# OLD REPUBLIC

National Title Insurance Company
344 Fourth Avenue North
Nashville, Tennessee 37219-1611

ORT#: SV 2852670

STATE OF TENNESSEE }
COUNTY OF Davidson
THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $119,500.00.

Andres Rayo
AFFIANT

SUBSCRIBED AND SWORN TO BEFORE, THIS THE 29th DAY OF January, 19 99

NOTARY PUBLIC

My Commission expires: 11-27-99

(615) 385-2804 THIS INSTRUMENT PREPARED BY TN Sup Ct #00314 3

Marbut Glenn Gaston, Jr.,Lawyer,2211 Crestmoor Rd.,Nashville, TN 37215
NAME ADDRESS

| NAME & ADDRESS OF PROPERTY OWNER: | SEND TAX BILLS TO: | MAP & PARCEL NUMBERS: |
|---|---|---|
| Andres Rayo and wife (NAME) | CTX MORTGAGE COMPANY (NAME) | 148-1-14 |
| 258 Willow Lane (ADDRESS) | P.O.Box 199077 (ADDRESS) | 5DU-04048 |
| Nashville, TN 37211 (CITY) (STATE) (ZIP) | Dallas, TX 75219-9077 (CITY) (STATE) (ZIP) | |

## Warranty Deed

For and in Consideration of the sum of $ 119,500.00 cash in hand paid by the hereinafter named grantees, and other good and valuable consideration, the receipt of which is hereby acknowledged, we

I, Edith J. McWhirter, an unmarried person

hereinafter called the GRANTORS, have bargained and sold, and by these presents do transfer and convey unto

Andres M. Rayo and wife Exaltacion Rayo-Navarro

hereinafter called the GRANTEES, their heirs and assigns, a certain tract or parcel of land in DAVIDSON County, Tennessee, described as follows, to wit:

Land in Davidson County being **Lot No. 162** on the plan of **Hillbrook, Section III**, as of record at **Book 3300, page 84** Register's Office for said County, to which plan reference is hereby made and the same incorporated herein for a complete description of said lot.

Being all the same property conveyed to William C. McWhirter and wife, Frances M. McWhirter by deed from William & Lee, Inc. as of record at Book 3951, page 880, said Register's Office, and the said Frances M. Mc Whirter having since died 07-14-1968 (see certified copy of Death Certificate recorded herewith). And by deed at Book 4359, page 387, said Register's Office, William C. McWhirter created at tenancy by the entireties with and for the said Edith J. McWhirter, and the said William C. McWhirter having since died 01-31-1998 (see certified copy of Death Certificate recorded herewith).

This conveyance is subject to 1999 property taxes, which have been prorated this date and the grantee assumes in full; to restrictive covenants of record at Book 3460, page 295; and to the limitations shown on said plan of record at Book 3300, page 84, said Register's Office.

**Exhibits Attached hereto:**
Death Certificate Frances M. McWhirter and William C. McWhirter.

0542563
IDENTIF. # REFERENCE

99 JAN 29 PM 2:04
BILL GARNER / REGISTER
DAVIDSON COUNTY, TN.

PICK-UP

( )
This is improved ( X) property, known as 258 Willow Lane, Nashville, TN 37211
(House Number) (Street) (City) (State) (Zip)

To Have and to Hold the said tract or parcel of land, with the appurtenances, estate, title and interest thereto belonging to the said GRANTEES, their heirs and assigns, forever. We do covenant with said GRANTEES that we are lawfully seized and possessed of said land in fee simple, have a good right to convey it, and the same is unencumbered, unless otherwise set out herein. We do further covenant and bind ourselves, our heirs and representatives, to warrant and forever defend the title to the said land to the GRANTEES, their heirs and assigns, against the lawful claims of all persons whomsoever. Wherever used, the singular number shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

Witness our hands this 29th day of January, 19 99.

Edith J. McWhirter
Edith J. McWhirter

RECORDERS MEMO
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PRINTING IN THIS DOCUMENT
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**INDIVIDUAL ACKNOWLEDGMENTS:**

STATE OF TENNESSEE }
County of Davidson }

Personally appeared before me, the undersigned authority, a Notary Public in and for said County and State, the within named Edith J. McWhirter, the bargainor(s), with whom I am personally acquainted (or proved to me in the basis of satisfactory evidence), and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at office this 29th day of January, 19 99.

My Commission expires:
11-27-99

Notary Public

**CORPORATE OR PARTNERSHIP ACKNOWLEDGMENT:**

STATE OF TENNESSEE }
County of }

Before me, the undersigned authority, a Notary Public in and for the State and County aforesaid, personally appeared _____, with whom I am personally acquainted (or proved to me in the basis of satisfactory evidence), and who, upon oath, acknowledged _____self to be the _____ of _____, the within named bargainor, a corporation (or partnership), and that ____, as such officer (or partner), being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation (or partnership) by _____self as such officer (or partner).

Witness my hand and official seal at office this _____ day of _____, 19____.

My Commission expires:

_____

Notary Public

461115 0101 02CHECK 57.00

Exhibit to Warranty Deed: McWhirter to Rayo

*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.*


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BOOK 11317 PAGE 520

BECOMES A LEGAL
WHEN PROPERLY
ED AND FILED
895
R PRINT IN PERMA
LUE OR BLACK INK
3301

**DECEASED**

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

**PARENTS AND INFORMANT**

170

**CAUSE**

PHYSICIAN OR MEDICAL ER EXECUTING CER. E MUST COMPLETE GN MEDICAL CERTIFI WITHIN 72 HOURS OF SIGNATURE CAN. DELEGATED

**CERTIFIER**

H NOT ATTENDED BY IAN AUTHORIZED L SIGN HERE REQUIRED PRIOR TO DRTATION OF BODY MON CARRIER OR FROM STATE

**BURIAL**

D REV. 68

# CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH — DIVISION OF VITAL STATISTICS — FILE NO.

BIRTH NO.

DECEASED — NAME: 1. First: Frances; Middle: Hudson; Last: McWhirter

2. DATE OF DEATH (MONTH, DAY, YEAR): July 14, 1968

3. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)): White

4. SEX: Female

5a. AGE — LAST BIRTHDAY (YEARS): 49

5b. UNDER 1 YEAR — MOS.: ; DAYS:

5c. UNDER 1 DAY — HOURS: ; MIN.:

6. DATE OF BIRTH (MONTH, DAY, YEAR): Dec. 2, 1918

7a. COUNTY OF DEATH: Davidson

7b. CITY, TOWN OR LOCATION OF DEATH: Nashville

7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes

7d. HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT EITHER, GIVE STREET AND NUMBER): St. Thomas Hospital

8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Tennessee

9. CITIZEN OF WHAT COUNTRY: USA

10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married

11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Mrs. Charles McWhirter

12. SOCIAL SECURITY NUMBER: [redacted]-5735

13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Homemaker

13b. KIND OF BUSINESS OR INDUSTRY: Home

14a. RESIDENCE — STATE: Tennessee

14b. COUNTY: Davidson

14c. CITY, TOWN OR LOCATION: Nashville

14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes

14e. STREET AND NUMBER: 258 Willow Lane Nashville

15. FATHER — NAME: Joseph Franklin Hudson

16. MOTHER — MAIDEN NAME: Elsie Johnson

17. INFORMANT — NAME: Mr. W. C. McWhirter — MAILING ADDRESS: Nashville 37217

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

IMMEDIATE CAUSE
(a) Carcinoma of the breast
DUE TO, OR AS A CONSEQUENCE OF

CONDITIONS IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)

PART II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) — AUTOPSY (YES OR NO): — IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH:

20a. ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (SPECIFY) — 20b. DATE OF INJURY (MONTH, DAY, YEAR) — 20c. HOUR — 20d. HOW INJURY Ooccurred (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)

20e. INJURY AT WORK (SPECIFY YES OR NO) — 20f. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)) — 20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

21a. PHYSICIAN — CERTIFICATION: I ATTENDED THE DECEASED AND DEATH OCCURRED AT THE PLACE ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE DUE TO THE CAUSE(S) STATED. — SIGNATURE: [signature] — DEGREE: MD — 21b. DATE SIGNED (MONTH, DAY, YEAR): July 18, 1968

22a. MEDICAL EXAMINER — CERTIFICATION: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. — SIGNATURE — DEGREE — 22b. DATE SIGNED (MONTH, DAY, YEAR)

23a. CERTIFIER — NAME (TYPE OR PRINT): Benjamin F. Byrd Jr. M.D. — 23b. MAILING ADDRESS (STREET OR R.F.D. NO.): 2122 West End Ave — CITY OR TOWN: Nashville — STATE: Tenn — ZIP: 37203

24a. BURIAL, CREMATION, REMOVAL: Burial — 24b. DATE: July 19 1968 — 24c. CEMETERY OR CREMATORY — NAME: National — 24d. LOCATION: Nashville, Tenn.

25. FUNERAL HOME — NAME AND ADDRESS: Ernest W. Prince — Funeral Service — Nashville, Tenn. — 26. REGISTRAR'S SIGNATURE: Jno. T. Rentz — DATE RECEIVED BY LOCAL REGISTRAR: 7-19-68

Exhibit to Warranty Deed


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*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.*

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980652

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

## CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE / PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

**DECEDENT**

1. DECEDENT'S NAME (First, Middle, Last): William Charles McWhirter
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): 1-31-1998
4. SOCIAL SECURITY NUMBER (for Deceased): [redacted]-6200
5a. AGE - LAST BIRTHDAY (Years): 76
6. DATE OF BIRTH: 8-08-1921
7. BIRTHPLACE (City and State or Foreign Country): Clarksville, TN
8. WAS DECEDENT EVER IN US 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): Baptist Hospital
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): Edith Dennison
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Lieutenant
12b. KIND OF BUSINESS/INDUSTRY: U.S. Navy
13a. RESIDENCE - STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN, OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 258 Willow Lane
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37211
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No
15. RACE—American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): ; College (1-4 or 5+): 4

**PARENTS**

17. FATHER'S NAME (First, Middle, Last): William C. McWhirter
18. MOTHER'S NAME (First, Middle, Maiden, Surname): Grace Perkins

**INFORMANT**

19a. INFORMANT'S NAME (Type/Print): Edith McWhirter
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 258 Willow Lane, Nashville, TN 37211

**DISPOSITION**

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [X] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Vanderbilt School of Medicine
20c. LOCATION—City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR
21b. LICENSE NUMBER OF FUNERAL DIRECTOR
21c. SIGNATURE OF EMBALMER
21d. LICENSE NUMBER OF EMBALMER
22a. NAME AND ADDRESS OF FUNERAL HOME
22b. LICENSE NUMBER OF FUNERAL HOME

**REGISTRAR**

23. REGISTRAR'S SIGNATURE: Helen Ruth L. Bowen
24. DATE FILED (Month, Day, Year): February 11, 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: Charles Wiggins
25b. LICENSE NUMBER: MD 7162
25c. DATE SIGNED (Month, Day, Year): Feb. 5, 1998
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): Charles A. Wiggins, M.D., 1205 8th Avenue, South, Nashville, TN 37203

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Respiratory Failure
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. End stage COPD
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Approximate Interval Between Onset and Death

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
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)

**RECORDERS MEMO**
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# OFFICIAL RECEIPT

**BILL GARRETT**
**REGISTER OF DAVIDSON COUNTY**
**NASHVILLE, TENNESSEE**

**RECEIVED OF** _____

**FOR** _____

BOOK 11317 PAGE 522

| | | |
|---|---|---|
| CO - CONVEYANCE | CC - CERTIFIED COPY | MISC - MISCELLANEOUS |
| MO - MORTGAGE | REL - RELEASE | CO TX - STATE TAX CONVEY |
| WD - WARRANTY DEED | UCC - UNIFORM COMMERCIAL CODE | MO TX - STATE TAX MORT |
| TD - TRUST DEED | CFEE - COMPUTER FEE | PRFEE - PROBATE FEE |

CAMT
119500.00
CON TX 442.15
PRFEE 1.00
WDEED 16.00
CFEE 2.00
TOTAL 461.15
CHECK 461.15
01/29/99 01 14:03 0001 8967

0542563
IDENTIF. # REFERENCE

99 JAN 29 PM 2:04

BILL GARRETT REGISTER
DAVIDSON COUNTY, TN.

**RECEIPT IS NOT VALID UNTIL CHECK IS PAID BY BANK**

**No.** 1418349