6

This Instrument Prepared By:
Brokers Escrow Services, Inc.
P. O. Box 140255
211 Donelson Pike, Suite 2
Nashville, Tennessee 37214

BOOK 11578 PAGE 254

ADDRESS NEW OWNER:
GARY L. HART and CLAIRE HART
316 RISING SUN LANE
OLD HICKORY, TENNESSEE 37138

SEND TAX BILL TO:
To ~~New Owner~~
MORTGAGEE

MORTGAGEE:
UNION PLANTERS BANK, NATIONAL ASSOCIATION
100 WEST FRONT STREET
HATTIESBURG, MS 39403

MAP **052-09-0**
PARCEL **124.00**

WARRANTY DEED

FOR AND IN CONSIDERATION of the sum of Ten ($10.00) Dollars, cash in hand paid by the hereinafter named GRANTEES, and other good and valuable considerations, the receipt of which is hereby acknowledged, **BARBARA A. CUMMINGS, JOHN M. WILSON and KENNETH R. WILSON,** hereinafter called the GRANTORS, have bargained and sold, and by these presents, do transfer and convey unto **GARY L. HART and wife, CLAIRE HART**, hereinafter called the GRANTEES, their heirs and assigns, that certain tract or parcel of land located in Davidson County, State of Tennessee, described as follows, to-wit:

> Land in Davidson County, Tennessee, being Lot No. 25 on the plan of Montague Park, as of record in Book 421, Page 141, Register's Office for said County. Said Lot No. 25 fronts 100 feet on the Northeasterly side of Bluegrass Avenue and runs back between parallel lines to the Southwesterly line of Lot No. 18.
>
> Being part of the same property conveyed to Raymond E. Wilson and wife, Thelma Wilson by Deed from Harry s. Fite and wife, Katherine G. Fite of record in Book 1876, Page 63, Register's Office for Davidson county, Tennessee. Raymond E. Wilson predeceasing Thelma Wilson on April 25, 1993, copy of Death Certificate attached, leaving Thelma Wilson as the sole owner by right of survivorship. Thelma Wilson died testate on February 17, 1999, Death Certificate attached, her estate being admitted into Probate Court of Wilson County, Tennessee, on March 31, 1999. Her Last Will and Testament devising the above described property to Barbara A. Cummings, John M. Wilson and Kenneth R. Wilson.
>
> This is improved property known as 429 Bluegrass Avenue, Nashville, Tennessee.

Taxes for the current year have been settled between the parties. This conveyance is also made subject to the following matters:

1. Subject to plan of record in Plat Book 421, Page 141, Register's Office for Davidson County, Tennessee.
2. Restrictions of record in Book 3101, Page 451, Register's Office for Davidson County, Tennessee.

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 and GRANTORS do covenant with the said GRANTEES that they are lawfully seized and possessed of said land in fee simple, have a good right to convey it, and warrants that the same is unencumbered unless otherwise herein set out and GRANTORS do further covenant and bind themselves, their

heirs and representatives, to warrant and forever defend the title to the said land to the said GRANTEES, their heirs and assigns, against the lawful claims of all persons whomsoever.

WITNESS my hand this the 14th day of July, 1999.

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BARBARA A. CUMMINGS

JOHN M. WILSON

KENNETH R. WILSON

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned Notary Public in and for said County and State, **BARBARA A. CUMMINGS, JOHN M. WILSON and KENNETH R. WILSON**, the bargainors, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that they executed the within Warranty Deed for the purposes therein contained.

WITNESS my hand and official seal at office this 14th day of July, 1999.

NOTARY PUBLIC

My Commission Expires: February 3, 2001

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual value or consideration, whichever is greater, for this transfer is $84,250.00.

AFFIANT

Subscribed and sworn to before me on this 14th day of July, 1999.

NOTARY PUBLIC

My Commission Expires: February 3, 2001

06131173

99 JUL 19 PM 2:05

EXHIBIT "A"

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.

MAY 6 1993

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

Linda S. Wolfe, M.D.

BOOK 11578 PAGE 256

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER 9302242

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT

DECEDENT

1. DECEDENT'S NAME: Raymond Enders Wilson
2. SEX: Male
3. DATE OF DEATH: April 25, 1993
4. SOCIAL SECURITY NUMBER: [redacted] 8350
5. AGE – LAST BIRTHDAY: 66
6. DATE OF BIRTH: 7-5-1926
7. BIRTHPLACE: Sumner Co, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9. PLACE OF DEATH: 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other
9b. FACILITY NAME: DVA Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS: Married
11. SURVIVING SPOUSE: Thelma Gammon
12a. DECEDENT'S USUAL OCCUPATION: Postmaster/Retired
12b. KIND OF BUSINESS/INDUSTRY:
12c. RESIDENCE – STATE: Tennessee
12d. COUNTY: Davidson
12e. CITY, TOWN OR LOCATION: Madison
12f. STREET AND NUMBER OR RURAL LOCATION: 429 Blue Grass Avenue
CENSUS TRACT
12g. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
12h. ZIP CODE: 37115
14. WAS DECEDENT OF HISPANIC ORIGIN? [ ] Yes [X] No
15. RACE: White
16. DECEDENT'S EDUCATION: Elementary/Secondary (0-12): ; College (1-4 or 5+): 2

PARENTS

17. FATHER'S NAME: Marshall Wilson
18. MOTHER'S NAME: Minnie Hester

INFORMANT

19a. INFORMANT'S NAME: DVA Files
19b. RELATIONSHIP TO DECEASED: None
19c. MAILING ADDRESS: 1310 24th Avenue South, Nashville, TN 37212

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other
20b. PLACE OF DISPOSITION: Springhill Cemetery
20c. LOCATION: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Michael A. Slack
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3706
21c. SIGNATURE OF EMBALMER: ▶ Jeff Croy
21d. LICENSE NUMBER OF EMBALMER: 3867
22a. NAME AND ADDRESS OF FUNERAL HOME: Cole & Garrett Funeral Home, PO Box 444, Goodlettsville, TN 37072
22b. LICENSE NUMBER OF FUNERAL HOME: 718

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Mary C. Pentecost
24. DATE FILED: May 4, 1993

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 [X] SIGNATURE AND TITLE OF PHYSICIAN: ▶ Roger M. Des Prez
25b. LICENSE NUMBER: MD 005878
25c. DATE SIGNED: May 3, 1993
26a. MEDICAL EXAMINER – On the basis of examination and/or investigation of the above 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:
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER): Roger M. Des Prez, M.D., 1310 24th Avenue South, Nashville, TN 37212

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. Acute Renal Failure	
DUE TO (OR AS A CONSEQUENCE OF)	b. Hypotension	
DUE TO (OR AS A CONSEQUENCE OF)	c. Inflammatory Disease Of Undiscovered Etiology	
DUE TO (OR AS A CONSEQUENCE OF)	d.	

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Chronic Obstructive Pulmonary Disease; Cor Pulmonale

28a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

29. MANNER OF DEATH: 1 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
30a. DATE OF INJURY (Month, Day, Year):
30b. TIME OF INJURY: M
30c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
30d. DESCRIBE HOW INJURY OCCURRED:
30e. PLACE OF INJURY – At home, farm, street, factory, office building, etc. (Specify):
30f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

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

EXHIBIT "B"

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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9900851

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT (For Use by Physician or Institution)

DECEDENT

1 DECEDENT'S NAME (First, Middle, Last): Thelma F. Wilson

STATE FILE NUMBER

2 SEX: Female

3 DATE OF DEATH (Month, Day, Year): February 17, 1999

4 SOCIAL SECURITY NUMBER (of Deceased): 411-20-6350

5a AGE - LAST BIRTHDAY (Years): 77

5b UNDER 1 YEAR: MOS / DAYS

5c UNDER 1 DAY: HOURS / MIN

6 DATE OF BIRTH (Month, Day, Year): July 23, 1921

7 BIRTHPLACE (City and State or Foreign Country): Gallatin, TN

8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] 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): Summit Medical Center

9c CITY, TOWN, OR LOCATION OF DEATH: Hermitage

9d COUNTY OF DEATH: Davidson

10 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Widowed

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

12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Hairdresser

12b KIND OF BUSINESS/INDUSTRY: Beauty/Owner

13a RESIDENCE—STATE: TN

13b COUNTY: Davidson

13c CITY, TOWN OR LOCATION: Madison

13d STREET AND NUMBER OR RURAL LOCATION: 429 Blue Grass Avenue

CENSUS TRACT

13e INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No

13f ZIP CODE: 37115

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): 12; College (1-4 or 5+):

PARENTS

17 FATHER'S NAME (First, Middle, Last): John F Gammon

18 MOTHER'S NAME (First, Middle, Maiden Surname): Nettie Moore

INFORMANT

19a INFORMANT'S NAME (Type/Print): Barbara Cummings

19b RELATIONSHIP TO DECEASED: Daughter

19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 6175 John Hagar Road, Mt. Juliet, TN 37122

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): Spring Hill Cemetery

20c LOCATION—City or Town, State: Nashville TN

21a SIGNATURE OF FUNERAL DIRECTOR: H B Spikes

21b LICENSE NUMBER OF FUNERAL DIRECTOR: 2993

21c SIGNATURE OF EMBALMER: Ronnie Harrell

21d LICENSE NUMBER OF EMBALMER: 5022

22a NAME AND ADDRESS OF FUNERAL HOME: COLE & GARRETT FUNERAL HOMES INC. 127 N. MAIN STREET, GOODLETTSVILLE, TN 37072-0444

22b LICENSE NUMBER OF FUNERAL HOME: 718

REGISTRAR

23 REGISTRAR'S SIGNATURE: Aileen A. Bowen

24 DATE FILED (Month, Day, Year): February 22, 1999

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: Travis Pardue

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:

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): Travis S. Pardue, M.D. 5653 Frist Blvd., Hermitage, TN 37076

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. Use only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Pulmonary Thromboembolism	
	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. Emphysema	
	DUE TO (OR AS A CONSEQUENCE OF):	
	c. Atherosclerotic Cardiovascular Disease	
	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 2-83

BIRTH NO _____

RDA 1369

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 _____

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

06131173

DAVIDSON COUNTY REGISTER OF DEEDS

99 JUL 19 PM 2:05

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CAPT	5,250.00
CONV TX	231.75
CFEE	1.00
MTGEE	16.00
CTEE	2.00
TOTAL	330.75
CHECK	330.75

[illegible] 14:05 0001 4051

RECEIPT IS NOT VALID UNTIL CHECK IS PAID BY BANK

No. 1492397