After recording hold for: M.G.Gaston,Jr.

*****
Note to Register's Office for indexing suggestion:

Marie Dickson [surviving spouse and surviving tenant by the entirety with **Lloyd W. Dickson**]
GRANTOR,

to
John C. McLemore, Bankruptcy Trustee

to
Denise Cummins
GRANTEE
*****

BOOK 11536 PAGE 397

ORT# SV 3103120

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $**118,000.00**

AFFIANT Denise Cummins

SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE **21st** DAY OF **JUNE**, 1999.

NOTARY PUBLIC

MY COMMISSION EXPIRES: **11-22-99**

THIS INSTRUMENT WAS PREPARED BY:

John C. McLemore, Garfinkle, McLemore & Walker, PLLC
P.O. Box 158249, Nashville, Tennessee 37215-8249

ADDRESS NEW OWNER(S) AS FOLLOWS:	SENT TAX BILL TO:	MAP-PARCEL NUM
Denise Cummins	**Regional Investment Co.**	**146-8-186**
341 Fieldcrest Dr.	**9221 Ward Parkway**	**6DU-30965**
Nashville, TN 37211	**Kansas City, MO 64114**	

BANKRUPTCY TRUSTEE'S DEED

WHEREAS, upon the filing of a voluntary petition in bankruptcy March 15, 1999, in the United States Bankruptcy Court for the Middle District of Tennessee, same being Bankruptcy No. 99-02291-KL3-7, Marie S. Dickson did, by act of law, convey all right, title and interest in and to the following described real property to the Trustee in Bankruptcy; and

WHEREAS, the said Trustee in Bankruptcy, John C. McLemore, who was appointed Trustee of the above estate on April 2, 1999, by notice dated April 28, 1999, gave notice that the subject property would be sold at public auction free and clear of all liens unless an objection and application for hearing was filed with the Court within twenty (20) days of the date of notice.

No objections to this sale were filed.

NOW, THEREFORE, for and in consideration of One Hundred Eighteen Thousand and No/100 Dollars ($118,000.00) cash in hand paid, the receipt and sufficiency of which is hereby acknowledged, I, John C.

McLemore, Trustee in bankruptcy, do hereby bargain and sell, and by these presents transfer and convey unto Denise Cummins, her successors and assigns, the following described real property, to-wit:

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SEE PROPERTY DESCRIPTION ATTACHED

The undersigned, John C. McLemore, does hereby transfer and convey in his capacity as Trustee in Bankruptcy and no further or otherwise, all the right, title, interest and estate held by the said Marie S. Dickson in and to the above-described real property on the date of her filing voluntary petitions for bankruptcy in the United States Bankruptcy Court for the Middle District of Tennessee.

TO HAVE AND TO HOLD subject real property with the appurtenances, estate, title and interest thereto belonging to the said Denise Cummins, her successors and assigns forever, free and clear of all liens, but subject to the 1999 real estate taxes, which have been prorated of even date herewith.

WITNESS my hand on this **21st** day of **JUNE**, 1999.

John C. McLemore, Trustee in Bankruptcy

ACKNOWLEDGMENT

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said county and state, John C. McLemore, Trustee in Bankruptcy, the bargainor, with whom I am personally acquainted, and who acknowledged that he executed the within instrument in the capacity and for the purpose therein contained.

Witness my hand and official seal at Nashville, Davidson County, Tennessee, on this the 21st day of JUNE, 1999.

Notary Public

My Commission Expires: 11-27-99

PROPERTY DESCRIPTION ATTACHMENT

BANKRUPTCY TRUSTEE'S DEED

John C. McLemore, Bankruptcy Trustee ..to.. Denise Cummins

Land in Davidson County, Tennessee, and being **Lot No. 446**, on the plan of **Crieve Hall Estates, Sec. 6**, as of record at **Plat Book 2331, pages 1 and 2**, 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 Lloyd W. Dickson and wife Marie Dickson by deed at Book 2799, page 595, said Register's Office, and the above description is the same as appears therein. The said Lloyd W. Dickson having since died in Davidson County, TN on May 19, 1993, and a copy of the Death Certificate is attached hereto as an Exhibit. And, further the above described property is a part of the Bankruptcy Estate of the said Marie Dickson, a/k/a Marie S. Dickson, U. S. Bankruptcy Court For the Middle District of Tennessee, Nashville Division, Chapter 7, Case No. 99-02291-KL3-7, and the said John C. McLemore, Bankruptcy Trustee, duly qualified and acting as said Trustee to sell and convey the herein described property in beHalf of the said Bankruptcy Estate.

John C. McLemore, Trustee, as said
Bankruptcy Trustee

455.00

06021182

REFERENCE

99 JUN 21 PM 1:58

REGISTER

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Exhibit "A" to Bankruptcy Trustee's Deed

John C. McLemore, Bankruptcy Trustee to Denise Cummins

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

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.

JUN 18 1993

LOCAL REGISTRAR

H

9302927

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): LLOYD WILLIAN DICKSON
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): May 19, 1993
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-0107
5a. AGE – LAST BIRTHDAY (Years): 70
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MINS
6. DATE OF BIRTH (Month, Day, Year): Oct. 14, 1922
7. BIRTHPLACE (City and State or Foreign Country): UNION CITY, TENNESSEE
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
8a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [X] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9a. FACILITY NAME (If not institution, give street and number): ST. THOMAS 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): MARIE BLOSSER
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): TRAIN MASTER
12b. KIND OF BUSINESS/INDUSTRY: RAILROAD
13a. RESIDENCE – STATE: TN
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 341 FIELDCREST DRIVE
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
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+): 1

PARENTS

17. FATHER'S NAME (First, Middle, Last): CHARLES DICKSON
18. MOTHER'S NAME (First, Middle, Maiden Surname): CLARA (UNKNOWN)

INFORMANT

19a. INFORMANT'S NAME (Type/Print): MRS. MARIE DICKSON
19b. RELATIONSHIP TO DECEASED: SPOUSE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 341 FIELDCREST 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): WOODLAWN MEMORIAL PARK
20c. LOCATION—City or Town, State: NASHVILLE, TENNESSEE
21a. SIGNATURE OF FUNERAL DIRECTOR: James T. Bond
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2230
21c. SIGNATURE OF EMBALMER: Bob Compton
21d. LICENSE NUMBER OF EMBALMER: 3416
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODLAWN FUNERAL HOME 660 THOMPSON LANE, NASHVILLE, TN 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR'S SIGNATURE: Marsha D. Biggerstaff
24. DATE FILED (Month, Day, Year): June 10, 1993

CERTIFIER

26a. 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 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER: Julian Mayo
26b. LICENSE NUMBER: Tn 16874
26c. DATE SIGNED (Month, Day, Year): 8 June 93

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

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

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.

Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Cancer of the lung
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
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)

OFFICIAL RECEIPT

BILL GARRETT
REGISTER OF DAVIDSON COUNTY
NASHVILLE, TENNESSEE

RECEIVED OF _____

FOR _____

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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

06021182

IDENTIFICATION REFERENCE

99 JUN 21 PM 1:59

CAMT
115000.00
CON TX 436.60
PRFEE 1.00
WDEED 16.00
CFEE 2.00
TOTAL 455.60
CHECK 455.60
06/21/99 01 14:03 0001 2277

RECEIPT IS NOT VALID UNTIL CHECK IS PAID BY BANK

No. 1480831