[ADDRESS NEW OWNER:	[SEND TAX BILLS TO:]	MAP-PARCEL NOS]
[Cheryl Crafton	[ ]	Map 28]
[5170 Ridge Road	[SAME]	Parcel 151]
[Joelton, TN 37080	[ ]	14D-52144]

[This instrument prepared by: Waynick & Cate (AMC)
[P.O. Box 148058, Nashville, TN 37214 (This instrument
[prepared from information furnished by parties)]

Q U I T C L A I M D E E D

For no consideration and for the express purpose of removing my deceased husband's name, John M. Crafton, from the property, I, Cheryl Crafton, a widow, by these presents does hereby quit claim, grant and convey unto Andrew M.Cate, Trustee, his successors and assigns, all of my right, title and interest in the following described tract of land in Davidson County, Tennessee, to wit:

> Land in the 14th Civil District of Davidson County, Tennessee, described as follows:
>
> Beginning at a point of the centerline of Ridge Road, also known as Marrowbone Road, at the southeast corner of the property described in Book 5664, page 947, said Register's Office; thence S 74° W along said centerline 145.0 feet to a point; thence N 12° W, 500 feet, more or less; thence N 3° W, 1,094 feet; thence S 12° E, 493 feet to the point of beginning, containing 5 acres, more or less.
>
> Being the same property conveyed to John M. Crafton and wife, Cheryl Crafton from Donald Lee Hudgins and Anita Gail Potts by deed of record in Book 8210, Page 495.
>
> John M. Crafton having died on 1-23-97, as evidenced by death certificate number 970389 attached hereto and recorded herewith, leaving Cheryl Crafton sole owner.

[STATE OF TENNESSEE)]
[COUNTY OF DAVIDSON)]
[ ]
[The actual consideration or value, whichever is greater for]
[this transfer is $ 0.00]
[ ]
[Cheryl Crafton]
[Affiant]
[Subscribed and sworn to before me this]
[4 day of August, 1998.]
[ ]
[Charlotte La Rhodes]
[Notary Public]
[My commission expires: 1/27/2001]

And now, I, the said Andrew M. Cate, Trustee, for the express purpose of carrying out the intent of this conveyance, as above set out, do hereby quit claim and convey unto Cheryl Crafton, a widow, all of my interest in the same property hereinabove described and set forth, to which reference is here made, and the interest in 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 4th day of August, 1998.

Cheryl Crafton
Cheryl Crafton

Andrew M. Cate
Andrew M. Cate, Trustee

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 Cheryl Crafton, the bargainor, with whom I am personally acquainted (or proved to me on 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 Nashville, Tennessee this 4 day of August, 1998.

Charlotte A. Rhodes
Notary Public
My Commission Expires: 1/27/2001

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 Andrew M. Cate, Trustee, with whom I am personally acquainted (or proved to me on 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 Nashville, Tennessee, this 4 day of August, 1998.

Charlotte A. Rhodes
Notary Public
My Commission Expires: 1/27/2001

98 AUG -4 PM 3:59
RECEIVED FOR RECORD
2537 08/04 0101 03CHECK 14.00

04708885

Metropolitan Government of Nashville and Davidson County

BOOK 11051 PAGE 909 *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.

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 970389

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): JOHN MILTON CRAFTON
2 SEX: M
3 DATE OF DEATH (Month, Day, Year): 01-23-1997
4 SOCIAL SECURITY NUMBER (of Deceased): [redacted]-7643
5a AGE – LAST BIRTHDAY (Years): 47
5b UNDER 1 YEAR: MOS / DAYS
5c UNDER 1 DAY: HOURS / MIN
6 DATE OF BIRTH (Month, Day, Year): 12-18-1949
7 BIRTHPLACE (City and State or Foreign Country): PULASKI; TENNESSEE
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] 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): Metro Nashville General Hospital
9c CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE; TENNESSEE
9d COUNTY OF DEATH: DAVIDSON
10 MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): MARRIED
11 SURVIVING SPOUSE (If wife, give maiden name): CHERYL MILLER
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): DOCK WORKER
12b KIND OF BUSINESS/INDUSTRY: TRUCKING
13a RESIDENCE – STATE: TN
13b COUNTY: DAVIDSON
13c CITY, TOWN, OR LOCATION: JOELTON
13d STREET AND NUMBER OR RURAL LOCATION: 5170 RIDGE ROAD
CENSUS TRACT
13e INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f ZIP CODE: 37080
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [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+): 0

PARENTS

17 FATHER'S NAME (First, Middle, Last): BUFORD CRAFTON
18 MOTHER'S NAME (First, Middle, Maiden Surname): MARY BESSIE SIMPSON

INFORMANT

19a INFORMANT'S NAME (Type/Print): CHERYL CRAFTON
19b RELATIONSHIP TO DECEASED: WIFE
19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 5170 RIDGE RD; JOELTON; TN 37080

DISPOSITION

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

FUNERAL DIRECTOR

21a SIGNATURE OF FUNERAL DIRECTOR: ▶ ROBERT ANDERSON
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 492
21c SIGNATURE OF EMBALMER: ▶ JIM BREWER
21d LICENSE NUMBER OF EMBALMER: 2969
22a NAME AND ADDRESS OF FUNERAL HOME: ANDERSON & GARRETT; JOELTON, TN 37080
22b LICENSE NUMBER OF FUNERAL HOME: 193

REGISTRAR

23 REGISTRAR'S SIGNATURE: ▶ Patricia Phipps
24 DATE FILED (Month, Day, Year): January 30, 1997

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 ▶
25b LICENSE NUMBER: 007467
25c DATE SIGNED (Month, Day, Year)

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): 1900 Church Street #201

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. M I — 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. Pneumonia Malnutrition Dz — DUE TO (OR AS A CONSEQUENCE OF)
c. — DUE TO (OR AS A CONSEQUENCE OF)
d.

Approximate Interval Between Onset and Death

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 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: 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 ____

PH-1659
REV 1/89

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