QUITCLAIM DEED

STATE OF TENNESSEE
COUNTY OF Davidson

THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $0.00.

Brenda R Hill
Affiant

SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 20th day of Sept, 2001

L Chandler Notary Pub
Notary Public

(AFFIX SEAL)
MY COMMISSION EXPIRES: _____

THIS INSTRUMENT WAS PREPARED BY
Bruce Balcom, 120 Donelson Pike, Ste 201, Nashville, TN 37214

ADDRESS NEW OWNER(S) AS FOLLOWS:	SEND TAX BILLS TO:	MAP-PARCEL NUMBERS
Brenda Hill a/k/a Brenda A Reed	SAME	092-02-226.00
(NAME)	(NAME)	
2608 Albion St.	SAME	
Nashville, TN,32208	SAME	
(CITY) (STATE) (ZIP)	(CITY) (STATE) (ZIP)	

Brenda Hill, HEREINAFTER CALLED THE GRANTORS, HEREBY QUITCLAIMS TO BRENDA HILL A/K/A BRENDA A REED, HEREINAFTER CALLED THE GRANTEES, THEIR HEIRS AND ASSIGNS, ALL HIS/HER/THEIR RIGHT, TITLE AND INTEREST IN A CERTAIN TRACT OR PARCEL OF LAND IN DAVIDSON COUNTY, STATE OF TENNESSEE, DESCRIBED AS FOLLOWS, TO-WIT:

SEE ATTACHED EXHIBIT A

unimproved ■

This is improved ☐ property, known as 2608 Albion St., Nashville, TN 32208
(House Number) (Street) (P.O. Address) (City or Town) (Postal Zip)

WITH THE HEREDITAMENTS AND APPURTENANCES THERETO APPERTAINING, HEREBY RELEASING ALL CLAIM TO HOMESTEAD THEREIN. Wherever 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 my/our hands this Sept. 19, 2001

Davidson County DEEDQC
Recvd: 09/20/01 11:44 3pgs
Fees:17.00 Taxes:0.00

20010920-0101970

Brenda Hill

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Before me, a Notary Public, personally appeared Brenda Hill, and acknowledged that he/she/they executed the foregoing Quitclaim Deed as the Grantor for the purposes contained therein. Witness my hand and official seal at Nashville, Tennessee this 19 September 2001

Commission expires: May 28, 2003

S. Denise Hollywood
Notary Public

STATE OF TENNESSEE NOTARY PUBLIC AT LARGE DAVIDSON COUNTY

EXHIBIT A

Being Lot No. 146 of Block 6 on the Map of the Subdivision of the Heffernan Place as of record in Book 161, page 138, Register's Office for said County.
Said Lot No. 146 fronts 50 feet on the northerly side of Albion Street and runs back between parallel lines 140 feet to an alley.

Being the same property conveyed to Frank T. Reed **(now deceased)** and wife, Ruth Helen Reed **(now deceased)** by Deed from Jack J. Cohen and wife, Bessie D. Cohen and Marjorie C. Watson and husband J. B. Watson Jr. dated 7/30/77, recorded 8/15/77 in Book 5183, page 810, Register's Office for Davidson County, Tennessee. See death Certificate of FRANK REED attached.
ALSO, SEE will of RUTH B. REED recorded as Instr. # 20010920010196 9 , R.O.D.C., TN

Metropolitan Government of Nashville and Davidson County

Bill Purcell, Mayor

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

JAN - 4 2001

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.

John P. Conroe
REGISTRAR

9705986

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last)			2. SEX	3. DATE OF DEATH (Month, Day, Year) — STATE FILE NUMBER
Frank	Reed	JR	M	10/21/97

4. SOCIAL SECURITY NUMBER	5a. AGE-LAST BIRTHDAY (Years)	5b. UNDER 1 YEAR (Months / Days / Hours / Minutes)	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
415-22-4641	74		6/2/23	Rutherford, TN

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] 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)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH	
2608 Albion St	Nashville	Davidson	

10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)	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.)	12b. KIND OF BUSINESS/INDUSTRY
Married	Ruth Blackwell	Concrete Finisher	Self Employed

13a. RESIDENCE-STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER OR RURAL LOCATION
Tn	Davidson	Nashville	2608 Albion St

CENSUS TRACT

13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No	15. RACE—American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)
	37208		Black	

NAME OF DECEDENT (If not by physician or medical examiner)

17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAME (First, Middle, Maiden Surname)	
Frank Reed	SR	Fannie May Matthews	

19a. INFORMANT'S NAME (Type/Print)	19b. RELATIONSHIP TO DECEASED	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Ruth Reed	Spouse	2608 Albion St Nashville, Tn 37208

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)	20c. LOCATION—City or Town, State
	Middle Tn. Veteran	Pegram, Tn

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER OF FUNERAL DIRECTOR	21c. SIGNATURE OF EMBALMER	21d. LICENSE NUMBER OF EMBALMER
Melvin J Smith	4502	James Studdard	4070

22a. NAME AND ADDRESS OF FUNERAL HOME	22b. LICENSE NUMBER OF FUNERAL HOME
Smith Brothers 706 Monroe St Nashville, Tn 37208	809

23. REGISTRAR'S SIGNATURE	24. DATE FILED (Month, Day, Year)
Ruby Leonard Brown	November 7, 1997

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	25b. LICENSE NUMBER	25c. DATE SIGNED (Month, Day, Year)
Mark Stubblefield MD	MD0155 84	11/6/97

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)
Mark Stubblefield MD 7640 Hwy 70 S Suite 203 Nashville, TN 37221

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. Lung Cancer	Approximate Interval Between Onset and Death: 2 months
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 [X] 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 [ ] 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 [X] 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)	