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

ORT# SV: 2569054

BOOK 10060 PG 161

STATE OF TENNESSEE }
COUNTY OF Davidson
THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $ 98,000.00

Thuan Nguyen
AFFIANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS THE 23rd DAY OF MAY 19 96

NOTARY PUBLIC

My Commission expires: 7-15-98

(615) 385-2323	THIS INSTRUMENT PREPARED BY	Sup#4, 903143
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:
Thuan Nguyen and wife	Collateral Mortgage, Ltd.	90-16-248
(NAME)	(NAME)	
6418 Thunderbird Dr.	1900 Crestwood Blvd.	8DA-32957
(ADDRESS)	(ADDRESS)	
Nashville, TN 37205	Birmingham, AL 37283	
(CITY) (STATE) (ZIP)	(CITY) (STATE) (ZIP)	

Warranty Deed

For and in Consideration of the sum of $ 98,000.00... cash in hand paid by the hereinafter named grantees, and other good and valuable consideration, the receipt of which is hereby acknowledged, ~~xxxx~~ I,

Barbara J. Rauschenberger, an unmarried person

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

Thuan Nguyen and wife, Gieng Nguyen

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 Lot No. 532 on the plan of Charlotte Park, Section 8, as of record at Book 2900, pages 45 and 46, Register's Office for said County, to which plan reference is hereby made and the same incorporated herein for a complete description of said lot.

Being all the same property conveyed to the grantor herein by deed as of record at Book 7378 , page 815 , said Register's Office. *

This conveyance is subject to current year's property taxes, which have been prorated this date and the grantee assumes in full (notwithstanding any change from the amount used in said proration) and to restrictive covenants, plat limitations, easements, and/or other matters as hereinafter stated, to wit:
Restrictive covenants and plan of record at Book 2900, pages 45 and 46, said Register's Office.

*Title under said deed was conveyed to the said Barbara J. Rauschenberger and Ruby M. Rauschenberger. The said Ruby M. Rauschenberger having since died in Davidson County, Tennessee on September 7, 1995 (see TN Death Certificate #9504779 attached hereto as an Exhibit), and see Affidavits of Heirship as of record in the pages which immediately precede this instrument. Ruby M. Rauschenberger and Ruby McGee Rauschenberger being one and the same person.

5014 05/24 0101 03CHECK 375.60

PICK-UP

96 MAY 24 AM 9:29
FELIX E. WILSON REGISTER
DAVIDSON COUNTY, TN.

IDENTIF. & REFERENCE

0184887

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This is improved (x) property, known as 6418 Thunderbird Dr., Nashville, TN 37209
(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 23rd day of MAY, 19 96.

Barbara J. Rauschenberger

Barbara J. Rauschenberger

INDIVIDUAL ACKNOWLEDGMENTS:

STATE OF TENNESSEE }
County of Davidson }

Personally appeared before me, the undersigned authority, a Notary Public in and for said County and State, the within named Barbara J. Rauschenberger, 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 23rd day of MAY, 19 96.

My Commission expires:
7-25-98

Notary Public

CORPORATE OR PARTNERSHIP ACKNOWLEDGMENT:

STATE OF TENNESSEE }
County of }

Before me, the undersigned authority, a Notary Public in and for the State and County aforesaid, personally appeared _____, with whom I am personally acquainted (or proved to me in the basis of satisfactory evidence), and who, upon oath, acknowledged _____self to be the _____ of _____, the within named bargainor, a corporation (or partnership), and that ____, as such officer (or partner), being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation (or partnership) by _____self as such officer (or partner).

Witness my hand and official seal at office this _____ day of _____, 19____.

My Commission expires:

_____

Notary Public

Exhibit To The Warranty Deed:
Barbara J. Rauschenberger, **grantor**
TO:
Thuan Nguyen etux Gieng Nguyen, **grantee(s)**

SEP 19 1995

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 10060 PG 163

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER 95 [redacted]

NAME OF DECEDENT (For use by physician or institution)

DECEDENT

1 DECEDENT'S NAME (First, Middle, Last): Ruby McGee Rauschenberger
2 SEX: Female
3 DATE OF DEATH (Month, Day, Year): Sept. 7, 1995
4 SOCIAL SECURITY NUMBER: [redacted]-5249
5a AGE – LAST BIRTHDAY (Years): 83
6 DATE OF BIRTH: June 26, 1912
7 BIRTHPLACE (City and State or Foreign Country): Marion, Kentucky
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ Yes 2 ☐ No
9a PLACE OF DEATH (Check only one): MORTAL 1 ☒ 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): Centennial Medical Center
9c CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d COUNTY OF DEATH: Davidson
10 MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Widowed
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): Collection Clerk
13a KIND OF BUSINESS/INDUSTRY: Cain-Sloan Co.
13a RESIDENCE – STATE: Tennessee
13b COUNTY: Davidson
13c CITY, TOWN OR LOCATION: Nashville
13d STREET AND NUMBER OR RURAL LOCATION: 6418 Thunderbird Drive
CENSUS TRACT
13e INSIDE CITY LIMITS? 1 ☒ Yes 2 ☐ No
13f ZIP CODE: 37209
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☒ No
15 RACE – American Indian, Black, White, etc. (Specify): White
16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS
17 FATHER'S NAME (First, Middle, Last): John J. McGee
18 MOTHER'S NAME (First, Middle, Maiden Surname): Ida Mae Williamson

INFORMANT
19a INFORMANT'S NAME (Type/Print): Barbara Rauschenberger
19b RELATIONSHIP TO DECEASED: dtr
19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 6418 Thunderbird Dr., Nashville, Tn. 37209

DISPOSITION
20a METHOD OF DISPOSITION: 1 ☒ 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, Tennessee
21a SIGNATURE OF FUNERAL DIRECTOR: Rodney Wilson
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, Nashville, Tenn.
22b LICENSE NUMBER OF FUNERAL HOME: 121

REGISTRAR
23 REGISTRAR'S SIGNATURE: Marsha M. Jones
24 DATE FILED (Month, Day, Year): September 14, 1995

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: D. Edwards
25b LICENSE NUMBER: 15799
25c DATE SIGNED (Month, Day, Year): 9/11/95
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. David Edwards, 2400 Patterson St. Room 500, Nashville, TN 37203

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. CVA - brainstem
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. Hypertension
DUE TO (OR AS A CONSEQUENCE OF):
c. AFIB
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

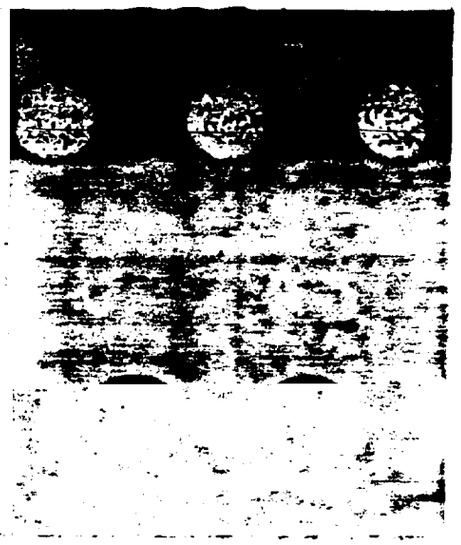
SEE INSTRUCTIONS ON OTHER SIDE

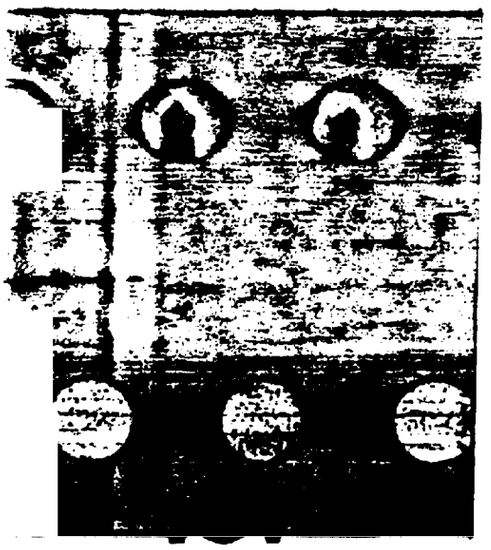
30 MANNER OF DEATH: 1 ☐ Natural 2 ☐ Accident 3 ☐ Suicide 4 ☐ Homicide 5 ☐ Pending Investigation 6 ☐ Could not be Determined
31a DATE OF INJURY (Month, Day, Year)
31b TIME OF INJURY
31c INJURY AT WORK? 1 ☐ Yes 2 ☐ No
31d DESCRIBE HOW INJURY OCCURRED
31e PLACE OF INJURY – At home, farm, street, factory, office building, etc. (Specify)
31f LOCATION (Street and Number or Rural Route Number, City or Town, State)

BIRTH NO

PH 1650
REV 2-93

RDA 1300





OFFICIAL RECEIPT
FELIX Z. WILSON, II
REGISTER OF DAVIDSON COUNTY
NASHVILLE, TENNESSEE

RECEIVED OF _____

FOR _____

BOOK 10060 PG 164

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 98000.00
CON TX 362.60
PRFEE 1.00
WDEED 12.00
TOTAL 375.60
CHECK 375.60

05/24/96 01 09:33 0001 5014

RECEIPT IS NOT VALID UNTIL CHECK IS PAID BY BANK

0184887
IDENTIF. ← REFERENCE

96 MAY 24 AM 9:29
FELIX Z. WILSON II REGISTER
DAVIDSON COUNTY, TN

No. 1042938