Form No. WD-6

This Form furnished by Attorneys Title Company, Inc.

FROM

VIRGINIA M. TYCE

TO HARRY S. TYCE

BOOK 10170 PG 244

QUITCLAIM DEED

ADDRESS NEW OWNER (S) AS FOLLOWS:	SEND TAX BILLS TO:	MAP-PARCEL NUMBERS
HARRY S. TYCE (NAME)	Norwest Mortgage, Inc. (NAME)	Map 61-14
3828 Edwards Avenue (STREET ADDRESS OR ROUTE NUMBER)	3451 Hammond Av., P.O. Box 780 (STREET ADDRESS)	Parcel 197
Nashville, TN 37216 (CITY) (STATE) (P. O. ZIP)	Waterloo, Iowa 50704 (CITY) (STATE) (ZIP)	

THIS INSTRUMENT WAS PREPARED BY

Thomas D. Steele
Attorney at Law
604 Stahlman Building
211 Union Street
Nashville, TN 37201

STATE OF TENNESSEE
COUNTY OF DAVIDSON

THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS

$ ~~Divorce~~ Virginia M. Tyce
Affiant

SUBSCRIBED AND SWORN TO BEFORE ME, THIS, THE 19th DAY OF August, 1996.

Linda Keene
Notary Public

MY COMMISSION EXPIRES: 9-26-98

(AFFIX SEAL)

I HEREBY QUITCLAIM TO HARRY S. TYCE

ALL MY INTEREST IN THE FOLLOWING LAND:

For and in consideration of a divorce by the hereinafter named Grantee, I, Virginia M. Tyce, hereinafter called the Grantor, do transfer and convey unto Harry S. Tyce a certain tract or parcel of land in Davidson County, State of Tennessee, described as follows: TO WIT:

LAND in Davidson County, Tennessee being Lot No. 159 on the plan of Maplewood Heights of record in Book 547 at page 77, Register's Office for said County.

SAID Lot No. 159 fronts 100 feet on the westerly margin of Edwards Avenue and extends back between parallel lines 300 feet to a line in the rear measuring 100 fee thereon.

BEING the same property conveyed to Harry S. Tyce and wife, Virginia M. Tyce by deed from William L. James and wife, Judy James of record in Book 6677 at page 545, Register's Office for said County.

BEING the same property conveyed to Mildred Hall Tyce (deceased), being a life estate, of record in Book 6687 at page 781, Register's Office for said County.

This is ( ) unimproved (X) improved property, known as 3828 Edwards Ave., Nashville, Tennessee 37216
(House Number) (Street) P. O. Address: (City or Town) (Postal Zone)

Said property is conveyed subject to such limitations, restrictions, and encumbrances as may affect the premises.

And now, I, the said VIRGINIA M. TYCE, for the express purpose of carrying out the intent of this conveyance, as above set out, do hereby quitclaim and convey unto HARRY S. TYCE

HIS heirs and assigns, the same property hereinabove described and set forth, to which reference is here made, and said property is conveyed subject to the same limitations, restrictions and encumbrances as may affect the premises, as above set forth.

IN WITNESS WHEREOF we have hereunto set our hands on this the 19th day of August, 1996.

Virginia Mae Tyce

STATE OF TENNESSEE }
COUNTY OF DAVIDSON }

Personally appeared before me, Linda J. Burns, a Notary Public in and for said County and State, the within named, Virginia Mae Tyce, the Bargainors, with whom I am personally acquainted, and who acknowledged that they executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at Nashville, Tennessee, this 19th day of August, 1996.

Linda J. Burns
Notary Public

My commission expires: 7-26-98

0219005
IDENTIF. ↑ REFERENCE

96 AUG 28 P 12:56
REGISTER
DAVIDSON COUNTY, TN

181.1 08/28 0101 01CASH 12.00

BOOK 10170 PG 246

Metropolitan Government of Nashville and Davidson County

Bill Boner, Mayor

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.

JUN 27 1990

Julia S. Wadley, M.D.
LOCAL REGISTRAR

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER 9002943

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT: For use by physician or institution

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Mildred Lorene Tyce
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 29, 1990
4. SOCIAL SECURITY NUMBER (Last 4 numbers): [redacted]-7094
5a. AGE – LAST BIRTHDAY (Years): 63
5b. UNDER 1 YEAR (Months / Days)
5c. UNDER 1 DAY (Hours / Min.)
6. DATE OF BIRTH (Month, Day, Year): Jan. 18, 1927
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN.
8. WAS DECEDENT EVER IN US 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): Nashville Memorial Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Madison
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Divorced
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): 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: 3828 B Edwards Ave.
CENSUS TRACT: 4
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37216
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No
15. RACE – American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 7th; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): James C. Hall
18. MOTHER'S NAME (First, Middle, Maiden Surname): Allie Mae Mangrum

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Harry S. Tyce
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3828 A Edwards Ave. Nashville, TN. 37216

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): Hudgens Cemetery
20c. LOCATION – City or Town, State: Nashville, TN.
21a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2026
21c. SIGNATURE OF EMBALMER: [signature]
21d. LICENSE NUMBER OF EMBALMER: 3386

REGISTRAR

22a. NAME AND ADDRESS OF FUNERAL HOME: Pettus-Owen & Wood Funeral Home, 4506 Charlotte Ave. Nashville, TN. 37209
22b. LICENSE NUMBER OF FUNERAL HOME: 710
23. REGISTRAR'S SIGNATURE: Mary C. Pentecost
24. DATE FILED (Month, Day, Year): June 26, 1990

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. SIGNATURE AND TITLE OF PHYSICIAN:
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, date, and place, and due to the cause(s) and manner as stated. SIGNATURE AND TITLE OF MEDICAL EXAMINER: [signature]
26b. LICENSE NUMBER: MD 14787
26c. DATE SIGNED (Month, Day, Year): 4/29/90

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): Warren T. Hill, M.D.

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. Cardiac Arrest 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. ASHD DUE TO (OR AS A CONSEQUENCE OF)
c. DM DUE TO (OR AS A CONSEQUENCE OF)
d.

SEE INSTRUCTIONS ON OTHER SIDE

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 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide
31a. DATE OF INJURY (Month, Day, Year):
31b. TIME OF INJURY: AM / PM
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-1659
REV 1/89

202-06-002 (Rev. 10/89)

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