STATE OF TENNESSEE
COUNTY OF DAVIDSON The actual consideration or value whichever is greater, for this transfer is $ 0.00

Affiant

Subscribed and sworn to before me, this the 3rd day of December 1998

My commission expires: 9/28/2002

Notary Public

QUITCLAIM DEED

Address of New Owner & Send Tax Bills to:	Prepared By: Linda R. Kosack, Atty. 8109 Wikle Road, East Brentwood, TN 37027
1511 23RD AVENUE NORTH NASHVILLE, TN	Return To: TransContinental Title Company 2630 Elm Hill Pike, Ste. 100 Nashville, TN 37214

5793 12/04 0101 01CASH 14.00

map & parcel no. 81-15-1.00

KNOW ALL MEN BY THESE PRESENTS THAT, for and in consideration of the sum of Ten and No/100 dollars ($10.00), cash in hand paid, the receipt of which is hereby acknowledged,

IDORA C. LEFTWICH

hereinafter called Grantor(s), has bargained and sold, and does hereby convey, release and forever quitclaim unto

ANTHONY CAMPBELL

hereinafter called Grantee(s), their heirs and assigns, all the estate, right, title, interest, lien, equity and claim whatsoever located in DAVIDSON, Tennessee, more particularly described as follows:

BEING LOT NO. 75 ON THE PLAN OF FISK PARK, AS OF RECORD IN BOOK 2331, PAGE 114, REGISTER'S OFFICE FOR SAID COUNTY.

BEING THE SAME PROPERTY CONVEYED TO WILLIAM E. LEFTWICH, JR. AND WIFE, IDORA C. LEFTWICH BY WARRANTY DEED FROM AJAX DEVELOPMENT COMPANY DATED JUNE 14, 1956 AND RECORDED IN BOOK 2549, PAGE 189, IN THE REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE.

PROPERTY ADDRESS: 1511 23RD AVENUE NORTH, NASHVILLE, TN

PICK-UP

98 DEC -4 AM 10:38
DAVIDSON COUNTY, TN.

0520836
IDENTIF. + REFERENCE

BOOK 11237 PAGE 175

This instrument and the interest hereby released and quitclaimed are subject to such limitations, restrictions and encumbrances as may affect the premises.

Witness my hand this 3rd day of December, 1998.

IDORA C. LEFTWICH

State of Tennessee
County of DAVIDSON

On this 3rd day of December, 1998, before me personally appeared IDORA C. LEFTWICH to me known to be the person(s) described in or proved to me on the basis of satisfactory evidence, and who executed the foregoing instrument, and who acknowledged the execution of the same to be her free act and deed.

Witness my hand and official seal,
My Commission expires:
9/28/2002

Notary Public

QUIT CLAIM DEED

The preparer of this Deed makes no representation as to the status of the title of the property described herein, or as to the accuracy of description.

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

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.

BOOK 11237 PAGE 176

P. 9833342

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

LEFTWICH, WILLIAM JR.

NAME OF DECEDENT (Last, First, Middle)

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): WILLIAM ELIGAH LEFTWICH , JR.
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): 7/20/98
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-0303
4a. AGE-Last Birthday: 80
5. DATE OF BIRTH (Month, Day, Year): 02/15/18
7. BIRTHPLACE (City and State or Foreign Country): Shelbyville, TN
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 X No
9a. PLACE OF DEATH (Check only one): 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 X Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 1511 23rd Avenue North, yard
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): Idora Campbell
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Packer
12b. KIND OF BUSINESS/INDUSTRY: Meat Corp.
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1311 23rd. Avenue North
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 XX Yes 2 No
13f. ZIP CODE: 37208
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes specify Cuban, Mexican, Puerto Rican, etc.) Yes O X No
15. RACE-American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 6th; College (1-4 or 5+)

PARENTS

17. FATHER'S NAME (First, Middle, Last): William E. Leftwich, Sr.
18. MOTHER'S NAME (First, Middle, Maiden Surname): Amanda L. Kelsoe

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Glenda Leftwich Gresham
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 122 Slaton Court, Madison, Tennessee 37115

DISPOSITION

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): Greenwood Cemetery
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Linda D. Johnson
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: #4063
21c. SIGNATURE OF EMBALMER: ▶ Eric M. Johnson
21d. LICENSE NUMBER OF EMBALMER: #3829
22a. NAME AND ADDRESS OF FUNERAL HOME: Johnson's House of Atena, 1107 Buchanan Street, Nashville, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: #0704

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Helen L. Bevin
24. DATE FILED (Month, Day, Year): July 31, 1998

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 X SIGNATURE AND TITLE OF MEDICAL EXAMINER ▶ Emily Wofford Ward MD
26b. LICENSE NUMBER: 29481
26c. DATE SIGNED (Month, Day, Year): 7/22/98

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): Emily Wofford Ward, M.D., 84 Hermitage Ave., Nashville TN 37210 MEC98-1529

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. CONTACT GUNSHOT WOUND OF THE HEAD

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.

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 X 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 X Suicide 4 Homicide 5 Pending Investigation 6 Could not be Determined
31a. DATE OF INJURY (Month, Day, Year): 7/20/98
31b. TIME OF INJURY: 7:30 A M
31c. INJURY AT WORK? 1 Yes 2 X No
31d. DESCRIBE HOW INJURY OCCURRED: Shot self
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify): Yard of residence
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State): 1511 23rd Avenue North, Nashville

BIRTH NO

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