This instrument prepared by:

John E Herring
7037 Sugar Plum Rd.
Nashville, TN 37211

Davidson County DEEDQC
Recvd: 05/06/02 07:53 2pgs
Fees:12.00 Taxes:0.00

20020506-0054887

State of Tennessee Davidson County
The actual consideration for this transfer is $ -0-
Mary W. Herring
Affiant
Subscribed and sworn to before me, this 5th day of May, 2002.
Cathy L Johnson
Notary Public
My commission expires: 1/[illegible]/2003

CATHY L. JOHNSON NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENN.

Quitclaim Deed

Address New Owner(s) as follows:	Send Tax Bills to:	Map and Parcel Number:
Mary W. Herring 412 Eatherly Dr. Nashville, TN 37220	Same	160-4 53

For and in consideration of One dollar ($1.00), cash in hand paid, the receipt of which is hereby acknowledged, I, Mary W. Herring, by these presents do hereby quitclaim and convey unto Mary W Herring, ~~his~~ her successors and assigns, all my right, title and interest in and to following described tract of land:

Land in Davidson County, Tennessee, being lot No. 1104 on the Plan of Brentwood Hall, Section XI, as of record in book 2331, page 134, Register's Office for said County.

Said lot No. 1104 fronts 102 feet on the northerly side of Eatherly Drive and runs back between lines, 205 feet on the westerly line and 202.5 feet on the easterly line, to a dead line in the rear on which it measures 101.7 feet.

Being the same real property conveyed to Robert W. Herring and wife, Mary W. Herring from Billy E. Waldrip and wife Nancann H. Waldrip by Dead of Record in Book 4167, page 108 in the Register's Office for said County. The said Robert W. Herring having since died on December 15, 2000.

Witness my hand this 5th day of May 2002. Mary W. Herring
Grantor or Seller

State of Tennessee
County of Davidson

Personally appeared before me, Cathy L. Johnson, a Notary Public in and for said County and State, Mary W. Herring, with whom I am personally acquainted, and who acknowledged that she executed the within instrument for the purposes therein contained. Witness my hand, at office, this 5th day of May 2002.

Cathy L Johnson
Notary Public

My commission expires: 1/[illegible]/2003

CATHY L. JOHNSON NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENN.

Metropolitan Government of Nashville and Davidson County

Bill Purcell, Mayor

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

DEC 19 2000

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 00067888 REGISTRAR

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last): ROBERT WILLIAM HERRING
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): DECEMBER 15, 2000
4. SOCIAL SECURITY NUMBER: 420-20-9253
5a. AGE-LAST BIRTHDAY (Years): 74
5b. UNDER 1 YEAR: MONTHS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): MAY 8, 1926
7. BIRTHPLACE (City and State or Foreign Country): BIRMINGHAN, ALABAMA
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XX Yes 2 No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 Inpatient 2 XX ER/Outpatient 3 DOA; OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): SOUTHERN HILLS MEDICAL CENTER
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): MARY WHITEHEAD
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): MOTOR VEHICLE DEPARTMENT
12b. KIND OF BUSINESS/INDUSTRY: STATE OF TENNESSEE
13a. RESIDENCE-STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 412 ETHERLY DRIVE
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 XX Yes 2 No
13f. ZIP CODE: 37220
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes O XX No
Specify, if yes:
15. RACE-American Indian, Black, White, etc. (Specify): WHITE
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+): 4
NAME OF DECEDENT: For use by physician or institution
17. FATHER'S NAME (First, Middle, Last): JESSE L. HERRING
18. MOTHER'S NAME (First, Middle, Maiden Surname): VALERIA INEZ ANDREWS
19a. INFORMANT'S NAME (Type/Print): MARY HERRING
19b. RELATIONSHIP TO DECEASED: WIFE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 412 ETHERLY DRIVE Nashville, Tennessee
20a. METHOD OF DISPOSITION: 1 XX 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, TENNESSEE
21a. SIGNATURE OF FUNERAL DIRECTOR: DAVID BALDWIN
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3169
21c. SIGNATURE OF EMBALMER: LYNN GAUTHIER
21d. LICENSE NUMBER OF EMBALMER: 4052
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODLAWN FUNERAL HOME, 660 THOMPSON LANE NASHVILLE, TENNESSEE 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933
23. REGISTRAR'S SIGNATURE
24. DATE FILED (Month, Day, Year): December 19, 2000

PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.

25a. 1 ✓ SIGNATURE AND TITLE OF PHYSICIAN: Ronald P Graham MD
25b. LICENSE NUMBER: MD 13568
25c. DATE SIGNED (Month, Day, Year): Dec 14, 2000

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.

26a. 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): DR. ROBERT GRAHAM, JR. 2200 MURPHY AVENUE #C, NASHVILLE, TENNESSEE 37203

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. Cardiac Arrest due to Arrhythmia	1 hr
DUE TO (OR AS A CONSEQUENCE OF):	b. Coronary artery disease	15 month
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. Hypertension	
DUE TO (OR AS A CONSEQUENCE OF):	d. Hyperlipidemia	

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 ✓ No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION 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: M
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)

SEE INSTRUCTIONS ON OTHER SIDE

PH-1659 (REV. 6/99)

BIRTH NO. _____

RDA 1399