Davidson County DEEDWARR
Recvd: 08/14/03 13:29 3pgs
Fees:18.00 Taxes:421.80

20030814-0117034

RECORD AND RETURN TO:
GOBER TITLE & ESCROW
2740 OLD ELM HILL PIKE, SUITE 102
NASHVILLE, TN 37214

WARRANTY DEED

BILLY W. WINSTEAD, II
NOTARY PUBLIC AT LARGE
RUTHERFORD COUNTY, TENN.

My Commission Expires
June 9, 2006

STATE OF TENNESSEE
COUNTY OF DAVIDSON
THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $114,000.00

Affiant

SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 5th DAY OF August, 2003

Notary Public

MY COMMISSION EXPIRES: _____

THIS INSTRUMENT WAS PREPARED BY
GOBER TITLE & ESCROW, 2740 OLD ELM HILL PIKE, SUITE 102, NASHVILLE, TN 37214

ADDRESS OF NEW OWNER AS FOLLOWS :	SEND TAX BILLS TO:	MAP-PARCEL NUMBERS
Jeremy Justin Perez **8313 Luree Lane** **Hermitage, TN 37076**	**SAME**	**075 –10-0008.00**

FOR AND IN CONSIDERATION OF THE SUM OF TEN DOLLARS, CASH IN HAND PAID BY THE HEREINAFTER NAMED GRANTEE(S), AND OTHER GOOD AND VALUABLE CONSIDERATIONS, THE RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED, WE,

Judith L. Harrison, a widow

HEREINAFTER CALLED THE GRANTOR(S), HAVE BARGAINED AND SOLD, AND BY THESE PRESENTS DO TRANSFER AND CONVEY UNTO

Jeremy Justin Perez, a single man

HEREINAFTER CALLED THE GRANTEES, ***Their*** HEIRS AND ASSIGNS, A CERTAIN TRACT OR PARCEL OF LAND IN ~~WILSON~~ DAVIDSON, COUNTY, STATE OF TENNESSEE, DESCRIBED AS FOLLOWS, TO-WIT:

SEE ATTACHED "EXHIBIT A"

Unimproved ( )
This is improved (X) property known as **8313 Luree Lane, Hermitage, TN 37076**

TO HAVE AND TO HOLD the said tract or parcel of land, with the appurtenances, estate, title and interest thereto belonging to the said ***GRANTEES, Their*** heirs and assigns forever, and ***does*** covenant with the said ***GRANTEES*** that we have lawfully seized and possessed of said land in fee simple, ***have*** a good right to convey it and the same is unencumbered, unless otherwise herein set out; and ***does*** further covenant and bind ***ourselves, our*** heirs and representatives, to warrant and forever defend the title to the said land to the said ***GRANTEES, their*** heirs and assigns, against the lawful claims of all persons whomsoever. Wherever used the singular number shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

Witness our hands this 5th day of August, 2003

Judith L. Harrison

Judith L. Harrison

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named **Judith L. Harrison**, the ***bargainor*** with whom I am personally acquainted or proved to me on the basis of satisfactory evidence and who acknowledged that they executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this 5th day of August, 2003.

Commission Expires: June 9th, 2006

Notary Public: Billy W. Winstead, II

BILLY W. WINSTEAD, II
NOTARY PUBLIC AT LARGE
RUTHERFORD COUNTY, TENN.

My Commission Expires
June 9, 2006

Exhibit "A"

Being Lot No. 27 on the Plan of Hermitage Estates, of record in Book 3300, Pages 70 and 71, Regiseter's Office for said County, as follows:

Said Lot No. 27 fronts 80 feet on the northwesterly margin of Luree Lane and runs back between parallel lines 150 feet to a dead line.

Being the same property conveyed to Jeremy Justin Perez, a single man, by Warranty Deed from Judith L. Harrison, a widow, dated August 5' 2003 of record as Instrument No. _____, recorded simultaneously herewith. Robert G Harrison passed away on March 13, 2001, leaving his interest to Judith L. Harrison.

Metropolitan Government of Nashville and Davidson County

Bill Purcell, Mayor

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

MAR 27 2001

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 OR PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT: For use by physician or institution

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER: John P 01013??

1. DECEDENT'S NAME (First, Middle, Last): Robert Gwynne Harrison
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): March 13, 2001
4. SOCIAL SECURITY NUMBER (of Deceased): 411-48-6131
5a. AGE – LAST BIRTHDAY (Years): 67
5b. UNDER 1 YEAR – MOS.
5c. UNDER 1 DAY – DAYS
5d. HOURS
5e. MIN.
6. DATE OF BIRTH (Month, Day, Year): April 22, 1933
7. BIRTHPLACE (City and State or Foreign Country): Lebanon, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [XX] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [XX] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not Hospital, give street and number): Nashville Metro Bordeaux 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): Judith Winemiller
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Maintenance
12b. KIND OF BUSINESS/INDUSTRY: Supervisor
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Hermitage
13d. STREET AND NUMBER OR RURAL LOCATION: 8313 Luree Lane
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [XX] Yes 2 [ ] No
13f. ZIP CODE: 37076
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 [ ] Yes 0 [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+):
17. FATHER'S NAME (First, Middle, Last): Willie Harrison
18. MOTHER'S NAME (First, Middle, Maiden Surname): Georgia N/A
19a. INFORMANT'S NAME (Type/Print): Paul Walentynowrcz
19b. RELATIONSHIP TO DECEASED: Son-in-law
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4724 Cape Hope Pass Hermitage, Tennessee 37076
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: ▶ Rodney Wells
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3883
21c. SIGNATURE OF EMBALMER: ▶ Ronnie Ham
21d. LICENSE NUMBER OF EMBALMER: 5022
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: ▶ Catherine A. Pinkerton
24. DATE FILED (Month, Day, Year): March 27, 2001

25. 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: ▶ Mable Tan, M.D. M.TN MD
25b. LICENSE NUMBER: MD-029318
25c. DATE SIGNED (Month, Day, Year): March 22, 2001

26. 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): Mable Tan, M.D., Nashville Metro Bordeaux Hospital, Nashville, TN 37218

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. Pneumonia — Few days
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. Dehydration, no artificial hydration at family's
DUE TO (OR AS A CONSEQUENCE OF):
c. request — Few weeks
DUE TO (OR AS A CONSEQUENCE OF):
d. Advanced Parkinson's disease — Few years

SEE INSTRUCTIONS ON OTHER SIDE

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

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 [XX] 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-1656
REV. 1/89