THIS INSTRUMENT WAS PREPARED BY:
Turner H. Darrow
408 Rosehill Dr.
Goodlettsville, Tennessee, 37072

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QUITCLAIM DEED

ADDRESS NEW OWNER(S)	SEND TAX BILLS TO:	MAP/PARCEL NOS.
Tanya D. Mayes &	Same	Map – 025-07
Quinten C. Darrow		
102 Roanoke Dr.		Parcel 022
Goodlettsville, TN 37072		

FOR AND IN CONSIDERATION of One Hundred Dollars ($100.00) cash in hand paid and other good and valuable consideration, the receipt of which is hereby acknowledged, Turner H. Darrow by these presents do hereby quitclaim and convey unto Quinten C. Darrow and Tanya D. Mayes its successors and assigns, all of its right, title and interests in and to the following described tract of land in Davidson County:

SEE ATTACHMENT "A"

0670 09/21 0101 01CASH 14.00

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

Witness my hand this 21 day of Sept., 1999, I herewith sign this Quit–Claim Deed.

By: Turner H Darrow
Turner H. Darrow

99 SEP 21 AM 11:02

RECEIVED
FOR RECORD

06379923

STATE OF TENNESSEE}
COUNTY OF DAVIDSON}

Before me Sharon Hayes, a Notary Public in and for the State and County aforesaid, personally appeared Turner H. Darrow, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, acknowledged himself to be the owner, and that as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this the 21 day of Sept, 1999.

Sharon Hayes
Notary Public

My Commission Expires: 3-29-2003

NOTARY PUBLIC
LARGE
STATE OF TENNESSEE

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

JUL 26 1999

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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.

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

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): **Peggy S. Darrow**

2 SEX: **F**

3 DATE OF DEATH (Month, Day, Year): **July 16, 1999**

4 SOCIAL SECURITY NUMBER: [redacted]-6758

5a AGE-LAST BIRTHDAY (Years): **60**

5b UNDER 1 YEAR: MOS / DAYS

5c UNDER 1 DAY: HOURS / MIN

6 DATE OF BIRTH (Month, Day, Year): **March 18, 1939**

7 BIRTHPLACE (City and State or Foreign Country): **Goodlettsville, 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): **Baptist 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): **Turner Darrow**

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: **Her Own Home**

13a RESIDENCE-STATE: **TN**

13b COUNTY: **Davidson**

13c CITY, TOWN OR LOCATION: **Goodlettsville**

13d STREET AND NUMBER OR RURAL LOCATION: **408 Rosehill Drive**

CENSUS TRACT

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

13f ZIP CODE: **37072**

14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [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): **Willie J. Sircy**

18 MOTHER'S NAME (First, Middle, Maiden Surname): **Lovie Hughes**

INFORMANT

19a INFORMANT'S NAME (Type/Print): **Turner Darrow**

19b RELATIONSHIP TO DECEASED: **husband**

19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): **408 Rosehill Drive Goodlettsville, TN 37072**

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): **Forest Lawn Memorial Gardens**

20c LOCATION-City or Town, State: **Goodlettsville, TN**

21a SIGNATURE OF FUNERAL DIRECTOR: ▶ **Norris Jarrell**

21b LICENSE NUMBER OF FUNERAL DIRECTOR: **999**

21c SIGNATURE OF EMBALMER: ▶ **Ronnie Harrell**

21d LICENSE NUMBER OF EMBALMER: **5022**

22a NAME AND ADDRESS OF FUNERAL HOME: **Cole & Garrett Funeral Home, 127 N. Main Street, Goodlettsville, TN 37072**

22b LICENSE NUMBER OF FUNERAL HOME: **718**

REGISTRAR

23 REGISTRAR'S SIGNATURE: ▶ Robert W. Rhodes

24 DATE FILED (Month, Day, Year): July 29, 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 ▶ Cullen R Merritt MD

25b LICENSE NUMBER: MD 3912

25c DATE SIGNED (Month, Day, Year): 07 26 1999

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): **Cullen Merritt, MD 300 20th Avenue North 9th Floor Nashville, TN 37203**

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 myocardial infarction	1-2 days
	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. Arteriosclerotic Heart Disease	2 years
	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: **Diabetes Mellitus**

29a WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] 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):

BIRTH NO

PH-1650
REV 2-83

RDA 1389

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

TENNESSEE TITLE COMPANY

For and in consideration of the sum of $13,650.00 BOOK 11669 PAGE 684

THIRTEEN THOUSAND, SIX HUNDRED, FIFTY AND NO/100 - - - - - - - - - - - - - DOLLARS

casn in hand paid by TURNER H. DARROW AND WIFE, PEGGY O. DARROW

hereinafter referred to as the GRANTEES, and other good and valuable considerations, receipt of which is hereby acknowledged, we, James M. Fischer & Patterson Roney, a partnership, d/b/a Fischer and Roney Construction Company

hereinafter referred to as the GRANTORS have bargained and sold, and by these presents do transfer and convey unto the said GRANTEES, their heirs and assigns, a certain tract or parcel of land in Davidson County, State of Tennessee, described as follows, to wit:

Land in Davidson County, Tennessee, being Lot No. 61 on the Map of Ranchwood Estates, Section Three, as of record in Book 3300, page 59, Register's Office for said County.

Said Lot No. 61 fronts 176.12 feet on the south side of Rosehill Drive and extends back between lines 400.7 feet on the east line and 370.3 feet on the west line to a dead line in the rear, which is a broken line, on which it measures 61.4 feet.

Being part of the same property conveyed to James M. Fischer and Patterson Roney, a partnership, d/b/a Fischer and Roney Construction Company, by deed from Hardcastle Developers, Inc., of record in Book 3404, page 371, Register's Office for said County.

This conveyance is made subject to all restrictive covenants, easements and set back lines that are applicable to the above described property.

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 we do covenant with the said GRANTEES that we are lawfully seized and possessed of said land in fee simple; have a good right to convey it, and the same is unencumbered, unless otherwise herein set out. And we do further covenant and bind ourselves, our 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.

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

Witness our hands this 18th day of November, 1963

FISCHER AND RONEY CONSTRUCTION COMPANY

BY: James M. Fischer

James M. Fischer, Partner

STATE OF TENNESSEE
DAVIDSON COUNTY

Personally appeared before me, A.M. Tenison, a Notary Public in and for said County and State, the within named James M. Fischer, a partner in Fischer and Roney Construction Company

STATE TAX $ 20.48
PROBATE .50
TOTAL $ 20.98

NOV 1 1963

the bargainors, with whom I am personally acquainted, and who acknowledged that they executed the within instrument for the purposes therein contained. Witness my hand and official seal at Nashville Tennessee, this 18th day of November, 19 63

R. E. WORRALL
COUNTY COURT CLERK
DAVIDSON COUNTY, TENN

Commission expires February 1, 1965

A.M. Tenison Notary Public.

TENNESSEE TITLE COMPANY

14

Warranty Deed

FROM

JAMES M. FISCHER & PATTERSON

RONEY, A PARTNERSHIP, d/b/a

FISCHER AND RONEY CONST. CO.

TO

Turner H. Darrow and wife,

Peggy O. Darrow

GUARANTY-MORTGAGE CO. OF NASHVILLE

DOCUMENTARY

DOCUMENTARY

SURANCE
N
of Richmond, Virginia

97785