# NOTICE OF TERMINATION OF LIFE ESTATES

| Address New Owner(s): | Send Tax Bills To: | Map/Parcel Numbers |
|---|---|---|
| James Robert Smith<br>1604 Jefferson Street<br>Nashville, TN 37208 | Same | Map: 81-15<br>Parcel: 600 |
| THIS INSTRUMENT WAS PREPARED BY:<br>Thomas L. Whiteside, Attorney<br>Fowlkes & Whiteside<br>172 Second Avenue North, Suite 214<br>Nashville, TN 37201 | State of Tennessee )<br>County of Davidson )<br>This is not a transfer.<br>James Robert Smith, Affiant<br>Subscribed and sworn to before me this the 21 day of October, 1998.<br>Notary Public<br>My commission expires: 11/25/00 | |

Mail

**I, JAMES ROBERT SMITH**, after being first duly cautioned and sworn, depose and say as follows:

1. Affiant states that he is the owner of record of a certain tract or parcel of land in Davidson County, State of Tennessee, described as follows, to-wit:

**Being Lot Numbered Three (3) in the Bransford Realty Company's Subdivision of Lots Nos. 1 and 3 and Part of Lot No. 2 in the James Hamilton Tract, the plan of which is of record in Book 332, Page 166, Register's Office for said County.**

**Said Lot No. 3 fronts 37 feet on the north side of Jefferson Street and extends back northerly between parallel lines, 150 feet, more or less, to an alley.**

**Being the same property conveyed to Aristle Terrance, Trustee, by Quitclaim Deed of record in Book 7299, Page 387, and rerecorded of record in Book 7414, Page 187, Register's Office for Davidson County, Tennessee.**

**And being the same property conveyed to James Robert Smith by Warranty Deed of record in Book 7414, Page 189, Register's Office for Davidson County, Tennessee.**

2. Affiant states that his ownership of record was subject to the life estates given to Aristle Terrance and Ethel McCormick.

3. Affiant states that said life estates terminated upon the deaths of the life tenants, Aristle Terrance and Ethel McCormick.

4. Affiant states that the life tenant, Aristle Terrance, died on the 24th day of February, 1991, as evidenced by the Certificate of Death, Certificate No. 9100967, a copy of which is attached hereto and incorporated herein by reference, and marked Exhibit 1.

5. Affiant states that the life tenant, Ethel McCormick, died on the 2nd day of August, 1990, as evidenced by the Certificate of Death, a copy of which is attached hereto and incorporated herein by reference, and marked Exhibit 2.

052285
IDENTIF. ↑ REFERENCE
98 DEC -9 AM 10:
BILL GARNETT REGISTER
DAVIDSON COUNTY, TN.
7949 12/09 0101 03CHECK 18.00

6. Affiant states that the life estates of Aristle Terrance and Ethel McCormick are hereby terminated.

Further Affiant saith not.

**IN WITNESS WHEREOF**, I have hereunto set my hand this 21st day of October, 1998.

James Robert Smith

**James Robert Smith**

State of Tennessee )
County of Davidson )

Personally appeared before me, the undersigned Notary Public in and for said County and State, the within named **James Robert Smith**, the Affiant, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, and who acknowledged that he executed the foregoing Notice of Termination of Life Estates for the purposes therein contained.

**WITNESS MY HAND AND SEAL** this 21st day of October, 1998.




Mrs. Lonnie B. Dawson
Notary Public

My commission expires: Nov. 25, 2000

*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.*

OCT 10 1994

*This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.*

LOCAL REGISTRAR — BOOK 11243 PAGE 991

9100967

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

## CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER

**DECEDENT**

1. DECEDENT'S NAME (First, Middle, Last): Hristle N. Terrance
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): 2-24-91
4. SOCIAL SECURITY NUMBER: [redacted]8772
5. AGE – LAST BIRTHDAY (Years): 76
6. DATE OF BIRTH: 6-12-14
7. BIRTHPLACE (City and State or Foreign Country): New Orbans La.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 2 [X] No
9a. PLACE OF DEATH (Check only one): 1 [X] Inpatient
9b. FACILITY NAME: Baptist Hospital
9c. CITY, TOWN OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS: Widowed
11. SURVIVING SPOUSE
12a. DECEDENT'S USUAL OCCUPATION: Retired
12b. KIND OF BUSINESS/INDUSTRY
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1604 Jefferson St.
13e. INSIDE CITY LIMITS? 1 [X] Yes
13f. ZIP CODE: 37208
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify – No, Yes, specify Cuban, Mexican, Puerto Rican, etc.) 2 [X] No
15. RACE – American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

**PARENTS**

17. FATHER'S NAME (First, Middle, Last): Unknown
18. MOTHER'S NAME (First, Middle, Maiden Surname): Unknown

**INFORMANT**

19a. INFORMANT'S NAME (Type/Print): James Smith
19b. RELATIONSHIP TO DECEASED: Friend
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3205 Valview Nashville Tenn 3725

**DISPOSITION**

20a. METHOD OF DISPOSITION: 1 [X] Burial
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Greenwood Cemetary
20c. LOCATION – City or Town, State: Nashville Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Henry L. Smith
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3167
21c. SIGNATURE OF EMBALMER: James Studdard
21d. LICENSE NUMBER OF EMBALMER: 4070
22a. NAME AND ADDRESS OF FUNERAL HOME: Smith Funeral Directors 707 Monroe St. Nashville Tennessee
22b. LICENSE NUMBER OF FUNERAL HOME: 809

**REGISTRAR**

23. REGISTRAR'S SIGNATURE: Mary E. Pentecost
24. DATE FILED (Month, Day, Year): March 6, 1991

**CERTIFIER**

25a. [X] SIGNATURE AND TITLE OF CERTIFIER: Charles E. Wyper MD
25b. LICENSE NUMBER: MD07162
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, date, and place, and due to the cause(s) and manner as stated.
26b. [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER
26c. LICENSE NUMBER
26d. DATE SIGNED (Month, Day, Year)
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

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

**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. CHF
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:
a. ACUTE RENAL FAILURE
DUE TO (OR AS A CONSEQUENCE OF):
b. CHRONIC RENAL FAILURE
DUE TO (OR AS A CONSEQUENCE OF):
c. HCVD

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

29a. WAS AN AUTOPSY PERFORMED?
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

30. MANNER OF DEATH: 1 [ ] Natural
31a. DATE OF INJURY (Month, Day, Hour)
31b. TIME OF INJURY
31c. INJURY AT WORK?
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)

**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**
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OCT 10 1994

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LOCAL REGISTRAR

BOOK 11243 PAGE 992

PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

**DECEDENT**

1. Ethel McCormick — 2. SEX: F — 3. DATE OF DEATH: 08-02-90
4. SOCIAL SECURITY NUMBER: [redacted] 3893 — 5a. AGE: 90 — 6. DATE OF BIRTH: 06-13-00 — 7. BIRTHPLACE: Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 2 No
9. PLACE OF DEATH: 1 Hospital — 2 DOA — 4 Nursing Home — 6 Other
9a. FACILITY NAME: Baptist Hospital — 9b. CITY, TOWN, OR LOCATION OF DEATH: Nashville — 9c. COUNTY OF DEATH: Davidson
10. MARITAL STATUS: Widowed — 11. SURVIVING SPOUSE — 12a. DECEDENT'S USUAL OCCUPATION: Domestic — 12b. KIND OF BUSINESS/INDUSTRY: Private Homes
12c. RESIDENCE—STATE: Tennessee — 12d. COUNTY: Davidson — 12e. CITY, TOWN OR LOCATION: Nashville — 12f. STREET AND NUMBER OR RURAL LOCATION: 1604 Jefferson Street
12g. INSIDE CITY LIMITS? 1 Yes — 12h. ZIP CODE: 37208 — 13. WAS DECEDENT OF HISPANIC ORIGIN? 2 No — 14. RACE: Black — 15. DECEDENT'S EDUCATION: 12

**PARENTS**

16. MOTHER'S NAME: Unknown — 17. MOTHER'S NAME: Unknown

**INFORMANT**

18a. INFORMANT'S NAME: Aristle Terranee — 18b. RELATIONSHIP TO DECEDENT: Friend — 18c. MAILING ADDRESS: 1604 Jefferson St. Nashville, Tennessee 37208

**DISPOSITION**

19a. METHOD OF DISPOSITION: 1 Burial — 19b. PLACE OF DISPOSITION: Greenwood Cemetery — 19c. LOCATION: Nashville Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Henry L. Smith — 21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3167 — 21c. SIGNATURE OF EMBALMER: ▶ James Studdard — 21d. LICENSE NUMBER OF EMBALMER: 4070
22a. NAME AND ADDRESS OF FUNERAL HOME: Smith Funeral Directors 707 Monroe Street Nashville, Tennessee — 22b. LICENSE NUMBER OF FUNERAL HOME: 4070

**REGISTRAR**

23. REGISTRAR'S SIGNATURE: ▶ Mary C. Pentecost — 24. DATE FILED: December 17, 1990

**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: ▶ E-lc. J. Mason [illegible] M.D. — 25b. LICENSE NUMBER: MD10912 — 25c. DATE SIGNED: 12/12/90
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:

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): E.K. Johnson, III, M.D. 3803 Hydes Ferry Pike Nashville, Tennessee 37218

**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. CVA
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. Hypertension
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
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 — 5 Pending Investigation
31a. DATE OF INJURY (Month, Day, Year) — 31b. TIME OF INJURY — 31c. INJURY AT WORK? 1 Yes 2 No
31d. DESCRIBE HOW INJURY OCCURRED
32a. PLACE OF INJURY — 32b. LOCATION

**RECORDERS MEMO**
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