Davidson County DEEDQC
Recvd: 03/12/01 13:35 6pgs
Fees:26.00 Taxes:0.00
20010312-0023401

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration or value, whichever is greater, for this transfer is One Dollar.

Mary Lee Bridges

Sworn to and subscribed before me on this 11th day of March, 2001.

My commission expires: Sept 25, 2004

Notary Public

NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENN.

This instrument was prepared by: Whitney Kemper, Esq.
1110 Russell St.
Nashville, TN 37206

Send the tax bills to: Mary Lee Bridges
New Owner: 2414 Eastland Ave.
Nashville, TN 37206

083-06-0
404.00

QUITCLAIM DEED

FOR AND IN CONSIDERATION of the sum of One Dollar ($1.00), and other good and valuable consideration, the receipt of which is hereby acknowledged, Mary Lee Bridges, Executrix for the Estate of Carolyn Kerr Marshall, deceased, Beauford Campbell Marshall, husband of Carolyn Kerr Marshall having predeceased her, do hereby quitclaim all of their right, title and interest to Mary Lee Bridges, in and to that certain tract or parcels of land in Davidson County, Tennessee, described as follows, to wit:

Being Lot No. 61 on the Map of Rolling Acres, as of record in Book 1130, page 34, Register's Office for said County, and described as follows:

Beginning at a point on the northerly margin of Hackberry Lane, at the common corner of Lots 60 and 61; thence with the line between said lots, northerly 241.8 feet to the south margin of a 20-foot alloy running east and west along the north line of Lots 58, 59 and 60; thence with the terminus of said alley, north 20 feet to the south line of a lot marked "Fluty" on said plan; thence with the line between said lots, southeasterly 227.9 feet to a point on the northerly margin of Hackberry Lane; thence with the margin of the same, southwesterly along a slight curve, 90 feet to the beginning.

Being the same property conveyed to Beauford C. Marshall and wife, Carolyn K. Marshall by Deed from Donald Payne Jett and wife, Edna Ruth Jett, of record in Book 2283, page 344, said Register's Office.

Said property is conveyed subject to restrictive covenants of record in Book 1140, page 182, and in Book 1191, page 401, both in said Register's Office.

IN WITNESS WHEREOF, the Grantor has caused her name to be affixed hereto this 11th day of March, 2001.

Mary Lee Bridges, Executrix

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public, in and for said County and State, the within named Mary Lee Bridges, Executrix for the Estate of Carolyn K. Marshall, deceased, the bargainor, with whom I am personally acquainted and acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this 11 day of March, 2001.

NOTARY PUBLIC

My commission Expires: Sept 25, 2004

NOTARY PUBLIC AT LARGE

ATTACHMENTS:

1) LETTERS TESTAMENTARY
2) DEATH CERTIFICATE - BEAUFORT CAMPBELL MARSHALL
3) DEATH CERTIFICATE - CAROLYN K. MARSHALL
4) TAX CLEARANCE LETTER

SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE

LETTERS TESTAMENTARY

00P1370

To MARY LEE ALLISON BRIDGES :

It appearing to the Court that CAROLYN KERR MARSHALL has died leaving a written will, in which you are appointed Executrix, which has been duly approved in open Court; and you having been qualified according to law, and it having been ordered by said Court that Letters Testamentary issue to you.

These are, therefore, to empower you, the said MARY LEE ALLISON BRIDGES to enter upon the execution of said will, and take into your possession all of the property, and to make, within sixty days from this date, a perfect inventory thereof, and make due collection for all debts, and after paying all the just demands against the Testator, and settling up the business according to law, you will pay over and deliver the property and effects that may remain in your hands, and do all other things that may be required, according to the provisions of the said will and the laws of the land.

Witness, Richard R. Rooker, Clerk of the Probate Court at office, this September 12, 2000 and 224th year of Independence.

Richard R. Rooker, Clerk

Rita Ryggin D.C.

STATE OF TENNESSEE
DAVIDSON COUNTY

I do solemnly swear that I will honestly and faithfully discharge the duties of Executrix of the last will and testament of CAROLYN KERR MARSHALL lately deceased, in accordance with its terms and provisions, to the best of my knowledge and ability, so help me God.

Mary Lee Allison Bridges

Sworn to and subscribed to before me September 12, 2000.

Richard R. Rooker, Clerk

Rita Ryggin D.C.

STATE OF TENNESSEE
DAVIDSON COUNTY

I, Richard R. Rooker, Clerk of the Probate Court of said County, do hereby certify that the foregoing is a true and perfect copy of LETTERS TESTAMENTARY, issued to MARY LEE ALLISON BRIDGES, Executrix of the estate of CAROLYN KERR MARSHALL, deceased, and I do further certify that MARY LEE ALLISON BRIDGES is still acting Executrix of the estate of CAROLYN KERR MARSHALL and acts as such are entitled to full faith and credit as appears from the records in my office at Nashville, Tennessee.

Witness my hand and official seal, at this office, the 12th day of September 2000.

Richard R. Rooker, Clerk

Rita Ryggin D.C.

ATTACHMENT 1

STATE OF TENNESSEE
DEPARTMENT OF PUBLIC HEALTH
NASHVILLE 37219

BUFORD ELLINGTON
GOVERNOR

ALTERED 7-30-70 AUTHORIZATION NO. 1823

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH FILE NO.
DIVISION OF VITAL STATISTICS

BIRTH NO.

1. DECEASED — NAME: Beauford (FIRST) Campbell (MIDDLE) Marshall (LAST)					2. DATE OF DEATH (MONTH, DAY, YEAR): 7-15-70
3. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY): W	4. SEX: M	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): 3-5-10
7a. COUNTY OF DEATH: Davidson		7b. CITY, TOWN, OR LOCATION OF DEATH: Madison		7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes	7d. HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Nash. Mem. Hosp.
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Tenn. Missouri	9. CITIZEN OF WHAT COUNTRY: USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married		11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Carolyn Kerr	
12a. SOCIAL SECURITY NUMBER: [redacted]-8834	12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE): 2-1-42 yes 2-5-64	13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): U.S. Army Civil Defense		13b. KIND OF BUSINESS OR INDUSTRY	
14a. RESIDENCE — STATE: tenn.	14b. COUNTY: Davidson	14c. CITY, TOWN, OR LOCATION: Nashville	14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes	14e. STREET AND NUMBER: 2011 Hackberry Lane	
15. FATHER — NAME: William Marshall	16. MOTHER — MAIDEN NAME: Nettie Campbell	17. INFORMANT — NAME: Mrs. B. C. Marshall, Nash. Tenn.		MAILING ADDRESS	

18. PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)]

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Carcinomas of Lung.	8 mo.
DUE TO, OR AS A CONSEQUENCE OF: (b)		
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST: DUE TO, OR AS A CONSEQUENCE OF: (c)		

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): arteriosclerotic Heart Disease

19a. AUTOPSY (YES OR NO): No	19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH			
20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	20b. DATE OF INJURY (MONTH, DAY, YEAR)	20c. HOUR: M.	20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
20e. INJURY AT WORK (SPECIFY YES OR NO)	20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		

21a. PHYSICIAN — CERTIFICATION: I ATTENDED THE DECEASED AND DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. SIGNATURE: Russell D. Ward, DEGREE: M.D. 21b. DATE SIGNED (MONTH, DAY, YEAR): July 18 1970

22a. MEDICAL EXAMINER — CERTIFICATION: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE / TITLE / 22b. DATE SIGNED (MONTH, DAY, YEAR)

23a. CERTIFIER — NAME (TYPE OR PRINT): Russell D. Ward, M.D.	23b. MAILING ADDRESS STREET OR R.F.D. NO.: 602 Gallatin Rd	CITY OR TOWN: Nashville	STATE: Tenn	ZIP: 37206
24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial	24b. DATE (MONTH, DAY, YEAR): 7-17-70	24c. CEMETERY OR CREMATORY — NAME: National	24d. LOCATION CITY OR TOWN: Madison,	STATE: Tenn.
25. FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Roesch-Patton & Cosmopolitan Funeral Home	REGISTRAR — SIGNATURE: [illegible]	26b. DATE RECEIVED BY LOCAL REGISTRAR: 7-28-70		

I hereby certify the above to be a true and correct copy of the original record on file in this Department. Valid Only when embossed seal of the Tennessee Department of Public Health and multi-color seal of State Registrar are affixed.

JUL 30 1970

Eugene W. Fraunhle
Commissioner

ATTACHMENT 2

Eastland
Funeral Home

I hereby certify the below to be an authentic copy of the Death Certificate as filed with the Tennessee Dept. of Health.

Charles E Worrell, Sr.
Charles Worrell, Funeral Director

JANE M. WORRELL NOTARY PUBLIC LARGE DAVIDSON COUNTY, TENN.

Sworn and subscribed before me this 30 day of Aug, 2002.

My Commission expires: 1/29/2001

Jane M Worrell
Jane M. Worrell, Notary Public At Large

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): CAROLYN K. MARSHALL
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): AUGUST 20, 2000
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-1196
5a. AGE-LAST BIRTHDAY (Years): 83
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): JUNE 5, 1917
7. BIRTHPLACE (City and State or Foreign Country): ERIN (HOUSTON CTY), TENNESSEE
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [XX] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [XX] 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): 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.): WILDLIFE RESOURCE AGENCY
12b. KIND OF BUSINESS/INDUSTRY: STATE OF TENNESSEE
13a. RESIDENCE-STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 2011 HACKBERRY LANE
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [XX] Yes 2 [ ] No
13f. ZIP CODE: 37206
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [XX] 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+):

NAME OF DECEDENT For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): CLAY BRIGHAM KERR
18. MOTHER'S NAME (First, Middle, Maiden Surname): SARAH CATHERINE KERR

INFORMANT

19a. INFORMANT'S NAME (Type/Print): MARY BRIDGES
19b. RELATIONSHIP TO DECEASED: NIECE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2414 EASTLAND AVENUE NASHVILLE, TENNESSEE 37206

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): NASHVILLE NATIONAL CEMETERY
20c. LOCATION-City or Town, State: MADISON, TENNESSEE
21a. SIGNATURE OF FUNERAL DIRECTOR: TRE' EVERSON
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4884
21c. SIGNATURE OF EMBALMER: LYNN GAUTHIER
21d. LICENSE NUMBER OF EMBALMER: 4052
22a. NAME AND ADDRESS OF FUNERAL HOME: EASTLAND FUNERAL HOME, 904 GALLATIN ROAD NASHVILLE, TENNESSEE 37206
22b. LICENSE NUMBER OF FUNERAL HOME: 120

REGISTRAR

23. REGISTRAR'S SIGNATURE
24. DATE FILED (Month, Day, Year)

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.
1 [X] SIGNATURE AND TITLE OF PHYSICIAN: Carl E Mitchell MD
25b. LICENSE NUMBER: MD 5496
25c. DATE SIGNED (Month, Day, Year): 8-28-00
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date 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. CARL MITCHELL, 337 21st.AVENUE NORTH, NASHVILLE, TENNESSEE 37203

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.

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Intra cerebral hemorrhage — Approximate Interval Between Onset and Death: acute
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 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Could not be 5 [ ] Pending Investigation
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
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

ATTACHMENT 3

N0019001

3652757010209

TENNESSEE DEPARTMENT OF REVENUE

ESTATE OF CAROLYN K MARSHALL
ATTN: WHITNEY KEMPER
1110 RUSSELL ST
NASHVILLE TN 37206-2925

February 12, 2001

Account Type:	INHERIT TX
Account No.:	440365357
Date of Death:	August 20, 2000
County:	DAVIDSON
Social Security No.:	[redacted]-1196

A sworn return for inheritance tax has been filed with this department by the representative of the above estate.

As provided in Section 67-8-420, Tennessee Code Annotated, this receipt or certificate authorizes the court of the county in which such estate was administered to permit a final settlement or accounting by the estate representative.

The liability shown to be due and paid to the State of Tennessee is denoted below:

Inheritance Tax:	$0.00
Estate Tax:	$0.00
Interest:	$0.00
Penalty:	$0.00
Total:	$0.00

DETACH BELOW AND RETAIN FOR YOUR RECORDS

TENNESSEE DEPARTMENT OF REVENUE

ESTATE OF CAROLYN K MARSHALL
ATTN: WHITNEY KEMPER
1110 RUSSELL ST
NASHVILLE, TN 37206-2925

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Penalty:	$0.00
Total:	$0.00

ATTACHMENT 4

RV-N0019001