Davidson County DEEDQC
Recvd: 09/29/03 10:41 4pgs
Fees:22.00 Taxes:0.00
20030929-0143316

FROM
Dorothy Ann Boaz Adams

TO
Connie Lynn Bouldin

Name & Address of Property Owner: Connie Lynn Bouldin, 5544 South New Hope Road, Hermitage, Tenn. 37076.

Name & Address of Person Responsible for Payment of Real Property Taxes: Connie Lynn Bouldin, 5544 South New Hope Road, Hermitage, Tenn. 37076.

Map-Parcel Numbers: 095-11-0 051.00

This instrument was prepared by: Robert L. Estes, Attorney; Mink & Blair, 217 Second Ave. North, Nashville, Tenn. 37201.

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration for this transfer is: $-0- Connie Lynn Bouldin
Affiant

Subscribed & Sworn To Before Me, This the 25 day of September, 2003.

Notary Public

My Commission Expires: Sept 24, 2004

NOTARY PUBLIC AT LARGE SEPT. 24, 2004 DAVIDSON COUNTY, TENN.

QUITCLAIM DEED

For & in Consideration of love & affection (& no monetary consideration), I, Dorothy Ann Boaz Adams, being the sole surviving heir of Pearl Groce Boaz, whose husband Horace W. Boaz predeceased her in death as evidenced by each's death certificate which are attached

hereto as Exhibits 1 & 2 hereof, by these presents do hereby quitclaim all my interest, except I retain a full life estate including the right to rental & other profits for my lifetime, the following described tract or parcel of land & improvements thereon, in Davidson County, Tennessee, to my daughter Connie Lynn Bouldin, her heirs & assigns, to wit:

Being lot number 37 on the plan of Merry Oaks, Section 2, as of record in Book 2133, page 8 Register's Office for said County. Said lot number 37 fronts 131 feet on the northerly side of McFarland Road, formerly Woodberry Drive, & extends back 119.8 feet on the westerly line & 131.9 feet on the easterly line to adead line, measuring 131 feet thereon. Being the same property conveyed to Horace W. Boaz & wife, Pearl Groce Boaz, by deed from Billy M. Henson & wife Ellen S. Henson, dated April 27, 1961, filed 3rd day of _____ 1961 & recorded in Book 3222, page 69, said Register's Office. This conveyance is made subject to forty-foot building setback line from McFarland Road, & conditions of owners certificate, as shown on Plan of Record in Book 2133, page 8, said Register's Office; & to restrictive covenants contained in an instrument of record in Book 2096, page 1, said Register's Office.

In WITNESS WHEREOF, I have hereunto set my hand on this the 25 day of September, 2003.

Dorothy Ann Boaz Adams

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Personally appeared before me, Nancy Wiley, a Notary Public in & for the said County & State, the within named, Dorothy Ann Boaz Adams, the bargainor, with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence) & who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand & official seal at Nashville, Tennessee, this 25th day of Sept., 2003.

Nancy Wiley
Notary Public

My Commission Expires: _____

STATE OF TENNESSEE
Office of Vital Records

1994
60
1994

14-71-76

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND WILL BE PLACED IN PERMANENT FILE.

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TYPE OR WRITE PLAINLY. ONLY PERMANENT BLUE OR BLACK INK SHOULD BE USED.

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

FILE NO. 67-003135

BIRTH NO.

1. NAME	HOPACE (FIRST)	WILLIAM (MIDDLE)	BOAZ (LAST)			2. DATE OF DEATH	Feb.	2, 1967
							MONTH	DAY, YEAR

3. COLOR OR RACE	4. SEX	5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY)	6. DATE OF BIRTH (MONTH DAY YEAR)	7. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YR. MONTHS	DAYS	IF UNDER 24 HRS. HOURS	MINS.
White	Male	Married	March 26, 1896	70				

8. PLACE OF DEATH
A. COUNTY: Davidson
B. CIVIL DISTRICT: 26th
C. CITY OR TOWN: Nashville
D. LENGTH OF STAY IN THIS PLACE:
E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location): VA Hospital
F. INSIDE CITY LIMITS? YES [X] NO [ ]

9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission)
A. STATE: Tennessee COUNTY: Davidson C. CIVIL DISTRICT:
D. CITY OR TOWN: Nashville
E. INSIDE CITY LIMITS? YES [X] NO [ ]
F. STREET ADDRESS (OR LOCATION): 2404 Woodberry Drive
G. IS RESIDENCE ON A FARM? YES [ ] NO [X]

10A. USUAL OCCUPATION (Kind of Work Done During Most of Working Life. Never If Retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. SOCIAL SECURITY NUMBER	12. WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN	IF YES, GIVE WAR OR DATES OF SERVICE
Guard		[redacted]-7811	Yes	WW I

13. BIRTHPLACE (State or Foreign Country)	14. CITIZEN OF WHAT COUNTRY?	15. NAME OF HUSBAND OR WIFE
Tennessee	U. S. A.	Pearl (Groce) Boaz

16. FATHER'S NAME	17. MOTHER'S MAIDEN NAME	18. INFORMANT	ADDRESS
James T. Boaz	Jenny Allen	Pearl G. Boaz	2404 Woodberry Drive

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE
SIGNATURE: W. D. SAIMON, JR. M.D. [X] M.E. [ ] C.C. [ ] OTHER (SPECIFY) [ ]
ADDRESS: VAH, Nashville, Tenn.
DATE: 2/6/67

23A. BURIAL, CREMATION, REMOVAL (SPECIFY)	23B. DATE OF BURIAL, CREMATION, OR REMOVAL	23C. NAME OF Cemetery or Crematory	23D. LOCATION CITY, TOWN OR COUNTY STATE
Burial	Feb. 4, 1967	Rose Hill	Fayetteville, Tenn

24. FUNERAL DIRECTOR ADDRESS	25. REGISTRATION DIST. NO.	26. DATE SIGNED BY LOCAL REG.	27. REGISTRAR'S SIGNATURE
Ralston Funeral Home, Fayetteville,	21901	2-9-67	[signature]

FORM 130

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
Paula Taylor
State Registrar

Date Issued Sep-24-2003

CERTIFICATION OF VITAL RECORD

TYPE / PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Pearl Eva BOAZ
2. SEX: F.
3. DATE OF DEATH (Month, Day, Year): October 12, 1999
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-6369
5a. AGE – LAST BIRTHDAY (Years): 97
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Nov.6,1901
7. BIRTHPLACE (City and State or Foreign Country): Lincoln County, Tn.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ 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 ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Donalson Care Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Fayetteville
9d. COUNTY OF DEATH: Lincoln
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Widowed
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.): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Own Home
13a. RESIDENCE – STATE: Tn.
13b. COUNTY: Lincoln
13c. CITY, TOWN OR LOCATION: Fayetteville
13d. STREET AND NUMBER OR RURAL LOCATION: 1681 Winchester Hwy.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 ☐ Yes 2 ☒ No
13f. ZIP CODE: 37334
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes 0 ☒ 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): Unknown; College (1-4 or 5+):

NAME OF DECEDENT For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): George A. Groce
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mattie Ola Lane

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Dorothy Adams
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2204 Selma Drive Nashville, Tn. 37214

DISPOSITION

20a. METHOD OF DISPOSITION: 1 ☒ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Rose Hill Cemetery
20c. LOCATION – City or Town, State: Fayetteville, Tn.
21a. SIGNATURE OF FUNERAL DIRECTOR: John M. Curtis
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3224
21c. SIGNATURE OF EMBALMER: James W. Mc Cauley
21d. LICENSE NUMBER OF EMBALMER: 3342
22a. NAME AND ADDRESS OF FUNERAL HOME: Mc Cauley Funeral Home, P.O. Box 467, 10 Eldad Road, Fayetteville, Tn. 37334
22b. LICENSE NUMBER OF FUNERAL HOME: 669

REGISTRAR

23. REGISTRAR'S SIGNATURE:
24. DATE FILED (Month, Day, Year):

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: MD0000010005
25c. DATE SIGNED (Month, Day, Year): 10/14/99
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 ☐ 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. Wm. R. Jones 207 S. Elk Ave Fayetteville, Tn 37334

SEE INSTRUCTIONS ON OTHER SIDE

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. Metastatic Malignant Melanoma
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.

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 Ooccurred:
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-1659 REV 1/88

This is to certify that the above is a true and correct copy of the record filed with the Department of Vital Records, Tennessee Department of Public Health, by the local Health Department.

This is valid only when the seal of the McCauley Funeral Home is affixed.

James W. Mc Cauley
FUNERAL DIRECTOR

McCAULEY FUNERAL HOME LINCOLN COUNTY FAYETTEVILLE