Prepared by:
Legacy Prepaid Legal Program

RECORDING REQUESTED BY AND
WHEN RECORDED RETURN TO:
James Welburn Jackson and
Isabelle Smith Jackson
516 Pima Road
Madison, TN 37115

MAIL TAX STATEMENTS TO:
James Welburn Jackson and
Isabelle Smith Jackson
516 Pima Road
Madison, TN 37115

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99 DEC -3 AM 10:12
REGISTER
DAVIDSON COUNTY, TN.

06635522
RECORDER'S REFERENCE

QUITCLAIM DEED

THE UNDERSIGNED GRANTORS DECLARE
DOCUMENTARY TAX is $0 (transfer to Revocable Living Trust)

FOR NO CONSIDERATION, James Welburn Jackson and Isabelle Smith Jackson, hereby remise, release and forever QUITCLAIM their share of the described real property to James Welburn Jackson and Isabelle Smith Jackson, Co-Trustees of JAMES WELBURN JACKSON AND ISABELLE SMITH JACKSON FAMILY TRUST dated SEP 12 1997, for the benefit of James Welburn Jackson and Isabelle Smith Jackson, the following described real property in the County of Davidson, State of TN:

[✓] See Attached Copy of Original Deed **OR**

James Welburn Jackson deceased 7/21/98
(Legal Description)
Death certificate attached.

Commonly known as: _____
(Street Address/City/State/Zip)

Parcel Number: 42-12-100 (On Property Tax Statement)

This Quitclaim Deed Signed On SEP 12 1997 (Date)

JAMES WELBURN JACKSON

ISABELLE SMITH JACKSON

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

State of Tennesse)
County of Davidson)

On SEP 12 1997, before me, Norma P. Nicholson, personally appeared
(Insert name and title of the officer)

JAMES WELBURN JACKSON and ISABELLE SMITH JACKSON, personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities, and that by their signatures on the instrument the persons, or the entity upon behalf of which the persons acted, executed the instrument.

WITNESS my hand and official seal.

Norma P. Nicholson (SEAL)
Notary's Signature

CHECK 14.00

TAT

Issued with policy No. [illegible]

$322.50

POLICY OF TITLE INSURANCE

COMMONWEALTH
LAND TITLE INSURANCE COMPANY
A Reliance Group Holdings Company

POLICY NUMBER
115-533580

SCHEDULE A

Amount of Insurance: $ 60,000.00 File No. CO-90-4-4243

Premium: STANDARD

Date of Policy: THE 4TH DAY OF MAY, 1990, at 10:19 A. M

1. Name of Insured:

JAMES W. JACKSON ET UX, ISABELLE S. JACKSON

2. The estate or interest in the land described herein and which is covered by this policy is FEE SIMPLE and is at Date of Policy vested in:

JAMES W. JACKSON ET UX, ISABELLE S. JACKSON

3. The land referred to in this policy is described in the said instrument, is situated in the County of DAVIDSON, State of TENNESSEE, and is identified as follows:

LAND in Davidson County, Tennessee, Tennessee, being Lot 3 of the Resubdivision of Lot No. 10 on the Plan of Gridiron Heights, of record in Book 6200, page 882, Register's Office for said County, to which plat reference is made for a more complete description of said lot.

Being the same property conveyed to James W. Jackson et ux, Isabelle S. Jackson, by Warranty Deed from James O. Jones et ux, Mary W. Jones, of record in Book 8102, page 807, Register's Office for Davidson County, Tennessee.

COMMONWEALTH TITLE AGENCY OF NASHVILLE, INC.

Countersigned: [signature]
Authorized Officer or Agent

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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98 038 09

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last): JAMES WELBORNE JACKSON
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): JULY 21, 1998
4. SOCIAL SECURITY NUMBER: [redacted]118
5a. AGE-LAST BIRTHDAY (Years): 76
5b. UNDER 1 YEAR (MOS / DAYS):
5c. UNDER 1 DAY (HOURS / MIN):
6. DATE OF BIRTH (Month, Day, Year): 7-07-1922
7. BIRTHPLACE (City and State or Foreign Country): ROBERTSON COUNTY, TENNESSEE

DECEDENT

8. ARMED FORCES? 1 [XX] Yes 2 [ ] No — ...VER IN U.S.
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA — OTHER 4 [ ] Nursing Home 5 [XX] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 516 PIMA ROAD
9c. CITY, TOWN, OR LOCATION OF DEATH: MADISON
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): ISABELLE A. SMITH
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): FOREMAN
12b. KIND OF BUSINESS/INDUSTRY: W. E. DAVIS DAIRY
13a. RESIDENCE STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: MADISON
13d. STREET AND NUMBER OR RURAL LOCATION: 516 PIMA ROAD

CENSUS TRACT

13e. INSIDE CITY LIMITS? 1 [XX] 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 [XX] No
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+):

NAME OF DECEDENT (To be used by physician or institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): JAMES WASHINGTON JACKSON
18. MOTHER'S NAME (First, Middle, Maiden Surname): MARY CARROL

INFORMANT

19a. INFORMANT'S NAME (Type/Print): ISABELLE JACKSON
19b. RELATIONSHIP TO DECEASED: WIFE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 516 PIMA ROAD MADISON, TENNESSEE 37115

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [XX] 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, TENNESSEE
21a. SIGNATURE OF FUNERAL DIRECTOR: MARY ANN WIGGINS
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3839
21c. SIGNATURE OF EMBALMER: LYNN GAUTHIER
21d. LICENSE NUMBER OF EMBALMER: 4052
22a. NAME AND ADDRESS OF FUNERAL HOME: FOREST LAWN FUNERAL HOME 1150 S DICKERSON ROAD GOODLETTSVILLE, TENNESSEE 37072
22b. LICENSE NUMBER OF FUNERAL HOME: 927

REGISTRAR

23. REGISTRAR'S SIGNATURE: [signature]
24. DATE FILED (Month, Day, Year): July 27, 1998

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: [signature] K P Channabasappa MD
25b. LICENSE NUMBER: 016615
25c. DATE SIGNED (Month, Day, Year): 7-24-98
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): DR. K. P. CHANNABASAPPA 510 HOSPITAL DRIVE #280 MADISON, TENNESSEE 37115

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. RESPIRATORY FAILURE	3HRS
	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. CHRONIC OBSTRUCTIVE PULMONARY DISEASE	15YRS
	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):

FH 1659
REV 7 93

BIRTH NO

RDA 1 ...