BOOK 11346 PG. 612

WARRANTY DEED

ADDRESS NEW OWNER(S) AS FOLLOWS	SEND TAX BILLS TO:	MAP PARCEL NUMBERS
RONNIE J. PRUITT, SR. & KATHERINE M. PRUITT	SAME AS NEW OWNER	36 35
(NAME)	(NAME)	
4971 LITTLE MARROWBONE RD		
(STREET ADDRESS OR ROUTE NUMER)	(STREET ADDRESS)	
ASHLAND CITY, TN 37015		
(CITY) (STATE) (ZIP)	(CITY) (STATE) (ZIP)	

mail

FOR AND IN CONSIDERATION of the sum of ONE HUNDRED AND 00/100 Dollars,

Cash in hand paid by the Grantee herein, and other good and valuable considerations, the receipt of which is hereby acknowledged.

I, Fred D. Leslie, Jr.

have this day bargained and sold, and do hereby transfer and convey unto the said RONNIE J. PRUITT, SR. & KATHERINE M. PRUITT

the Grantees herein, their (successors) heirs and assigns,

certain real estate in Davidson County, Tennessee as follows:

99 FEB 19 PM 1:22
REGISTER
DAVIDSON CO., TN.

05508884
IDENTIF. → REFERENCE

Beginning at a point in the northern margin of Little Marrowbone Road, S.E. corner of Walter Leslie's tract; thence with W. line of Walter Leslie, N. 32 (degree) 15' W. 210 feet to an iron pin; and N. 25 (degree) 45' E. 210 feet with Walter Leslie northern line, and N. 55 (degree) E. 198 feet with Walter Leslie's northern line to an iron pin in center of branch; thence with center of branch, N. 32 (degree) W. 129.5 feet to an iron pin; thence leaving the branch, S. 63 (degree) W. 636 feet to an iron pin; thence S. 29 (degree) E. 725.2 feet to an iron pin in the northern right of way of Little Marrowbone Road; thence with the northern right of way of said road, N. 28 (degree) 10' E. 125.2 feet, and N. 18 (degree) 50' W. 244.3 feet to the beginning, containing 4.41 acres, more or less.

Being the same tract of land conveyed to Fred D. Leslie, Jr. and wife, Sherri A. Leslie by deed from Fred. D. Leslie, Sr. and wife, Mable Leslie, of record in Book 6448, Page 836, Register's Office of Davidson County, Tennessee.

STATE OF TENNESSEE}
COUNTY OF DAVIDSON

The actual consideration or value whichever is greater, for this transfer is $ $100.00

Affiant

Subscribed and sworn to before me this the 13 day of Nov. 1998

My commission expires: Nov. 24, 2001

(Affix Seal)

Notary Public

PUBLIC

unimproved ( )

This is improved (x) property, known as 5008 Little Marrowbone Rd. (formerly R. 3 Little Marrowbone Rd.
(House Number) (Street)

Ashland City, Tennessee 37015

(City or Town)

TO HAVE AND TO HOLD said real estate, with the appurtenance, estate, title and interest thereto belonging, to the Grantees their (successors), heirs and assigns forever we covenant that we are lawfully seized and possessed of said real estate in fee simple, have a good right to convey it, and that the same is unencumbered.

We further covenant and bind ourselves, our heirs and representatives, to warrant and forever defend the title to said real estate to said Grantees, their (successors), heirs and assigns, against the lawful claims of all persons.

Whenever used, the singular numbers shall include the plural, and plural the singular and the use of any gender shall be applicable to all genders.

Witness our hands this _____ day of _____, 19____.
the corporate party, if any, having caused its name to be signed hereto by its duly authorized officers on said day and date.

Fred D. Leslie, Jr. 10/30/98

Fred D. Leslie, Jr.

DECEASED (Death Certificate attached)

Sherri A. Leslie

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

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me the undersigned, a Notary Public in and for said County and State

Fred D. Leslie, Jr.

the within named bargainor _____, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he executed the within instrument for the purposes therein contained..

Witness my hand and official seal at Nashville Tennessee

this 13 day of Nov. 19 98

Earl H Woolwine Notary Public

Commission expires Nov 24, 2001

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Before me, EARL WOOLWINE a Notary Public of the State and County aforesaid, personally appeared RONNIE & KATERINE PRUITT

with whom I am personally acquainted for proved to me on the basis of satisfactory evidence). And who, upon oath, acknowledged _____ self to be _____ of the _____ the within named bargainor, a corporation, and that _____ he as such _____ being authorized so to do, executed the forgoing instrument for the purpose therein contained, by signing the name of the corporation by _____ self as _____

Witness my hand and seal, at office in DAVIDSON COUNTY CENTENN. AT

this 13 day of NOVEMBER 19 98

Earl H Woolwine Notary Public

Commission expires Nov 24, 2001

FDL

This instrument was prepared by:
Fred D. Leslie, Jr., 5008 Little Marrowbone Rd, Ashland City, TN 37015
Name Address

7854 02/19 0101 02CHECK 16.00

State of Tennessee
Department of Health
Bradley County Health Department
201 Dooley Street, S.E. • P.O. Box 1398
Cleveland, Tennessee 37364-1398
Telephone (423) 476-0568
Fax (423) 479-6130

BOOK 11346 PG. 614

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEDENT'S NAME (First, Middle, Last): Sherri Ann Leslie
2 SEX: Female
3 DATE OF DEATH (Month, Day, Year): April 21, 1998
4 SOCIAL SECURITY NUMBER (of Deceased): [redacted]-7747
5a AGE - LAST BIRTHDAY (Years): 44
5b UNDER 1 YEAR: MOS / DAYS
5c UNDER 1 DAY: HOURS / MIN
6 DATE OF BIRTH (Month, Day, Year): June 25, 1953
7 BIRTHPLACE (City and State or Foreign Country): Nashville, TN
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ Yes 2 ☒ No
9a PLACE OF DEATH (Check only one): HOSPITAL 1 ☐ 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): Bradley Memorial Hospital
9c CITY, TOWN, OR LOCATION OF DEATH: Cleveland
9d COUNTY OF DEATH: Bradley
10 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
11 SURVIVING SPOUSE (If wife, give maiden name): Fred D. Leslie,
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Homemaker
12b KIND OF BUSINESS/INDUSTRY:
13a RESIDENCE - STATE: TN
13b COUNTY: Polk
13c CITY, TOWN OR LOCATION: Ocoee
13d STREET AND NUMBER OR RURAL LOCATION: 616 Stump St., P.O. Box 338
13e INSIDE CITY LIMITS? 1 ☐ Yes 2 ☒ No
13f ZIP CODE: 37361
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes 0 ☒ No — Specify, if yes:
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

NAME OF DECEDENT For use by physician or institution — CENSUS TRACT

PARENTS

17 FATHER'S NAME (First, Middle, Last): Ira Barber Fralick
18 MOTHER'S NAME (First, Middle, Maiden Surname): Hazel Frame

INFORMANT

19a INFORMANT'S NAME (Type/Print): Fred Douglas Leslie Jr.
19b RELATIONSHIP TO DECEASED: Husband
19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 616 Stump St., P.O. Box 338, Ocoee, TN

DISPOSITION

20a METHOD OF DISPOSITION: 1 ☒ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Benton Memorial Gardens
20c LOCATION - City or Town, State: Benton TN
21a SIGNATURE OF FUNERAL DIRECTOR:
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 3071
21c SIGNATURE OF EMBALMER:
21d LICENSE NUMBER OF EMBALMER: 3513
22a NAME AND ADDRESS OF FUNERAL HOME: Ralph Buckner Funeral Home, PO Box 3655, Cleveland, TN 37320-3655
22b LICENSE NUMBER OF FUNERAL HOME: 1037

REGISTRAR

23 REGISTRAR'S SIGNATURE: Katherine Shaver
24 DATE FILED (Month, Day, Year): 30 April 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: [illegible]
25c DATE SIGNED (Month, Day, Year): 4/22/98
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):
27 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Julia Pierce Finley M.D. 2301 N. Ocoee Street, Cleveland, TN 37311

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

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

28 PART I. Enter the disease, 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. [illegible] 4/21/98 — 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 ☐ 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: M
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):

PH-1659
REV 2-93

BIRTH NO. _____
RDA 1399

This is to certify the above is a true and correct copy of the record filed with the Tennessee Department of Health, Vital Records by the local department.

This is valid only when the seal of the issuing local health department is affixed.

Date 30 April, 1998 By Katherine Shaver
LOCAL REGISTRAR

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