Prepared By Albert H. Armstrong

Afidavit of TitleShip

BOOK 11121 PAGE 960

Please change the title of the Property at 516 Rural Hill Rd, Nashville, TN 37217 Previously Owned By Albert H. Armstrong SR and Ercell Lovan Armstrong over to Albert H Armstrong. I Am the only Heir do the Estate, Inclosed Are The two Death Certificates. According to the Corporate Warranty Deed the property is Lsted on page 641 of Book 114. The Property is in Edge of Lake Estates, Seltion Four (Per Original Surveyor T.R. Stanford) Lot #30. On Record in Book 3600 Page 87 + 88, R.O.D.C. TeNN. Plense Mail Deed to 516 Rural Hill Rd Nashville TN 37211

Thanks

9/22/98

Albert H. Armstrong

PICK-UP

Albert H Armstrong personally appeared before me on September 22, 1998

My Commission Expires JULY 28, 2001

Notary Public

98 SEP 22 PM 3:16 BILL GARRETT REGISTER DAVIDSON COUNTY, TN.

IDENTIF. ↑ REFERENCE 0498608

3733 09/22 0107 01CASH 14.00

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

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

BOOK 11121 PAGE 961

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.

9702942

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last)				2. SEX	3. DATE OF DEATH (Month, Day, Year)
ALBERT HUGHES ARMSTRONG				M	MAY 9, 1997
4a. SOCIAL SECURITY NUMBER	4b. AGE-Last Birthday (Years)	4c. UNDER 1 YEAR (Months)	4d. UNDER 1 DAY (Hours)	5. DATE OF BIRTH (Month, Day, Year)	6. BIRTHPLACE (City and State or Foreign Country)
414-07-9932	78			3-4-1919	NASHVILLE, TENNESSEE
7a. RESIDENCE-STATE	7b. COUNTY	7c. CITY, TOWN, OR LOCATION	7d. STREET AND NUMBER OR LOCATION	7e. INSIDE CITY LIMITS?	7f. ZIP CODE
TENNESSEE	DAVIDSON	NASHVILLE	516 RURAL HILL ROAD	XX	37217
8. WAS DECEDENT EVER IN U.S. ARMED FORCES?	9. RACE-American Indian, Black, White, etc. (Specify)	10. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5+)		
XX	WHITE	12			

DECEDENT

11a. HOSPITAL OR OTHER FACILITY (Name)	11b. CITY, TOWN OR LOCATION OF DEATH	11c. COUNTY OF DEATH	
SUMMITT MEDICAL CENTER	HERMITAGE	DAVIDSON	
12a. MARITAL STATUS	12b. SURVIVING SPOUSE (If wife, give maiden name)	12c. USUAL OCCUPATION (Kind of work done during most of working life)	12d. KIND OF BUSINESS/INDUSTRY
WIDOWED		MANAGER	SEARS

PARENTS

13. FATHER'S NAME (First, Middle, Last)	14. MOTHER'S NAME (First, Middle, Maiden Surname)
CHARLES E. ARMSTRONG	CLARA STUMB

INFORMANT

15a. INFORMANT'S NAME (Type/Print)	15b. RELATIONSHIP TO DECEASED	15c. MAILING ADDRESS (Street and Number or R.F.D. Route Number, City or Town, State, Zip Code)
ALBERT ARMSTRONG, JR.	SON	222 KENNETT ROAD OLD HICKORY, TENNESSEE 37138

DISPOSITION

16a. METHOD OF DISPOSITION	16b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	16c. LOCATION (City or Town, State)	
XX	HERMITAGE MEMORIAL GARDEN	HERMITAGE, TENNESSEE	
17a. SIGNATURE OF FUNERAL DIRECTOR	17b. LICENSE NUMBER OF FUNERAL DIRECTOR	17c. SIGNATURE OF EMBALMER	17d. LICENSE NUMBER OF EMBALMER
PAUL WALLS	2965	DALE SHELTON	3700

18a. NAME AND ADDRESS OF FUNERAL HOME	18b. LICENSE NUMBER OF FUNERAL HOME
HERMITAGE FUNERAL HOME 535 SHUTES LANE HERMITAGE, TN 37076	540

REGISTRAR

23. REGISTRAR'S SIGNATURE	24. DATE FILED (Month, Day, Year)
Marshall M. Gould	June 4, 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)
Gregory S. Oden MD	28413	6/3/97

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.

2. SIGNATURE AND TITLE OF MEDICAL EXAMINER	26b. LICENSE NUMBER	26c. DATE SIGNED (Month, Day, Year)

PHYSICIAN OR MEDICAL EXAMINER TO COMPLETE CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)
DR. GREGORY ODEN 5653 FRIST BLVD. SUITE #738 HERMITAGE, TENNESSEE 37076

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. Anoxic Encephalopathy 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. CVA DUE TO (OR AS A CONSEQUENCE OF):	
	c. DUE TO (OR AS A CONSEQUENCE OF):	
	d.	

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 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 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)

PH-1650
REV. 2-93

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BIRTH NO. _____

RDA 1399

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

BOOK 11121 PAGE 962

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TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

97 022512

ERCELL LOVAN ARMSTRONG | F | APRIL 24, 1997
[redacted]3339 | 72 | 6-2[illegible]-192[illegible] | JOELTON, TENNESSEE

DECEDENT

XX | XX | VANDERBILT UNIVERSITY HOSPITAL | NASHVILLE | DAVIDSON
MARRIED | ALBERT H. ARMSTRONG | HOMEMAKER | HOME
TENNESSEE | DAVIDSON | OLD HICKORY | 516 RURAL HILL ROAD
XX | 37217 | XX | WHITE | 12

PARENTS

JOHN L. REEDER | MAMIE ARMSTRONG

INFORMANT

ALBERT ARMSTRONG | HUSBAND | 516 RURAL HILL ROAD
OLD HICKORY, TENNESSEE 37138

DISPOSITION

X | HERMITAGE MEMORIAL GARDEN | HERMITAGE, TENNESSEE
PAUL WALLS | 2965 | DALE SHELTON | 3700
HERMITAGE FUNERAL HOME 535 SHUTES LANE HERMITAGE, TN 37076 | 540

REGISTRAR

Kathie L. Bowen | May 12, 1997

CERTIFIER

Assistant | 016353 | 05/09/97

DR. MARIE FREXES-STEED VANDERBILT MEDICAL CENTER NORTH A-2219 NASHVILLE, TN

CAUSE OF DEATH

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.	Cardiopulmonary arrest	≈ 30 min
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST. b.	Bradycardia Hypoxemia	≈ 40 min
c.	Severe COPD, Severe Emphysema	many years
d.		

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Coral Valvulitis, Hyperthyroidism, Diffuse Gastritis, Malnutrition

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

30. MANNER OF DEATH: 1 X 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
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.

See instructions on other side

PH-1650
REV. 2-93

RDA 1389

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