THIS INSTRUMENT PREPARED BY:
RICHARD E. NORMAN, JR.,ATTORNEY AT LAW
4220 Nolensville Road, Nashville, TN. 37211
(615) 834-4300

QUITCLAIM DEED

New Owner:	Send Tax Bills:	Map & Parcel Nos.
Eunice J. Reynolds 3828 Sam Boney Drive Nashville, TN. 37211	Same	

For and in Consideration of One Dollar ($1.00), cash in hand paid, the receipt of which is hereby acknowledged, Millie Sarah Hassell, a widow, by these presents do hereby quitclaim and convey unto, Eunice J. Reynolds, and all her successors and assigns, all our right, title and interest in and to the following described tract of land:

Land in Davidson County, Tennessee, being Lot No. 28 on the Plan of Paragon Hills, as of record in Book 3300, Page 100, Register's Office for said County.

Said Lot No. 28 fronts on the easterly side of Sam Boney Drive and extends back between lines 156.0 feet on the northerly line and 157.4 feet on the southerly line to a dead line in the rear measuring 76.0 feet thereon.

Being the same property conveyed to William B. Hassell (now deceased) and wife Millie Sarah Hassell, by deed from W.L.Bainbridge Co, a Partnership, of record in Book 3708, page 575, Register's Office for Davidson County, Tennessee.

The said Millie Sarah Hassell shall retain a life estate in said property.

This conveyance is subject to any and all indebtedness on said property.

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The actual consideration or value whichever is greater, for this this transfer is -0-.

Millie Sarah Hassell
Affiant

Subscribed and sworn to before me this the 1st day of April, 2002.

My Commission Expires:

7-27-02

Richard E. Norman, Jr.
Notary Public

Davidson County DEEDQC
Recvd: 04/04/02 12:33 3pgs
Fees:17.00 Taxes:0.00

20020404-0041155

Said property is conveyed subject to such limitations, restrictions, and encumbrances as may affect the premises.

Witness my hand this the 3 day of April, 2002

Millie Sarah Hassell

Millie Sarah Hassell

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public, in and for said County and State, Millie Sarah Hassell, the within name bargainor, with whom I am personally acquainted, and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this the 3RD day of April, 2002.

NOTARY PUBLIC

My Commission Expires:

7-27-02

Richard E Notary Public

Notary Public

quitc-rn
imatren01#2

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 0105380

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): WILLIAM BURTON HASSELL
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): SEPTEMBER 18, 2001
4. SOCIAL SECURITY NUMBER: [redacted]-8952
5a. AGE-LAST BIRTHDAY (Years): 72
5b. UNDER 1 YEAR: MONTH / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): FEB. 10, 1929
7. BIRTHPLACE (City and State or Foreign Country): NASHVILLE, 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): VANDERBILT HOSPITAL
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): MILLIE ODOM
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): DISPATCHER
12b. KIND OF BUSINESS/INDUSTRY: TRANSPORTATION
13a. RESIDENCE-STATE: TENN.
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 3828 SAM BONEY DRIVE
CENSUS TRACT
13e. INSIDE CITY LIMITS? [X] Yes [ ] No
13f. ZIP CODE: 37211
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): WHITE
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 10; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): JOHN WILLIAM HASSELL
18. MOTHER'S NAME (First, Middle, Maiden Surname): EUNICE SCRUGGS

INFORMANT

19a. INFORMANT'S NAME (Type/Print): MILLIE S. HASSELL
19b. RELATIONSHIP TO DECEASED: WIFE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3828 SAM BONEY DR., NASHVILLE, TENN. 37211

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): WOODLAWN MEMORIAL PARK
20c. LOCATION-City or Town, State: NASHVILLE, TENN.
21a. SIGNATURE OF FUNERAL DIRECTOR: William R Appleton
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2700
21c. SIGNATURE OF EMBALMER: William R. Appleton
21d. LICENSE NUMBER OF EMBALMER: 3310
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODBINE FUNERAL HOME, INC. 3620 NOLENSVILLE ROAD, NASHVILLE, TENN. 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 396

REGISTRAR

23. REGISTRAR'S SIGNATURE: Marsha L. Jones
24. DATE FILED (Month, Day, Year): October 4, 2001

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: Murray Stolz
25b. LICENSE NUMBER: MD 15472
25c. DATE SIGNED (Month, Day, Year): 10/3/01
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
28b. LICENSE NUMBER
28c. DATE SIGNED (Month, Day, Year)

PHYSICIAN OR MEDICAL EXAMINER: EXACTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Murray M. Stolz MD 300 20th Ave N. Suite 701 Nashville Tn. 37203

CAUSE OF DEATH

SEE INSTRUCTIONS ON OTHER SIDE

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.	Myocardial infarction	Days
DUE TO (OR AS A CONSEQUENCE OF): b.	Acute pulm. edema	Days
DUE TO (OR AS A CONSEQUENCE OF): c.	HTN	Days
DUE TO (OR AS A CONSEQUENCE OF): d.	Hypertension	

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. e.

29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO DETERMINATION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [ ] 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.

RDA 1399

PH-1699
REV. 3-96

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.

John P. Dunn
John P. Dunn
Local Registrar

10/11/01
Date Issued

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

CERTIFICATION OF VITAL RECORD