capital title

PICK-UP

Davidson County DEEDWARR
Recvd: 02/20/02 13:36 3pgs
Fees:17.00 Taxes:0.00

20020220-0021683

This Instrument Was Prepared By:
Gregory & Gregory, Attorneys at Law
508 Hill Street
Springfield, TN 37172

New Owner:	Send Tax Bills To:
James William Jones, Jr.	Peoples Bank
3912 Pheasant Drive	200 Henslee Drive
Nashville, Tn. 37218	Dickson, Tn. 37055

Map & Parcel: 70-01 070-01-0 012.00

WARRANTY DEED

FOR AND IN CONSIDERATION of the sum of ten ($10.00) dollars, cash in hand paid, by the hereinafter named Grantees, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, we, Alice M. Betts

the GRANTORS herein, have this day bargained and sold, and do hereby sell transfer and convey unto James William Jones, Jr. and wife, Angela Yvette Jones

the GRANTEES herein, their heirs and assigns, the following described tracts or parcels of land located in Davidson County, Tennessee, described as follows, to-wit:

BEING Lot No. 38, Section 6 on the Plan of Treppard Heights Subdivision as of record in Plat Book 3900, page 11, Register's Office for Davidson County, Tennessee, to which plan reference is hereby made for a more complete description.

BEING the same property conveyed to Richard Betts, Sr. and wife Alice M. Betts by deed of record in Book 4322, page 955, said Register's Office.

See attached Death Certificate on Richard Betts Sr.

TO HAVE AND TO HOLD the premises aforesaid, together with all the appurtenances and immunities thereto pertaining, unto the said Grantees, their heirs, successors and assigns forever; and we do covenant with the said Grantees, their heirs, successors and assigns, that we are lawfully seized in fee of said land; that they have a good and perfect right to make this conveyance; that said land is unencumbered unless otherwise herein set out; and we do further covenant and bind ourselves our heirs and assigns to warrant and forever defend the title in and to said land against the lawful claims and demands of all person, whomsoever. Wherever used herein the singular shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders. Witness our hands on the date contained in the notary acknowledgement herein below.

Alice M. Betts

Alice M. Betts

STATE OF TENNESSEE COUNTY OF Davidson

Personally appeared before me a notary public in and for said County and State, Alice M. Betts, the bargainors, with whom I am personally acquainted, (or who proved to me on the basis of satisfactory evidence), and who acknowledged that they executed the foregoing instrument for the purposes therein contained.
Witness my hand and official seal at Nashville, Tennessee, this 26th day of June, 1992.

My Commission Expires:

7-22-95

Notary Public

NOTARY PUBLIC AT LARGE STATE OF TENNESSEE

STATE OF TENNESSEE COUNTY OF Davidson

The actual consideration or value, whichever is greater, for this transaction is $ 69,500.00

Affiant

Sworn and subscribed to before me this 26th day of June, 1992.

My Commission Expires:

7-22-95

Notary Public

NOTARY PUBLIC AT LARGE

STATE OF TENNESSEE, DICKSON COUNTY
The foregoing instrument and certificate were noted in Note Book D, Page 42 at 9:00 o'clock A.M. 7-1 1992 and recorded in Vol. 313, Page 164 State Tax Paid $259.15 Fee 1.00 Recording Fee 8.00 Total $266.15
Witness My Hand
Receipt No. 8537

Register

Exhibit 'A'

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

9200573 — STATE FILE NUMBER: 92 002211

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME: Richard Betts Sr.
2. SEX: Male
3. DATE OF DEATH: February 4, 1992
4. SOCIAL SECURITY NUMBER: [redacted]-2141
5a. AGE – LAST BIRTHDAY: 84
6. DATE OF BIRTH: FEB 3, 1908
7. BIRTHPLACE: Charleston, Miss. MS
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH: HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [X] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other
9b. FACILITY NAME: St. Thomas Hospital 080
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS: Married
11. SURVIVING SPOUSE: Alice Stanley
12a. DECEDENT'S USUAL OCCUPATION: Meat Packer
12b. KIND OF BUSINESS/INDUSTRY: Swift Company
13a. RESIDENCE – STATE: TN
13b. COUNTY: Davidson 19
13c. CITY, TOWN OR LOCATION: Nashville 014
13d. STREET AND NUMBER OR RURAL LOCATION: 3912 Pheasant Drive
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37218
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes [ ] No [X]
15. RACE – American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 7; College (1-4 or 5+):
17. FATHER'S NAME: Sonny Betts
18. MOTHER'S NAME: Fannie Hudson
19a. INFORMANT'S NAME: Alice Betts
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS: 3912 Pheasant Drive, Nashville, TN 37218
20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other
20b. PLACE OF DISPOSITION: Hills of Calvary
20c. LOCATION: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Annie D. Johnson
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2752
21c. SIGNATURE OF EMBALMER: Eric M. Johnson
21d. LICENSE NUMBER OF EMBALMER: 3829
22a. NAME AND ADDRESS OF FUNERAL HOME: Johnson's House of Atena, 1107 Buchanan St., Nashville, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 704
23. REGISTRAR'S SIGNATURE: Mary L. Pentecost
24. DATE FILED: February 14, 1992
25a. CERTIFIER – 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 [ ] Physician and/or Certifier 2 [X]
25b. LICENSE NUMBER: 11294
25c. DATE SIGNED: 2/11/92
26a. MEDICAL EXAMINER – On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 3 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER:
26c. DATE SIGNED:
PHYSICIAN OR MEDICAL EXAMINER EXCUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATE
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER): Lester Porter M. D., P. O. Box 380, (4220 Harding Rd. 37205), Nashville, TN 37202

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 Department of Health. Alteration or erasure voids this certification.

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

Paula Taylor
State Registrar

Date Issued Feb-20-2002

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD