THIS INSTRUMENT PREPARED BY:
MARTHA CHILD, ATTORNEY AT LAW
4220 Nolensville Road, Nashville, TN. 37211
(615) 834-4300

QUITCLAIM DEED

New Owner:	Send Tax Bills:	Map & Parcel Nos.
Clarence I. Hight, Jr., Teresa Linda Oldham, Patrick Stephen Hight & Lawrence Stanley Hight 2814 Druid Drive Nashville, TN. 37211	Clarence I. Hight, Jr. 4222 Nolensville Pike Nashville, TN. 37211	Map 119-1C Par.: 131

BOOK 11463 PG. 515

For and in Consideration of $500.00 cash in hand, the receipt of which is hereby acknowledged, We, Danny Harwell and Clarence I. Hight, Sr., the sole heirs at law of Christine B. Hight, formerly Christine B. Harwell, who died intestate in Davidson County, Tennessee on November 19, 1997, leaving as her sole heirs at law Danny Harwell (son) and Clarence I. Hight, Sr. (spouse), by these presents do hereby quitclaim and convey unto, Clarence I. Hight, Jr., Teresa Linda Oldham, Patrick Stephen Hight, and Lawrence Stanley Hight in equal shares, and all their successors and assigns, all of our right, title, and interest in the hereinafter described real property, said parcel and tract of land described as follows:

> Being Lot NO. 45 on the Plan of Hidden Acres, as of record in Book 1130, page 89, Register's Office for said County.
>
> Said lot fronts 75 feet on the east side of Druid Drive and runs back between lines, 147 feet on the north line and 109 feet on the south line to a dead line in the rear, which is a broke line, on which it measures 90.3 feet.
>
> Being the same property conveyed to Christine B. Harwell, by deed from Frank L. Goodwin and wife, Margaret C. Goodwin, and Alton W. Goodwin and wife, Judy G. Goodwin, of record in Book 4407, page 89, Register's Office for Davidson County, Tennessee.

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The actual consideration or value whichever is greater, for this this transfer is $500.00.

Clarence I. Hight Jr.
Affiant

Subscribed and sworn to before me this the 4th day of May, 1999.

Margaret J. Estes
Notary Public

My Commission Expires:
9-29-2001

99 MAY -5 AM 10:34

MAIL ENV.

05828879

Said property is conveyed subject to such limitations, restrictions, and encumbrances as may affect the premises.

Witness our hands this the 4th day of May, 1999.

Danny Harwell

Clarence I. Hight, Sr.

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public, in and for said County and State, Danny Harwell, the within named bargainor, with whom I am personally acquainted, and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this the 4th day of May, 1999.

My Commission Expires:
9-29-2001

Notary Public

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public, in and for said County and State, Clarence I. Hight, Sr., the within named bargainor, with whom I am personally acquainted, and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this the 4th day of May, 1999.

My Commission Expires:
9-29-2001

Notary Public

quitc-1
maxmc99#3

Metropolitan Government of Nashville and Davidson County

BOOK **11463** PG. **517**

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

3706302

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 97 046632

PRINT IN PERMANENT INK OR SEE INSTRUCTIONS HANDBOOK

DECEDENT

1 DECEDENT'S NAME (First, Middle, Last): CHRISTINE HIGHT

2 SEX: FEMALE

3 DATE OF DEATH (Month, Day, Year): 11/19/97

4 SOCIAL SECURITY NUMBER: [redacted]-6040

5a AGE LAST BIRTHDAY (Years): 69

5b UNDER 1 YEAR (Months) / 5c UNDER 1 DAY (Days, Hours, Minutes)

6 DATE OF BIRTH (Month, Day, Year): 09/21/28

7 BIRTHPLACE (City and State or Foreign Country): Davidson Co., Tennessee

8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No

9a PLACE OF DEATH: HOSP: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)

9b FACILITY NAME (If not institution, give street and number): 538 Rosedale Avenue

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): Clarence Hight, Sr.

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: Self

13a RESIDENCE STATE: Tennessee

13b COUNTY: Davidson

13c CITY, TOWN OR LOCATION: Nashville

13d STREET AND NUMBER OR RURAL LOCATION: 538 Rosedale Avenue

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 [X] No

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

16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8th; College (1-4 or 5+):

PARENTS

17 FATHER'S NAME (First, Middle, Last): Dallas Thomas Brothers

18 MOTHER'S NAME (First, Middle, Maiden, Surname): Lydia Powell

INFORMANT

19a INFORMANT'S NAME (Type/Print): Linda Oldham

19b RELATIONSHIP TO DECEASED: Daughter

19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 230 Ocala Drive, Nashville, TN 37211

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): Fairview Cemetery

20c LOCATION (City or Town, State): Norene, Tennessee

21a SIGNATURE OF FUNERAL DIRECTOR: ▶ Wendell L. Byrd

21b LICENSE NUMBER OF FUNERAL DIRECTOR: #2556

21c SIGNATURE OF EMBALMER: ▶ William R. Appleton

21d LICENSE NUMBER OF EMBALMER: #3310

22a NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Inc., 3620 Nolensville Road, Nashville, Tennessee 37211

22b LICENSE NUMBER OF FUNERAL HOME: #396

REGISTRAR

23 REGISTRAR'S SIGNATURE: Wendell L. Byrd

24 DATE FILED (Month, Day, Year): November 25, 1997

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: ▶

26b LICENSE NUMBER: 29160

26c DATE SIGNED (Month, Day, Year): 11/21/97

AN OR MEDICAL EXAMINER EX CERTIFICATE OMPLETE AND DICAL CERTIFI- WITHIN 48

27 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Bruce P. Levy, M.D., 84 Hermitage Ave., Nashville, TN 37210 MEC97-0843

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. HYPERTENSIVE CARDIOVASCULAR DISEASE — Approximate Interval Between Onset and Death:

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 [X] Yes 2 [ ] No

30 MANNER OF DEATH: 1 [X] 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)

Received Correction from state 1/12/98 Items 4 & 7

BIRTH NO

4-1650

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

OFFICIAL RECEIPT

BILL GARRETT
REGISTER OF DAVIDSON COUNTY
NASHVILLE, TENNESSEE

RECEIVED OF _____

FOR _____

BOOK 11463 PG. 518

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

05828879

IDENTIFICATION REFERENCE

99 MAY -5 AM 10:34

[illegible]

[illegible] 500.00
[illegible] TX 1.65
[illegible] 1.00
[illegible] 12.00
[illegible] 2.00
TOTAL 16.65
CHECK 16.65

03/05/99 01 10:37 0001 1718

RECEIPT IS NOT VALID UNTIL CHECK IS PAID BY BANK

No. 1456399