITCLAIM DEED, Executed this 20th day of FEBRUARY , 1996

first party, to MARGARET R. MOYER

whose post office address is 6221 BROWNLEE DR. NASHVILLE, TN 37205

to second party: CHARLES F. MOYER JR. TRUSTEE MARGARET R. MOYER LIVING TRUST

0251 04/09 9101 02CHECK 8.00

Owner + Tax Bills.

whose post office address is 513 CONTINENTAL DR. NASHVILLE, TENNESSEE 37209

WITNESSETH, That the said first party, for good consideration and for the sum of Dollars ($ 0) 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:

BEING LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT NO 304 ON THE PLAN OF WEST MEADE FARMS, INC. SECTION "L", AS OF RECORD IN BOOK.2133,PAGE 53, REGISTER"S OFFICE FOR SAID COUNTY. SAID LOT NO 304 FRONTS 161 FEET ON THE SOUTHERLY SIDE OF BROWNLEE DRIVE AND EXTENDS BACK 319 FEET ON THE EASTERLY LINE AND 301 FEED ON THE WESTERLY LINE TO A DEAD LINE, MEASURING 200 FEET THEREON.
BEING THE SAME REAL PORPERTY CONVEYED TO CHARLES F. MOYER AND MARGARET R. MOYER AS STATED ABOVE.

MAIL ENV.

96 APR -9 AM 11:21
FELIX Z. WILSON II REGISTER
DAVIDSON COUNTY, TN.

IDENTIF. + REFERENCE 0169320

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:

x Margaret R. Moyer

State of Tennessee }
County of Davidson }

On 4/3/96 before me,
appeared MARGARET R. MOYER
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 the entity upon behalf of which the person(s) acted, executed the instrument.
WITNESS my hand and official seal.

Signature Heather Stack

Affiant Known ✓ Produced ID
Type of ID TNDL 28550915
(Seal)

HEATHER CT DAVIDSON NOTARY PUBLIC

0 53926 20040 5

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(Revised 3/93)

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

SEP 14 1994

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.

BOOK 10009 PG 601

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER: 9400274

1. DECEDENT'S NAME (First, Middle, Last): Charles Francis Moyer
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): Jan. 18, 1994
4. SOCIAL SECURITY NUMBER: 188-12-2300
5a. AGE – LAST BIRTHDAY (Years): 71
5b. UNDER 1 DAY (Hours, Minutes)
5c. UNDER 1 YEAR (Months, Days)
6. DATE OF BIRTH (Month, Day, Year): Dec. 10, 1922
7. BIRTHPLACE (City and State or Foreign Country): Pottsville, Pa.

DECEDENT

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] 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): St. Thomas Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Margaret Rollins
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Civil Engineer
12b. KIND OF BUSINESS/INDUSTRY: Collier Engineering
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 6221 Brownlee Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37205
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [ ] No
15. RACE—American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 4; College (1-4 or 5+):

NAME OF DECEDENT: To be typed by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Russell P. Moyer
18. MOTHER'S NAME (First, Middle, Maiden Surname): Estell McGuire

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Margaret Moyer
19b. RELATIONSHIP TO DECEASED: wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number or City or Town, State, Zip Code): 6221 Brownlee Dr. Nashville, TN 37205

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): Harpeth Hills Memory Gardens
20c. LOCATION—City or Town, State: Nashville, Tenn.
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Rodney Wells
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3883
21c. SIGNATURE OF EMBALMER: ▶ Don Duperon
21d. LICENSE NUMBER OF EMBALMER: 3374
22a. NAME AND ADDRESS OF FUNERAL HOME: Roesch Patton Austin Bracey & Charlton, Nashville, Tenn.
22b. LICENSE NUMBER OF FUNERAL HOME: 121

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Britt Leonard Brown
24. DATE FILED (Month, Day, Year): January 27, 1994

CAUSE OF DEATH

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: ▶ Eric L. Dyer M.D.
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
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): Dr. Eric L. Dyer, 2400 Patterson St., Nashville, Tn. 37203

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)

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death): → a. Pneumonia
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. Chronic obstructive pulmonary disease
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.

29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [ ] 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 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
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)

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