LF298-04

STATE OF TENNESSEE
COUNTY OF DAVIDSON
THE ACTUAL CONSIDERATION OR TRUE VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS
$ --0--
AFFIANT
SUBSCRIBED AND SWORN TO BEFORE ME, THIS
THE 2nd DAY OF October 20 01.
Deputy Register

Davidson County DEEDQC
Recvd: 10/02/01 14:01 3pgs
Fees:17.00 Taxes:0.00
20011002-0106526

QUITCLAIM DEED

THIS QUITCLAIM DEED, executed this 2nd day of October , 2001 (year),

by first party, Grantor, JOSEPHINE EPPS, unmarried, and WILLIE EPPS, unmarried

whose post office address is 2510 Allenwood Drive, Nashville, Tennessee 37207

to second party, Grantee, WILLIE EPPS, unmarried

whose post office address is 2510 Allenwood Drive, Nashville, Tennessee 37207

WITNESSETH, That the said first party, for good consideration and for the sum of

zero dollars Dollars ($ --0--) paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said second party forever, all the right, title, interest and claim which the said first party has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of Davidson , State of Tennessee to wit:

Being Lot No. 69 on the plan of Shepardwood Subdivision, Section 1, of the record in Book ~~9603~~ 4175, pages ~~347~~ 82+83, Register's Office for Davidson County, Tennessee to which plan reference is here made for a morecomplete description.

Being same property conveyed to Josephine Epps and Willie Epps by deed from Josephine Epps, dated February 20, 1995, recorded February 24, 1995, Book ~~4175~~ 9603, pages ~~82 & 83~~ 347, Register's Office for Davidson County, Tennessee.

Rev. 03/01
© 1992-2001 E-Z Legal Forms, Inc.
This product does not constitute the rendering of legal advice or services. This product is intended for informational use only and is not a substitute for legal advice. State laws vary, so consult an attorney on all legal matters. This product was not necessarily prepared by a person licensed to practice law in your state.

IN WITNESS WHEREOF, The said first party has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in presence of:

Signature of Witness

Christina-Renée Kirk
Print name of Witness

Signature of Witness

Maria D. Kirk
Print name of Witness

Signature of First Party

Josephine Epps and Willie Epps
Print name of First Party

Signature of First Party

Willie Epps, Power of Attorney
Print name of First Party

State of Tennessee
County of Davidson
On 10/02/01 before me, Moises Caballero
appeared
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
WITNESS my hand and official seal.

Signature of Notary

Affiant _____Known_____Produced ID ✓
Type of ID DL

(Seal)

MOISES CABALLERO
NOTARY PUBLIC AT LARGE
DAVIDSON COUNTY, TN

State of
County of
On before me,
appeared
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
WITNESS my hand and official seal.

Signature of Notary

Affiant _____Known_____Produced ID
Type of ID _____

(Seal)

Christina-Renée Kirk
Signature of Preparer

Print Name of Preparer

2830 East Third St 336
Address of Preparer Tulsa, OK 74104

Person Responsible for Taxes:
New Owner

MAP & PARCEL
72-1-29

METROPOLITAN GOVERNMENT OF
NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 0002734

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): JOSEPHINE EPPS
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): 05-21-2000
4. SOCIAL SECURITY NUMBER (of Deceased): 408-40-6240
5a. AGE-LAST BIRTHDAY (Years): 70
5b. UNDER 1 YEAR — MONTHS
5c. UNDER 1 DAY — HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 10-28-1929
7. BIRTHPLACE (City and State or Foreign Country): AlexANDER TENN
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): CENNTENNIAL MEDICAL CENTER
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS-Married, Never Married, Widowed Divorced (Specify): DIVORCED
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.): HOUSE WIFE
12b. KIND OF BUSINESS/INDUSTRY:
13a. RESIDENCE-STATE: TENN
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 2510 ALLENWOOD DR
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37207
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, Blk /k, White, etc. (Specify): BLACK
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): JAKE NEAL
18. MOTHER'S NAME (First, Middle, Maiden Surname): EDNA WHITE

INFORMANT

19a. INFORMANT'S NAME (Type/Print): WILLIAM EPPS
19b. RELATIONSHIP TO DECEASED: SON
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1820 PREMROSE AVE NASH. 37212

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): HILLS OF VALVERY CEMETERY NASHVILLE
20c. LOCATION-City or Town, State: NASHVILLE TENN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▸ DEBRA CLAY
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4770
21c. SIGNATURE OF EMBALMER: ▸ REID VAN NESS
21d. LICENSE NUMBER OF EMBALMER: 4275
22a. NAME AND ADDRESS OF FUNERAL HOME: GARDNER MEMORIAL CHAPEL 2302 BUCHANAN STREET NASH
22b. LICENSE NUMBER OF FUNERAL HOME: 1036

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▸ Helen L. Bowen
24. DATE FILED (Month, Day, Year): May 23, 2000

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: ▸ Kermit R Brown
25b. LICENSE NUMBER: MD007163
25c. DATE SIGNED (Month, Day, Year): May 23, 2000
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): Kermit R. Brown, M. D. 1916 Patterson Street, Suite 300 Nashville, TN 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. — Approximate Interval Between Onset and Death

SEE INSTRUCTIONS ON OTHER SIDE

Immediate Cause (Final disease or condition resulting in death) → a. Cardio-Respiratory Arrest
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. Carcinoma of the breast with widespread metastasis
DUE TO (OR AS A CONSEQUENCE OF):
c. Coronary Artery Disease
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:
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-1850 REV. 2-93

RDA 1399

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

OCT 1 2001

John P. Dunn
John P. Dunn
Local Registrar

Date Issued

THIS GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

METROPOLITAN GOVERNMENT NASHVILLE AND DAVIDSON COUNTY TENNESSEE

CERTIFICATION OF VITAL RECORD