BOOK 10058 PG 285

# OLD REPUBLIC

National Title Insurance Company
344 Fourth Avenue North
Nashville, Tennessee 37219-1611

ORT# SV: 2569053

STATE OF TENNESSEE )
COUNTY OF Davidson
THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $ 147,000.00

Sue S. Whitson
AFFIANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS 10th DAY OF May 1996

NOTARY PUBLIC

My Commission expires: 11-27-99

(615) 385-2323 THIS INSTRUMENT PREPARED BY SupCt# 003143

Marbut Glenn Gaston, Jr., Lawyer, 2211 Crestmoor Rd., Nashville, TN 37215
NAME ADDRESS

| NAME & ADDRESS OF PROPERTY OWNER: | SEND TAX BILLS TO: | MAP & PARCEL NUMBERS: |
|---|---|---|
| Sue S. Whitson (NAME) | owner at same address (NAME) | 116-13-C-31-CO |
| 326 Walnut Dr. (ADDRESS) | (ADDRESS) | 7DZ-28018 |
| Nashville, TN 37205 (CITY) (STATE) (ZIP) | (CITY) (STATE) (ZIP) | |

## Warranty Deed

**For and in Consideration of** the sum of $ 147,000.00 **cash in hand paid by the hereinafter named grantees, and other good and valuable consideration, the receipt of which is hereby acknowledged, we**

William P. Hoffman, III, an unmarried person, and Lucy H. Miller, married but a resident of the State of Georgia

**hereinafter called the GRANTORS, have bargained and sold, and by these presents do transfer and convey unto**

Sue S. Whitson

**hereinafter called the GRANTEES, their heirs and assigns, a certain tract or parcel of land in** Davidson **County, Tennessee. described as follows, to wit:**

Land in Davidson County, Tennessee, and being Unit {Apartment} No. 31 in Belle Meade Towers, a horizontal property regime {condominium}, together with Parking Space No. 28 {in the garage attached to the building of Belle Meade Tower which is a limited common element for the exclusive use of the owner of said unit/apartment} and located at 105 Leake Avenue, as shown on the plan of Belle Meade Tower as of record at Book 4175, page 159, and as described in the Master Deed as of record at Book 4469, page 530, corrected in Book 4494, page 489, amended in Book 4631, page 407, Book 4631, page 410, Book 4851, page 950, and Book 5046, page 828, all in the Register's Office for said County, and all to which reference is hereby made and the same incorporated herein for a complete description of said Unit {Apartment} and the conveyance hereby made.

Being all the same property conveyed to Lucy Bond Hoffman {being one and the same person as Lucy May Bond Hoffman} **by deed as of record at Book 8434, page 236,** said Register's Office. The said Lucy May Bond Hoffman having since died on February 29, 1996 *{see TN Death Certificate #9601054 attached hereto as an Exhibit}*.

The above described property is part of the property devised to William P. Hoffman, III and Lucy H. Miller **by the Will of said Lucy May Bond Hoffman as of record in the pages immediately preceding this deed** {said Will is dated June 1, 1984 and filed for Probate on March 14, 1996, see Davidson County Probate Court Clerk's Office, Rule No. 96P-441}. In said Will, William P. Hoffman, Jr. {her spouse} was the primary beneficiary, if surviving; however, the said William P. Hoffman, Jr. having since died on December 15, 1988 *{see TN Death Certificate #8806201 attached hereto as an Exhibit}*. Accordingly, said grantors herein, the children of said William P. Hoffman, Jr. and Lucy May Bond Hoffman, are the sole surviving beneficiaries and/or devisees under said Will.

The Probate of said Estate of Lucy May Bond Hoffman is not yet completed and closed, William P. Hoffman, III, Executor, joins herein as said Executor, to evidence consent of said sale, and to confirm that said estate is not insolvent and that all State and/or Federal Inheritance and/or Estate taxes, court costs, and all other claims, if any, can be and will be satisfied during, and out of, the administration of said estate, even without the necessity of the proceeds of this sale.

**This conveyance is subject to** 1996 property taxes which have been prorated this date {on the basis of the best available information and that being the 1995 tax amount} and which the grantee assumes in full notwithstanding a change in the actual amount of said taxes for 1996, and to plat limitations shown on said plat at Book 4175, page 159, Master Deed and the By-Laws and Exhibits attached thereto as of record at Book 4469, page 530, corrected at Book 4494, page 489, amended at Book 4631, page 407, Book 4631, page 410, Book 4851, page 950 and Book 5046, page 828, easements as of record at Book 1207, page 547, Book 3183, page 201, Book 3839, page 983, Book 4790, page 319, and Book 4355, page 696, and the rights of others in and to the common elements.

unimproved ( )
This is improved (X) property, known as #31, 105 Leake Ave., Nashville, TN 37205
(House Number) (Street) (City) (State) (Zip)

**To Have and to Hold** the said tract or parcel of land, with the appurtenances, estate, title and interest thereto belonging to the said GRANTEES, their heirs and assigns, forever. We do covenant with said GRANTEES that we are lawfully seized and possessed of said land in fee simple, have a good right to convey it, and the same is unencumbered, unless otherwise set out herein. We do further covenant and bind ourselves, our heirs and representatives, to warrant and forever defend the title to the said land to the GRANTEES, their heirs and assigns, against the lawful claims of all persons whomsoever. 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 20th day of May, 19 96.

William P. Hoffman, III

William P. Hoffman, III

William P. Hoffman, III as Executor of the Estate of Lucy May Bond Hoffman

Lucy H. Miller

Lucy H. Miller

441B 05/22 0101 03CHECK 560.90

BOOK 10058 PG 286

96 MAY 22 PM 3:57

FELIX Z. WILSON II REGISTER DAVIDSON COUNTY, TN.

IDENTIF. & REFERENCE 0184322

**INDIVIDUAL ACKNOWLEDGMENTS:**

**STATE OF TENNESSEE }**
**County of** Tennessee **}**

**Personally appeared before me, the undersigned authority, a Notary Public in and for said County and State, the within named** William P. Hoffman, III, individually and William P. Hoffman, III as Executor of the Estate of Lucy May Bond Hoffman, **the bargainor(s), with whom I am personally acquainted (or proved to me in the basis of satisfactory evidence), and who acknowledged that** he **executed the within instrument for the purposes therein contained.**

**Witness my hand and official seal at office this** 22nd **day of** May **19** 96

**My Commission expires:**
11-27-99

**Notary Public**

**STATE OF TENNESSEE) GEORGIA**
**County of** Dougherty **)**

**Personally appeared before me, the undersigned authority, a Notary Public in and for said County and State, the within named** Lucy H. Miller, **the bargainor(s), with whom I am personally acquainted (or proved to me in 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** 20th **day of** May **19** 96

**My Commission expires:**
My Commission Expires Oct. 20, 1998.

**Notary Public**

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BOOK 10058 PG 287

*Metropolitan Government of Nashville and Davidson County*

Bill Boner, Mayor

FREDIA S. WADLEY, M.D.
LOCAL REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY, TN

DEC 29 1988

Fredia S. Wadley, M.D

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

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.

8806201

S BECOMES A LEGAL ORD WHEN PROPERLY EXE-ED AND FILED.

PE OR PRINT IN RMANENT BLACK INK.

DECEASED

IAL RESIDENCE WHERE DE-SED LIVED. IF DEATH OC-RED IN INSTITUTION, GIVE IDENCE BEFORE ADMIS-N.

PARENTS AND INFORMANT

RMIT REQUIRED PRIOR TO NSPORTATION OF BODY BY MMON CARRIER OR RE-VAL FROM STATE.

DISPOSITION

CERTIFIER

EATH NOT ATTENDED BY YSICIAN, AUTHORIZED OF-IAL SIGN HERE. ANY YSICIAN OR MEDICAL EX-INER EXECUTING CER-CATE MUST COMPLETE D SIGN MEDICAL CER-ICATION WITHIN 48 URS. POWER OF NATURE CANNOT BE EGATED.

CAUSE

FDA-1668
Rev. 8/81 CRC

# CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

BIRTH NO. _____

| | | | | | |
|---|---|---|---|---|---|
| 1. DECEASED—NAME (FIRST) William | (MIDDLE) Prewitt | (LAST) Hoffman, Jr. | 2. DATE OF DEATH (MONTH, DAY, YEAR) Dec. 15, 1988 | | |
| 3a. AGE—LAST BIRTHDAY (YEARS) 79 | UNDER 1 YEAR (MOS.) (DAYS) | UNDER 1 DAY (HOURS) (MIN.) | 4. DATE OF BIRTH (MONTH, DAY, YEAR) Sept. 1, 1909 | 5a. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)) White | 5b. ORIGIN OR DESCENT—ITALIAN MEXICAN GERMAN ETC (SPECIFY) American | 6. SEX Male |
| 7a. COUNTY OF DEATH Davidson | 7b. CITY, TOWN OR LOCATION Nashville | 7c. INSIDE CITY LIMITS (SPECIFY YES OR NO) yes | 7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.) Baptist Hospital | 7e. IF HOSP. OR INST. INPATIENT OR OUTPATIENT (DOA, etc.) Inpatient | |
| 8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Tennessee | 9. CITIZEN OF WHAT COUNTRY U.S.A. | 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married | 11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Lucy May Bond | | |
| 12a. SOCIAL SECURITY NUMBER (IF NONE, SPECIFY) [redacted]-0539 | 12b. SERVICE IN ARMED FORCES (SPECIFY YES OR NO OR DATES OF SERVICE) No | 12c. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Chairman of the Board | 12d. KIND OF BUSINESS OR INDUSTRY Fabuglass Boat Mfgr. | | |
| 13a. RESIDENCE—STATE Tennessee | 13b. COUNTY Davidson | 13c. CITY, TOWN, OR LOCATION Nashville | 13d. STREET AND NUMBER 831 Glen Leven Dr | 13e. INSIDE CITY LIMITS (SPECIFY YES OR NO) yes | 13f. CENSUS TRACT NO. |
| 14. FATHER—NAME William P. Hoffman | 15. MOTHER—MAIDEN NAME Hattie Allen | 16. INFORMANT—NAME Lucy May Hoffman (same) | 17. MAILING ADDRESS 37204 | | |
| 18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY) Burial | 18b. DATE (MONTH, DAY, YEAR) Dec. 17,1988 | 18c. CEMETERY OR CREMATORY—NAME Mt. Olivet Cem | 18d. LOCATION (CITY OR TOWN, STATE) Nashville, Tenn. | | |
| 19a. FUNERAL DIRECTOR (SIGNATURE) Paul Baker | 19b. LICENSE NO. 2965 | 19c. EMBALMER (SIGNATURE) Bee Carter | 19d. LICENSE NO. 3610 | | |
| 19e. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Roesch Patton Dorris & Charlton, Nashville Tn | | 19f. REGISTRAR—SIGNATURE Mary C. Pentecost | 19g. DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) Dec. 22, 1988 | | |
| 20a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSES STATED. SIGNATURE | | DEGREE | 20b. DATE SIGNED (MONTH, DAY, YEAR) 12/22/88 | | |
| 20c. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSES STATED. SIGNATURE | | TITLE | 20d. DATE SIGNED (MONTH, DAY, YEAR) | | |
| 21a. CERTIFIER—NAME (TYPE OR PRINT) Dr. Eddie Reddick | 21b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 2201 Murphy Ave. Nashville, Tenn. 37203 | | | | |

22. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) — INTERVAL BETWEEN ONSET AND DEATH

(a) IMMEDIATE CAUSE: Cardiac Arrest
DUE TO, OR AS A CONSEQUENCE OF:
(b) Renal Failure
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST
DUE TO, OR AS A CONSEQUENCE OF:
(c)

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) — 23. AUTOPSY (YES OR NO)

| 24. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) | 25. DATE OF INJURY (MONTH, DAY, YEAR) | 26. HOUR | 27. DESCRIBE HOW INJURY OCCURRED |
|---|---|---|---|
| | | | |

| 27a. INJURY AT WORK (SPECIFY YES OR NO) | 27b. PLACE OF INJURY (e.g., HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)) | 27c. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) |
|---|---|---|
| | | |

FILE NO. 202-06-002

RECORDERS MEMO
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*Metropolitan Government of Nashville and Davidson County*

**Philip Bredesen, Mayor**

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

*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 10058 PG 288

TENNESSEE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER 96 02054

**DECEDENT**

1. DECEDENT'S NAME (First, Middle, Last): LUCY MAY BOND HOFFMAN
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): FEBRUARY 29, 1996
4. SOCIAL SECURITY NUMBER: [redacted]6886
5a. AGE – LAST BIRTHDAY (Years): 84
6. DATE OF BIRTH (month, day, year): 11-4-1911
7. BIRTHPLACE (City and State or Foreign Country): NASHVILLE, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
5b. PLACE OF DEATH (Check only one): 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
5c. FACILITY NAME (If not institution, give street and number): BAPTIST HOSPITAL
5d. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
5e. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): WIDOWED
11. SURVIVING SPOUSE (If wife, give maiden name): N/A
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: DOMESTIC
13a. RESIDENCE – STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 105 LEAKE AVENUE
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 [X] No
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+): 2

**PARENTS**

17. FATHER'S NAME (First, Middle, Last): EDWIN MAURY BOND
18. MOTHER'S NAME (First, Middle, Maiden Surname): LUCY MAY NAPIER BOND

**INFORMANT**

19a. INFORMANT'S NAME (Type/Print): WILLIAM P. HOFFMAN III
19b. RELATIONSHIP TO DECEASED: SON
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 631 BELLE MEADE BLVD. 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): Mt. OLIVET CEMETERY
20c. LOCATION – City or Town, State: NASHVILLE, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ RODNEY WELLS
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3883
21c. SIGNATURE OF EMBALMER: ▶ GEORGE DOBBS
21d. LICENSE NUMBER OF EMBALMER: 4337
22a. NAME AND ADDRESS OF FUNERAL HOME: ROESCH-PATTON, AUSTIN, BRACEY & CHARLTON 1715 BROADWAY NASHVILLE, TN 37203
22b. LICENSE NUMBER OF FUNERAL HOME: 121

**REGISTRAR**

23. REGISTRAR'S SIGNATURE: ▶ Marabeth Agee
24. DATE FILED (Month, Day, Year): March 4, 1996

**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 [X] SIGNATURE AND TITLE OF PHYSICIAN: ▶ David L. Nichols M.D.
25b. LICENSE NUMBER: MD11717
25c. DATE SIGNED (Month, Day, Year): 3/1/96
25a. MEDICAL EXAMINER – On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER
25b. LICENSE NUMBER
25c. 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)

ME INSTRUCTIONS ON OTHER SIDE

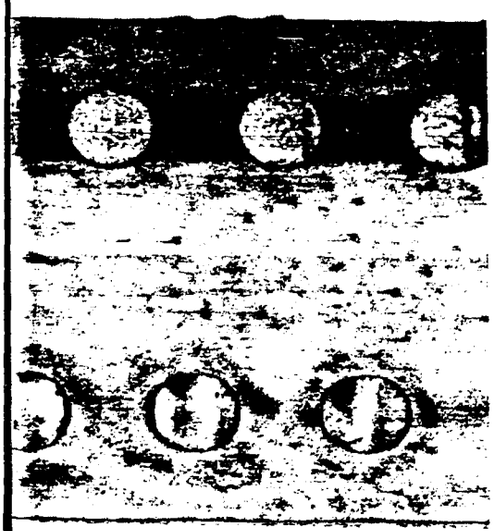
**CAUSE OF DEATH**

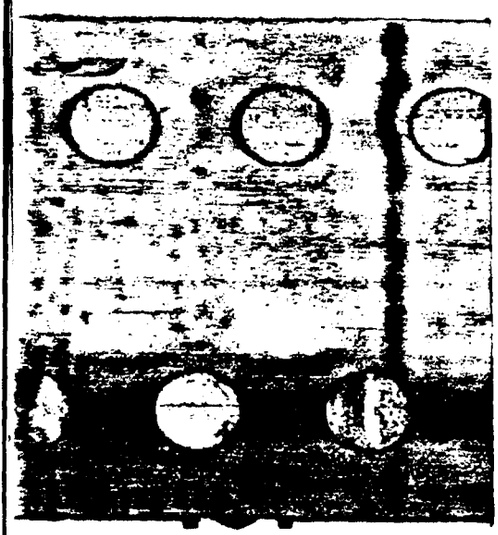
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. acute respiratory failure
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): Malignant Pleural effusion
c. DUE TO (OR AS A CONSEQUENCE OF): poorly differentiated carcinoma
d.
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: COPD
29a. WAS AN AUTOPSY PERFORMED? [ ] Yes [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 [ ] 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 bldg., etc. (Specify)
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

BIRTH NO. _____

RECORDERS MEMO
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**OFFICIAL RECEIPT**

**FELIX Z WILSON, II**

**REGISTER OF DAVIDSON COUNTY**
**NASHVILLE, TENNESSEE**

RECEIVED OF _____

FOR _____

BOOK 10058 PG 289

| | | |
|---|---|---|
| CO CONVEYANCE | CC - CERTIFIED COPY | MISC - MISCELLANEOUS |
| MO MORTGAGE | REL - RELEASE | CO TX - STATE TAX CONVEY |
| WD WARRANTY DEED | UCC - UNIFORM COMMERCIAL CODE | MO TX - STATE TAX MORT |
| TD TRUST DEED | | PRFEE - PROBATE FEE |

| DATE | SYMBOL | VALUATION | TAX AND FEES | TOTAL PAID |
|---|---|---|---|---|
| | | | | CAMT 147000.00 |
| | | | | CON TX 543.90 |
| | | | | PRFEE 1.00 |
| | | | | WDEED 16.00 |
| | | | | TOTAL 560.90 |
| | | | | CHECK 560.90 |
| 05/22/96 | 01 | | | 15:58 0001 4418 |

**RECEIPT IS NOT VALID UNTIL CHECK IS PAID BY BANK**

0184322
IDENTIF. ↑ REFERENCE

96 MAY 22 PM 3:57
FELIX Z. WILSON II REGISTER
DAVIDSON COUNTY, TN.

**No.** 1042356