STATE OF TENNESSEE
COUNTY OF DAVIDSON
THE ACTUAL CONSIDERATION OR TRUE VAL
WHICHEVER IS GREATER, FOR THIS TRANSFER
$ 18.00
Eileen M Rose
AFFIANT
SUBSCRIBED AND SWORN TO BEFORE ME, T
THE 18 DAY OF Sept 19
B. Edwards
Deputy Register

QUITCLAIM DEED

FROM: **HAZEL E. ROSE, Unmarried**

TO: **EILEEN M. ROSE**

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Address of New Owner as follows:	**Send Tax Bills to:**	**Map-Parcel Numbers:**
Eileen M. Rose 5120 Overton Rd. Nashville, TN 37220	Eileen M. Rose 5120 Overton Rd. Nashville, TN 37220	146-15 177

Prepared By:

FOR AND IN CONSIDERATION of Ten Dollars ($10.00), cash in hand paid, the receipt of which is hereby acknowledged, I, **HAZEL E. ROSE**, unmarried, Grantor, and by these presents, do hereby convey and quitclaim my interest unto **EILEEN M. ROSE**, her successors and assigns, all estate, right, title and interest in and to a certain tract or parcel of land in Davidson County, Tennessee described as follows:

Being Lot No. 802 on the Plan of Brentwood Hall, Section VIII, of record in Book 2330, page 52, Register's Office for said County described as follows, to wit:

Beginning at a point in the easterly margin of Overton Road, the common corner of Lots Nos. 802 and 803; thence along the easterly margin of Overton Road, northwardly 125.7 feet to a monument, the beginning of a curve; thence around said curve in a northeasterly direction 39.5 feet to a monument in the southerly margin of Rochelle Drive; thence along the southerly margin of Rochelle Drive, eastwardly 157 feet to a monument, the northeast corner of said Lot No. 802; thence South 17° 14' West 132 feet to a monument, the common rear corner of Lots Nos. 802 and 803; thence along the line between said lots westwardly 152.3 feet to the easterly margin of Overton Road, the point of beginning.

Being the same property conveyed to Lester F. Rose and wife, Hazel E. Rose by deed from William P. Russell and wife, Virginia C. Russell, dated July 6, 1956, filed July 9, 1956, of record in Book 2545, page 363, said Register's Office.

The said Lester F. Rose have since died.

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

IN WITNESS WHEREOF I have hereunto set my hand on this the 17th **day of** September **1998.**

Hazel E Rose
HAZEL E. ROSE

2532 09/18 0101 03CHECK 10.00

STATE OF TENNESSEE
COUNTY OF Davidson

Personally appeared before me, Joan B. Newsom **. a Notary Public in and for said County and State, the within named, HAZEL E. ROSE, the Bargainor, with whom I am personally acquainted, and who acknowledged that she executed the within instrument to the purposes therein contained.**

WITNESS my hand and official seal at Brentwood **, Tennessee, this** 17th **day of** Sept **, 1998.**

Joan B. Newsom
Notary Public

My Commission Expires: My Commission Expires NOV. 24, 2001

NOTARY PUBLIC TENNESSEE DAVIDSON COUNTY

MAIL ENV.

98 SEP 18 PM 2:20
BILL GARRETT REGISTER
DAVIDSON COUNTY, TN.

IDENTIF. → REFERENCE
04894 79

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 — OCT - 8 1987
Paula Taylor
State Registrar

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Paula Taylor
STATE REGISTRAR

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

75 [illegible] 78 BIRTH NO. _____ STATE FILE NO.

BECOMES A LEGAL D WHEN PROPERLY EXE- AND FILED.

OR PRINT IN AMENT BLACK INK.

DECEASED

RESIDENCE WHERE DE- D LIVED. IF DEATH OC- D IN INSTITUTION, GIVE ENCE BEFORE ADMIS-

PARENTS AND INFORMANT

T REQUIRED PRIOR TO PORTATION OF BODY BY ION CARRIER OR RE- FROM STATE.

DISPOSITION

CERTIFIER

ATH NOT ATTENDED BY SICIAN, AUTHORIZED OF- AL SIGN HERE. ANY SICIAN OR MEDICAL EX- NER EXECUTING CER- ATE MUST COMPLETE SIGN MEDICAL CER- CATION WITHIN 48 URS. POWER OF NATURE CANNOT BE EGATED.

CAUSE

1. DECEASED—NAME (FIRST / MIDDLE / LAST)	Lester / Fred / Rose	2. DATE OF DEATH (MONTH, DAY, YEAR)	September 3, 1987
3a. AGE—LAST BIRTHDAY (YEARS)	67	3b. UNDER 1 YEAR (MOS. / DAYS)	
3c. UNDER 1 DAY (HOURS / MIN.)		4. DATE OF BIRTH (MONTH, DAY, YEAR)	Jan. 12, 1920
5a. RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)	White	5b. ORIGIN OR DESCENT—ITALIAN, MEXICAN, GERMAN, ETC. (SPECIFY)	American
6. SEX	Male		
7a. COUNTY OF DEATH	Rutherford	7b. CITY, TOWN OR LOCATION	Smyrna
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO)	yes	7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.)	Smyrna Hospital
7e. IF HOSP. OR INST. indicate DOA, OP/Emer. Rm., Inpatient (Specify)	DOA 3		
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	Illinois	9. CITIZEN OF WHAT COUNTRY	USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	Married	11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	Janiece Chron
12a. SOCIAL SECURITY NUMBER (IF NONE, SPECIFY)	[redacted]-9819	12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE)	W.W. II
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	Manager	13b. KIND OF BUSINESS OR INDUSTRY	Acuff Rose Publishin
14a. RESIDENCE—STATE	Tennessee	14b. COUNTY	Rutherford
14c. CITY, TOWN, OR LOCATION	Murfreesboro	14d. STREET AND NUMBER	Rt.12 Lot10 Sunnyside
14e. INSIDE CITY LIMITS (SPECIFY YES OR NO)	yes	14f. CENSUS TRACT NO.	
15. FATHER—NAME	Fred Rose	16. MOTHER—MAIDEN NAME	Della Braico
17. INFORMANT—NAME / MAILING ADDRESS	Mrs. Janiece Rose, Rt.12, Lot 10 Murfreesboro, TN 37130 Sunnyside		
18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY)	Entombment	18b. DATE (MONTH, DAY, YEAR)	Sep. 5, 1987
18c. CEMETERY OR CREMATORY—NAME	Woodlawn Cross Mausoleum	18d. LOCATION (CITY OR TOWN / STATE)	Nashville, Tennessee
19a. FUNERAL DIRECTOR (SIGNATURE)	J. Fred Smith	19b. LICENSE NO.	3504
19c. EMBALMER (SIGNATURE)	Rodger B. King	19d. LICENSE NO.	3923
20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	Woodlawn F.H., Nashville, TN 8731	21a. REGISTRAR—SIGNATURE	Barbara Earp
21b. DATE RECEIVED BY LOCAL REGISTRAR	September 17, 1987		
22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE	Gary Schwartz	DEGREE	MD
22b. DATE SIGNED (MONTH, DAY, YEAR)	9/10/87		
23a. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE		TITLE	
23b. DATE SIGNED (MONTH, DAY, YEAR)			
24a. CERTIFIER—NAME (TYPE OR PRINT)	Gary Schwartz, MD	24b. MAILING ADDRESS (STREET OR R.F.D. NO. / CITY OR TOWN / STATE / ZIP)	Highway 41S, Smyrna, TN 37167

25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a)	Cardiac arrest	40 min
DUE TO, OR AS A CONSEQUENCE OF: (b)	Myocardial infarction	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST (c)		

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) — 26. AUTOPSY (YES OR NO): Y

27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	27b. DATE OF INJURY (MONTH, DAY, YEAR)	27c. HOUR	27d. DESCRIBE HOW INJURY OCCURRED	
27e. INJURY AT WORK (SPECIFY YES OR NO)	27f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (SPECIFY)	27g. LOCATION (STREET OR R.F.D. NO. / CITY OR TOWN / STATE)		

PH-1859
Rev. 9-81 CRC

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