FORM NO. WD-1

THIS INSTRUMENT WAS PREPARED BY:

Tom R. Smith
100 Thompson Lane
Nashville, TN 37211
(615) 333-0099

PICK-UP



Instr:200003030021126 Page: 1 OF 3
REC'D FOR REC 03/03/2000 8:54:20AM
RECORD FEE: $14.00
M. TAX: $0.00 T. TAX: $0.00

STATE OF TENNESSEE }
COUNTY OF DAVIDSON }

THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $ 50,000.00

Katy M. Wood
Affiant

SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 1st DAY OF March 2000

Tom R. Smith
Notary Public

MY COMMISSION EXPIRES: 01/27/01
(AFFIX SEAL)

THIS INSTRUMENT WAS PREPARED BY

NAME ADDRESS

NAME & ADDRESS OF PROPERTY OWNER:	NAME & ADDRESS OF PERSON OR ENTITY RESPONSIBLE FOR PAYMENT OF REAL PROPERTY TAXES	MAP-PARCEL NUMBERS
Claude Eugene Wood (NAME)	Same (NAME)	119-11-0
881 Edmondson Pike (STREET ADDRESS OR ROUTE NUMBER)	Same (STREET ADDRESS)	049.00
Brentwood, TN 37027 (CITY) (STATE) (P.O. ZIP)	Same (CITY) (STATE) (ZIP)	

QUITCLAIM DEED

For consideration in the form of love and affection, the receipt of which is hereby acknowledged, I, KATY M. WOOD, hereinafter referred to as the Grantor, as the owner of the hereinafter described property, desiring to transfer her interest in property to my son, CLAUDE EUGENE WOOD, hereinafter referred to as the Grantee, his heirs and assigns, but specifically reserving a life estate in the said property unto the said KATY M. WOOD, the following described real property located in Nashville, Davidson County, Tennessee, and more particularly described as follows to wit:

Land in Davidson County, Tennessee, being Lot No. 26 on the Map of Mashburn Heights, of record in Book 1835, Page 1, Register's Office for said County.

Said Lot No. 26 fronts 72 feet on the westerly side of Mashburn Road and runs back between parallel lines 177.5 feet to a dead line.

BEING the same property conveyed to William P. Davis and wife, Argie Mae C. Davis, by deed from Sterling Homes, Incorporated, of record in Book 1877, Page 347, Register's Office for said County.

Subject to restrictions of record in Book 1785, Page 133, and in Book 1850, Page 439, Register's Office for Davidson County, Tennessee.

BEING the same property conveyed to Claude F. Wood and wife, Katy M. Wood, by deed from William P. Davis and wife, Argie Mae C. Davis, of record in Book 2012, Page 334, Register's Office for said County. (The said Claude F. Wood died April 27, 1993. A copy of the Death Certificate is attached hereto.)

THIS conveyance is subject to all other restrictions and easements of record in the Register's Office, Davidson County, Tennessee.

This is improved property known as 2706 Mashburn Road, Nashville, Tennessee 37210.

To have and to hold the remainder interest in said property unto the said Claude Eugene Wood, his heirs and assigns together with all rights, titles, claims, interests, easements, hereditaments and appurtenances thereunto

belonging with the exception of the life estate retained by Katy M. Wood.

THIS IS A QUITCLAIM DEED AND CONTAINS NO WARRANTIES.

Katy M. Wood
KATY M. WOOD, Grantor

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for the said County and State, the within named KATY M. WOOD, Grantor, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, and who acknowledged that she executed the within instrument for the purposes therein contained.

WITNESS my hand at office this 15th day of March 2000.

NOTARY PUBLIC

My Commission Expires: 01/27/01

STATE OF TENNESSEE
COUNTY OF DAVIDSON
THE ACTUAL CONSIDERATION OR TRUE VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $ -0-
Claude Eugene Wood
AFFIANT
SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 3 DAY OF March 2000.
Deputy Register

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.

Gloria L. Wodbury, M.D.

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER: 9302297

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): CLAUDE FLAVIL WOOD
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): APRIL 27, 1993
4. SOCIAL SECURITY NUMBER: [redacted]-5857
5a. AGE – LAST BIRTHDAY (Years): 86
5b. UNDER 1 YEAR – MOS / DAYS
5c. UNDER 1 DAY – HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): NOV. 29, 1906
7. BIRTHPLACE (City and State or Foreign Country): McMINNVILLE, TENNESSEE
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 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): 2706 MASHBURN ROAD
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): KATY MULLICAN
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): MILKMAN
12b. KIND OF BUSINESS/INDUSTRY: JERSEY FARMS
13a. RESIDENCE – STATE: TENN.
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 2706 MASHBURN ROAD
CENSUS TRACT: 3
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37210
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): 6; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): JIM WOOD
18. MOTHER'S NAME (First, Middle, Maiden Surname): JO ANN BURKETT

INFORMANT

19a. INFORMANT'S NAME (Type/Print): EUGENE WOOD
19b. RELATIONSHIP TO DECEASED: SON
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 881 EDMONDSON PIKE, BRENTWOOD, TN 37027

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 CEMETERY
20c. LOCATION – City or Town, State: NASHVILLE, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Wendell L. Burke
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2556
21c. SIGNATURE OF EMBALMER: ▶ Bruce D. Winningham
21d. LICENSE NUMBER OF EMBALMER: 4172
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODBINE FUNERAL HOME, INC. 5852 NOLENSVILLE ROAD, NASHVILLE, TN 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 760

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Marion D. Biggerstaff
24. DATE FILED (Month, Day, Year): May 6 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: ▶ Michael Kell
25b. LICENSE NUMBER:
25c. DATE SIGNED (Month, Day, Year): 5/5/93
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):
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.

CAUSE OF DEATH

SEE INSTRUCTIONS ON OTHER SIDE

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.	Metastatic Prostate Cancer	2 years
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 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [X] No

30. MANNER OF DEATH: 1 [X] Natural 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide
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:
31a. 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-1658