Richard & Jill Forbess Booher - Send Tax Bills To:
8334 Merrymount Drive Same
Nashville, TN 37221-5601

Map 127
Par 129
Book # 5925
Page 304

Prepared By: Marybeth Gex Arnold
636 Highway 90
Waveland, Miss 39576

BOOK 10226 PG 22

STATE OF TENNESSEE

COUNTY OF DAVIDSON

QUITCLAIM DEED

For and in consideration of the sum of TEN ($10.00) DOLLARS, cash in hand paid, receipt of which is hereby acknowledged, and other good and valuable considerations not necessary to be mentioned herein, I, JILL L. FORBESS (Booher), widow of Dan Forbess, deceased, a copy of death certificate attached hereto and made a part hereof, 8334 Merrymount Dr., Nashville, Tenn. 37221, Phone 615-646-4856, do hereby transfer, convey and quitclaim unto RICHARD L. BOOHER and wife, JILL L. BOOHER, same address and phone, their (successors), heirs and assigns, certain real estate in Davidson County, Tennessee, to wit:

> Land in Davidson County, Tennessee, being Lot 8 on the Plan of John Cunningham Estate, Section 3, of record in Book 4860, page 69, said Register's Office, to which plan reference is made for a more complete description.
>
> Being the same property conveyed to Dan Forbess and wife, Jill L. Forbess, by deed from Phillip D. Harris and wife, Jeannie H. Harris, of record in Book 5925, Page 304, Register's Office of Davidson County, Tennessee.

Together with all and singular the rights, privileges, improvements and appurtenaces to the same belonging or in any wise appertaining.

Taxes for the year 1996 are assumed by the Grantees.

WITNESS my signature this the 15th day of October, A.D., 1996.

Jill L. Forbess (Booher)
JILL L. FORBESS (Booher)
Jill L. Forbess (Booher)

0236336
IDENTIFICATION REFERENCE

96 OCT 15 PM 1:56
REGISTER
DAVIDSON COUNTY, TN

MAR ENV.

STATE OF TENNESSEE

COUNTY OF DAVIDSON

0253 10/15 0101 01CASH 8.00

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, JILL L. FORBESS (Booher), the within named bargainor, with whom I am personally acquainted, and who acknowledged that she executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at Nashville, TN, Tennessee, this 15th day of October, A.D., 1996.

NOTARY PUBLIC

My Commission Expires:

STATE OF TENNESSEE
**DEPARTMENT OF HEALTH AND ENVIRONMENT**
CORDELL HULL BUILDING
NASHVILLE, TENNESSEE 37219-5402

I hereby certify the below to be a true and correct copy of the official document on file in this department. Valid ONLY when embossed seal of the Tennessee Department of Health and Environment and red imprinted signature of the State Registrar are affixed.

Paula Taylor
Paula Taylor
State Registrar

BOOK 10226 PG 23

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

# CERTIFICATE OF DEATH

STATE FILE NUMBER 9203719

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

**DECEDENT**

1. DECEDENT'S NAME (First, Middle, Last): KARY DAN FORBESS
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): JUNE 28, 1992
4. SOCIAL SECURITY NUMBER: [redacted]-2121
5a. AGE - LAST BIRTHDAY (Years): 51
5b. UNDER 1 YEAR: months / days
5c. UNDER 1 DAY: hours / min
6. DATE OF BIRTH (Month, Day, Year): NOV. 26, 1940
7. BIRTHPLACE (City and State or Foreign Country): TIPTON, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
8a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 8334 MERRYMOUNT DRIVE
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): JILL INA LARKIN
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): PASTOR
12b. KIND OF BUSINESS/INDUSTRY: CHURCH
13a. RESIDENCE - STATE: TN
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 8334 MERRYMOUNT DR.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [ ] Yes 2 [ ] No
13f. ZIP CODE: 37221
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No. Specify if yes
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+): 2

**PARENTS**

17. FATHER'S NAME (First, Middle, Last): CHARLIE PORTER FORBESS
18. MOTHER'S NAME (First, Middle, Maiden Surname): VETA EXA WARE

**INFORMANT**

19a. INFORMANT'S NAME (Type/Print): JILL LARKIN FORBESS
19b. RELATIONSHIP TO DECEASED: WIFE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 8334 MERRYMOUNT DR., NASHVILLE, TN 37221

NAME OF DECEDENT (For use by physician or institution)

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): HELEN CRIGGER CEMETERY
20c. LOCATION—City or Town, State: MUNFORD, TN

**FUNERAL DIRECTOR**

21a. SIGNATURE OF FUNERAL DIRECTOR: George R. Baddour
GEORGE R. BADDOUR
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 461
21c. SIGNATURE OF EMBALMER:
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: MUNFORD FUNERAL HOME - MUNFORD CHAPEL, 1136 TIPTON RD., MUNFORD, TN 38058
22b. LICENSE NUMBER OF FUNERAL HOME: 0125

**REGISTRAR**

23. REGISTRAR'S SIGNATURE: Mary C. Pentecost
24. DATE FILED (Month, Day, Year): August 12, 1992

**PHYSICIAN**

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: Arthur Bond M.D.
25b. LICENSE NUMBER: MD 30546
25c. DATE SIGNED (Month, Day, Year): Oct 7, 1992

**MEDICAL EXAMINER**

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. ARTHUR BOND, M. D. CHURCH STREET, NASHVILLE, TN 37206

**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. Disseminated Multiform 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)

c. 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: None

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 [X] 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: M
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. _____

RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING IN