A Boundary Line Agreement between Richard

BOOK 11360 PG. 361

Being an agreement between the owners
of adjacent parcels of land to establish
a boundary line between the lands
of each owner (the Kellogg property
and the Hinsdale property)

The property owned by the first
party is described as follows:

1725 03/01 0101 03CHECK 10.00

Lot 1

Also the southern part of Lot 191 of
the Nolding Woodlands subdivision which
is a 100-foot wide piece of property
adjoining the west property lines of
Lots 6, 7, and 8 of the Hinsdale Park
subdivision for a distance of 253 feet

Also an ingress/egress easement over the
southern 30 feet of the Kellogg property
(for the Hinsdale Park street
use only)

This parcel adjoins the western
property line of the part of Lot 191
of the Nolding Woodlands subdivision
for a distance of 100 feet.

August 28, 1993

Margaret Mayne Cutler
1003 Jones Place
Nashville, Tennessee

05545588

95 SEP -1 PM 3:24

REGISTER'S OFFICE
DAVIDSON COUNTY, TN

PICK-UP

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

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

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 11360 PG. 862

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

97071129

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

5

DECEDENT

1 DECEDENT'S NAME (First, Middle, Last): MARGARET MAYNE COLLIER

2 SEX: F

3 DATE OF DEATH (Month, Day, Year): DECEMBER 29, 1997

4 SOCIAL SECURITY NUMBER: [redacted]-1174

5a AGE-LAST BIRTHDAY (Yrs): 97

6 DATE OF BIRTH (Month, Day, Year): 12-02-1900

7 BIRTHPLACE (City and State or Foreign Country): HUNTINGTON, IND

8 EVER IN U.S. ARMED FORCES? 1 Yes 2 XX No

9 MARITAL STATUS: WIDOWED

10 SURVIVING SPOUSE (If wife, give maiden name):

11a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOMEAMKER

11b KIND OF BUSINESS/INDUSTRY: HOME

12a RESIDENCE STATE: TENNESSEE

12b COUNTY: DAVIDSON

12c CITY, TOWN OR LOCATION: NASHVILLE

12d STREET AND NUMBER OR RURAL LOCATION: 1008 TOWER PLACE

CENSUS TRACT

12e INSIDE CITY LIMITS: XX 1 Yes 2 No

12f ZIP CODE: 37204

13 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if Yes, specify Cuban, Mexican, Puerto Rican, etc.): 1 Yes XX 2 No

14 RACE: American Indian, Black, White, etc. (Specify): WHITE

15 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): ; College (1-4 or 5+): 4+

NAME OF DECEDENT (Last, First, Middle)

PARENTS

16 FATHER'S NAME (First, Middle, Last): ARTHUR McNEILL MAYNE

17 MOTHER'S NAME (First, Middle, Maiden Surname): LAURA PURVIANCE

INFORMANT

18a INFORMANT'S NAME (Type/Print): ROBERT COLLIER

18b RELATIONSHIP TO DECEASED: SON

18c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3943 KEELEY DRIVE NASHVILLE, TENNESSEE 37211

DISPOSITION

19a METHOD OF DISPOSITION: 1 XX Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)

19b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): WOODLAWN MEMORIAL PARK

19c LOCATION (City or Town, State): NASHVILLE, TENNESSEE

REGISTRAR

20a NAME AND ADDRESS OF FUNERAL HOME: WOODLAWN FUNERAL HOME 660 THOMPSON LANE NASHVILLE, TENNESSEE 37204

20b LICENSE NUMBER OF FUNERAL HOME: 933

20c SIGNATURE OF FUNERAL DIRECTOR: RODNEY WELLS

20d LICENSE NUMBER OF FUNERAL DIRECTOR: 3883

20e SIGNATURE OF EMBALMER: LYNN GAUTHIER

20f LICENSE NUMBER OF EMBALMER: 4052

21 REGISTRAR'S SIGNATURE: Marilyn H Gates

22 DATE FILED (Month, Day, Year): January 9, 1998

CERTIFIER

23a 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: Roger A. Hodge, M.D.

23b LICENSE NUMBER: MD017145

23c DATE SIGNED (Month, Day, Year): 01-05-98

23d 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

23e LICENSE NUMBER

23f DATE SIGNED (Month, Day, Year)

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

24 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): DR. RICHARD HODGE 2002 RICHARD JONES ROAD NASHVILLE, TENNESSEE

CAUSE OF DEATH

25 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. Congestive heart 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. 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

26a WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [ ] No

26b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

27 MANNER OF DEATH: 1 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined

28a DATE OF INJURY (Month, Day, Year)

28b TIME OF INJURY: M

28c INJURY AT WORK? 1 [ ] Yes 2 [ ] No

28d DESCRIBE HOW INJURY OCCURRED

28e PLACE OF INJURY (At home, farm, street, factory, office building, etc. (Specify))

28f LOCATION (Street and Number or Rural Route Number, City or Town, State)

SEE INSTRUCTIONS ON OTHER SIDE

PH-1E59

BIRTH NO