Calvin L. Holmes Sr.
NEW OWNER

1204 Sigler Street
Nashville TN 37203
ADDRESS

First Star
MORTGAGOR (IF ANY)

First Star
SEND TAX BILLS TO

ADDRESS

82. 4 MAP 384 PARCEL ____ ZONE

THIS INSTRUMENT WAS PREPARED AT THE REQUEST OF GRANTOR WITHOUT THE BENEFIT OF TITLE SEARCH OR SURVEY BY:

LARRY B. HOOVER
ATTORNEY AT LAW
500 CHURCH STREET, SUITE 500
ST. CLOUD CORNER
NASHVILLE, TENNESSEE 37219

Davidson County DEEDQC
Recvd: 01/24/02 13:37 3pgs
Fees:17.00 Taxes:0.00
20020124-0010020

QUITCLAIM DEED

FOR AND IN CONSIDERATION of the sum of One Dollar ($1.00), the receipt of which is hereby acknowledged, and for the love and affection I have for my son, and no other monetary consideration, I, Patricia Holmes, have this day bargained and sold and do hereby transfer, quitclaim and convey, unto my son, Calvin Holmes, all of my right, title and interest in and to the following described tract or parcel of land, lying the County of Davidson, State of Tennessee;

Land in Davidson County, Tennessee, being the west 17 ½ feet of Lot No. 5 and the east 32 ½ feet of Lot No. 6 on the Map of James Burns Subdivision of record in Book 421, page 40, Register's Office for Davidson County, Tennessee, as follows:

Said parts of said lots adjoin and front together 50 feet on the North side of Petway Avenue, and run back between parallel lines, 150 feet to an alley.

Being the same property conveyed to Patricia Holmes and Darrell M. Holmes, both unmarried, by deed from Lucille King, a widow, said deed dated the 4th day of May, 1988, and of record in Deed Book 7536, page 956, Register's Office for Davidson County, Tennessee. Said Darrell M. Holmes died intestate on the 18th day of October, 1998. Patricia Holmes was the mother of Darrell M. Holmes. Darrell M. Holmes was a single person with no issue at the time of his death and said property passed to his mother, Patricia Holmes. Copy of his death certificate is attached and incorporated herein by reference.

This conveyance is subject to any and all zoning regulations, building restrictions and setback lines, if any, and easements and rights for public utilities applicable to this property.

This is improved property known as 909 Petway Avenue, Nashville, Tennessee 37206.

Patricia Holmes
PATRICIA HOLMES

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Personally appeared before me, the within named Patricia Holmes, the bargainor with whom I am personally acquainted, and who acknowledged that she executed the within instrument for the purposes therein contained.

SWORN AND SUBSCRIBED to before me on this the 23rd day of JAN, 2002.

NOTARY PUBLIC

MY COMMISSION EXPIRES: 11/30/02

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration or value, which ever is greater, for this transfer is $ 0.

Patricia Holmes
AFFIANT

Sworn and Subscribed to before me on this the 23rd day of JAN, 2002.

NOTARY

My commission expires: 11/30/02

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.

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

9805426

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): DARRELL MAURICE HOLMES
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): 10/15/1998
4. SOCIAL SECURITY NUMBER (If Deceased): [redacted]-4858
5a. AGE-LAST BIRTHDAY (Years): 42
5b. UNDER 1 YEAR: MONTHS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): 01-31-56
7. BIRTHPLACE (City and State or Foreign Country): Nashville, 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 [ ] Residence 6 [X] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 385 Murfreesboro Rd.
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.): Laborer
12b. KIND OF BUSINESS/INDUSTRY: Temporary Service
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 411 Murfreesboro Rd., Apt. 144
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [XX] 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
15. RACE-American Indian, Black, White, etc (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 11th; College (1-4 or 5+):

NAME OF DECEDENT (For use by physician or institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Joseph Holmes
18. MOTHER'S NAME (First, Middle, Maiden Surname): Patricia Hall

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Patricia Holmes
19b. RELATIONSHIP TO DECEASED: Mother
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 903 Petway Avenue Nashville, Tennessee 37206

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): Mid TN Veteran's Cemetery
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ► Linda D. Johnson
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4063
21c. SIGNATURE OF EMBALMER: ► Erick M. Johnson
21d. LICENSE NUMBER OF EMBALMER: 3829
22a. NAME AND ADDRESS OF FUNERAL HOME: Johnson's House of Atena, 1107 Buchanan Street, Nashville, Tennessee 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 704

REGISTRAR

23. REGISTRAR'S SIGNATURE: ► Helen L. Bauer
24. DATE FILED (Month, Day, Year): October 20, 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 [ ] SIGNATURE AND TITLE OF PHYSICIAN ►
25b. LICENSE NUMBER:
25c. DATE SIGNED (Month, Day, Year):

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 [X] SIGNATURE AND TITLE OF MEDICAL EXAMINER ► Emily Wayland Ward MD
26b. LICENSE NUMBER: 29481
26c. DATE SIGNED (Month, Day, Year): 10/15/1998

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): Emily W. Ward, M.D.:84 Hermitage Ave:Nashville TN 37210: MEC98-2139

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. Blunt Force Injuries
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.

SEE INSTRUCTIONS ON OTHER SIDE

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

30. MANNER OF DEATH: 1 [ ] Natural 2 [X] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year): 10/15/1998
31b. TIME OF INJURY: 06:00AM
31c. INJURY AT WORK? 1 [ ] Yes 2 [X] No
31d. DESCRIBE HOW INJURY OCCURRED: Motor vehicle - pedestrian injury
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify): roadway
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State): 385 Murfreesboro Road

BIRTH NO

PH-1859
REV 2-93

RDA 1399