BK/10779/PG852

QUITCLAIM DEED

FROM:

DEBORAH BLEDSOE and
WILLIAM YARBROUGH

TO:

MARY L. YARBROUGH

NAME & ADDRESS OF PROPERTY OWNER:	NAME OF PARTY RESPONSIBLE FOR REAL PROPERTY TAXES	MAP-PARCEL NO.
Mary L. Yarbrough 1725 26th Avenue, North Nashville, TN 37208	SAME	81-10 22

Mail

THIS INSTRUMENT WAS PREPARED BY:

Donald D. Hildebrand, Attorney
214 Third Avenue North
Nashville, TN 37201
Tele: (615)244-2070

98 FEB -3 PM 12:51
REGISTER
DAVIDSON COUNTY, TN.

0396619
IDENTIF. ↑ REFERENCE

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

THE ACTUAL CONSIDERATION FOR THIS TRANSFER, OR THE VALUE OF THE PROPERTY (WHICHEVER GREATER) IS: $ 0
SAID AMOUNT EQUAL OR GREATER THAN AMOUNT PROPERTY WOULD COMMAND AT A FAIR AND VOLUNTARY SALE.

Mary Yarbrough
Affiant

SUBSCRIBED AND SWORN TO BEFORE ME THIS THE 3rd DAY OF February 1998.

Margie Stanley
NOTARY PUBLIC

MY COMMISSION EXPIRES: Mar 1999
(AFFIX SEAL)

NOTARY PUBLIC AT LARGE
REGISTER'S OFFICE
DAVIDSON COUNTY, TENN.

FOR AND IN CONSIDERATION the sum of $ 0 cash in hand paid by the hereinafter named grantees, and other good and valuable consideration, the receipt of which is hereby acknowledged, DEBORAH BLEDSOE and WILLIAM YARBROUGH, have bargained and sold, and by these presents remise, release and QUITCLAIM unto our Mother, MARY L. YARBROUGH, her heirs and assigns, all of our right, title and interest in a certain tract or parcel of land in Davidson County, Tennessee, described as follows, to wit:

LAND in Davidson County, Tennessee, being Lot No. 7 on the Plan of Cumberland Gardens, Section VI, as of record in Book 3106, Page 117, Register's Office for said County.

SAID Lot fronts 50 feet on the west side of 26th Avenue North and runs back between parallel lines, 110 feet to a dead line.

BEING the same property conveyed to DEBORAH BLEDSOE, WILLIAM YARBROUGH, and LARRY YARBROUGH from Mary L. Yarbrough of record in Book 9257, Page 905 dated February 24, 1994, Register's Office for Davidson County, Tennessee.

The said LARRY YARBROUGH herein having since deceased on June 12, 1997 as evidenced by the Certificate of Death attached hereto.

We covenant that we are true and lawfully seized and possessed of said real estate and have a good and perfect right to make this conveyance and that the same is free and unencumbered.

BK 10779 PG 853

And we agree and bind ourselves, our heirs and legal representatives to warrant and forever defend the title to said real estate unto the said MARY L. YARBROUGH, her heirs and assigns, as against the lawful claims of all persons whomsoever.

In testimony whereof we have hereunto set my hand and signature on this 3rd day of February, 1998.

Deborah Bledsoe
DEBORAH BLEDSOE

William Yarbrough
WILLIAM YARBROUGH

This is improved ( ) unimproved (xxx) property, known as:

1725 26th Avenue, North Nashville, TN 37208

(House Number) (Street) (P. O. Address) (City/Town) (Postal Zone)

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named DEBORAH BLEDSOE and WILLIAM YARBROUGH the bargainors, with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence) and who acknowledged that they executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this 3rd day of February, 1998.

Margie Steimle
Notary Public

MARGIE STEIMLE NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENN.

My Commission Expires 1/20/99

9026 02/03 0101 03CHECK 12.00

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 10779 854

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last)			2. SEX	3. DATE OF DEATH (Month, Day, Year)
Larry	Eugene	Yarbrough	Male	June 12,1997

4. SOCIAL SECURITY NUMBER (of Deceased)	5a. AGE-LAST BIRTHDAY (Years)	5b. UNDER 1 YEAR MOS / DAYS	5c. UNDER 1 DAY HOURS / MIN	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
410 98 7732	40			10/17/1956	Nashville, Tn.

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No

9a. PLACE OF DEATH (Check only one)
HOSPITAL: 1 [ ] Inpatient 2 [X] ER/Outpatient 3 [ ] DOA
OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
METHODIST HOSPITAL NORTH	MEMPHIS	SHELBY

10. MARITAL STATUS-Married, Never Married, Widowed Divorced (Specify)	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.)	12b. KIND OF BUSINESS/INDUSTRY
MARRIED	MARILYN CLAYTON	US NAVY	RADIOMAN

13a. RESIDENCE-STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER OR RURAL LOCATION
TN	SHELBY	MILLINGTON	3179 TENIER DR,MILLINGTON, TN.

CENSUS TRACT

13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15. RACE-American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed)	
				Elementary/Secondary (0-12)	College (1-4 or 5+)
1 [X] Yes 2 [ ] No	38054	[ ] Yes [X] No Specify, if yes:	Black		2

NAME OF DECEDENT For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
ALBERT YARBROUGH	LOUISE JOHNSON

INFORMANT

19a. INFORMANT'S NAME (Type/Print)	19b. RELATIONSHIP TO DECEASED	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
MARGARET WILLIAMS	MILITARY REPR	6005 NAVY RD, MILLINGTON, TN 38054

DISPOSITION

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION-City or Town, State
1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)	MIDDLE TENN. VETERANS CEMETERY	NASHVILLE, TN.

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER OF FUNERAL DIRECTOR	21c. SIGNATURE OF EMBALMER	21d. LICENSE NUMBER OF EMBALMER
► JAMES E. PIKE	3960	► JAMES E. PIKE	4085

22a. NAME AND ADDRESS OF FUNERAL HOME	22b. LICENSE NUMBER OF FUNERAL HOME
MUNFORD FUNERAL HOME-MILLINGTON CHAPEL 7450 RALEIGH MILLINGTON ROAD, MILLINGTON, TN 38053	747

REGISTRAR

23. REGISTRAR'S SIGNATURE	24. DATE FILED (Month, Day, Year)
► Beatrice Munford Deputy	JUN 30 1997

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 ►	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)
	2536	June 16,1997

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)
J.T. Francisco,M.D. 1060 Madison Memphis,Tn 38104

SEE 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. Hypertensive Cardiovascular Disease	
	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	

DG

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

29a. WAS AN AUTOPSY PERFORMED?	29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
1 [ ] Yes 2 [X] No	1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH	31a. DATE OF INJURY (Month, Day, Year)	31b. TIME OF INJURY	31c. INJURY AT WORK?	31d. DESCRIBE HOW INJURY OCCURRED
1 [X] Natural 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide		M	1 [ ] Yes 2 [ ] No	

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 2-93

RDA 1