Davidson County DEEDWARR
Recvd: 03/01/04 14:38 5pgs
Fees:27.00 Taxes:0.00
20040301-0023032

6484

THIS INSTRUMENT PREPARED BY: PERCY WILKINS, JR. and CHRISTY WILKINS IVEY, Attorneys
2210 Crestmoor Road, Nashville, Tennessee 37215-0157

ADDRESS NEW OWNER:	SEND TAX BILLS TO:	MAP-PARCEL NUMBERS:
William M. Brooks, Jr. P. O. Box 100111 Nashville, TN 37210	Same	105-7 249 6DA-19815

BOOK 6484 PAGE 161

WARRANTY DEED

For and in consideration of the sum of Ten Dollars, cash in hand paid by the hereinafter named Grantee, and other good and valuable consideration, the receipt of which is hereby acknowledged, Jack Edwin Fuqua and wife, ANita M. Fuqua, hereinafter called the Grantor, has bargained and sold, and by these presents does transfer and convey unto William M. Brooks, Jr., unmarried, hereinafter called the Grantee, Grantee's heirs and assigns, a certain tract or parcel of land in Davidson County, State of Tennessee, described as follows: To-Wit:

LAND in Davidson County, Tennessee, being part of Block 6 on the Map of Hamilton Subdivision, as of record in Minute Book 1, page 97, County Court for said County, being the westerly part of Lot No. 28 on the unrecorded subdivision of said Block 6 described according to a survey made by E. R. Southgate, Surveyor, July, 1945, as follows:

BEGINNING at an iron pin at the southeast corner of Martin and Hamilton Streets; thence with the southerly margin of Hamilton Street easterly 69.3 feet; thence southwardly 167 feet 6 inches to the northerly margin of an alley; thence with the said alley westwardly 67.3 feet to the easterly margin of Martin Street; thence with said street northwardly 167 feet 6 inches to the beginning.

BEING the same property conveyed to Jack Edwin Fuqua by Quitclaim Deed from Charles F. Frazier, Trustee, of record in Book 5573, page 859, Register's Office for Davidson County, Tennessee.

This conveyance is subject to any and all matters shown on the herein referenced map of record in said Register's Office.

This certified copy is being recorded for the express purpose of establishing proof of death of Annie Mai Fuque, and thereby extinguishing the Life Estate retained in the Deed of Record in Book 5573, pg. 859 Register's Office for Davidson County, TN. (see Exhibit "A").

This is (xx) improved property, known as 561 Hamilton Avenue, Nashville, Tennessee 37203.

TO HAVE AND TO HOLD the said tract or parcel of land, with the appurtenances, estate, title and interest thereto belonging to the said Grantee, Grantee's heirs or assigns, forever; and Grantor covenants with the said Grantee that Grantor is lawfully seized and possessed of said land in fee simple, has a good right to convey it, and the same is unencumbered, unless otherwise herein set out; and Grantor further covenants and binds Grantor, Grantor's heirs and representatives, to warrant and forever defend the title to the said land to the said Grantee, Grantee's heirs and assigns, against the lawful claims of all persons whomsoever. (As to a corporate or partnership party, the reference to "heirs" shall be deemed to read "successors".)

Witness the execution hereof this 24th day of January, 1985.

Jack Edwin Fuqua

ANita M. Fuqua

STATE OF ~~TENNESSEE~~ GEORGIA
COUNTY OF Floyd

On this 24th day of January, 1985, before me personally appeared Jack Edwin Fuqua and ANita M. Fuqua, to me known (or proved to me on the basis of satisfactory evidence) to be the person(s) described in and who executed the foregoing instrument, and acknowledged that they executed the same as their free act and deed.

My Commission Expires: 1-3-86

Notary Public - Georgia State at Large

P.A. Receipt: Free Printing Print Time: 2/27/2004 12:12:19 PM Instr. No: 198501306484161 P.A. Customer: CERTIFIED COPY

6484

STATE OF TENNESSEE
COUNTY OF _____

BOOK 6484 PAGE 162

Before me, the undersigned, of the State and County aforesaid, personally appeared _____, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged ___self to be the President (or other officer authorized to execute the instrument) of the _____, the within named bargainor, a corporation, and that _he as such _____, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by ___self as _____. Witness my hand and official seal, at office in _____, Tennessee, this _____ day of _____, 19___.

My Commission Expires:_____

_____
Notary Public

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration or value, whichever is greater, for this transfer is $ 20,000.00.

Jack E. Fuqua
Affiant

Subscribed and sworn to before me, this the 25th day of January, 1985.

My Commission Expires: 1-3-86

Notary Public - Georgia State at Large

WARRANTY DEED
from:
JACK EDWIN FUQUA ET UX
to:
WILLIAM M. BROOKS, JR.

PERCY WILKINS, JR.
and
CHRISTY WILKINS IVEY
Attorneys at Law
2210 Crestmoor Road
P.O. Box 150157
Nashville, Tennessee 37215-0157
(TN-23196)

dp

IDENTIF. REFERENCE

FELIX Z. WILSON II, Register
DAVIDSON COUNTY, TN
JAN 30 | 40 PM '85

$ 81.50

CHECK

162

P.A. Receipt Free Printing Print Time: 2/27/2004 12:12:19 PM Instr. No: 198501306484161 P.A. Customer: CERTIFIED COPY

I hereby certify that this is a true copy of the original instrument filed in my office in Book 4484 Page 161
This 27th day of Feb. 2004
BILL GARRETT Register of Deeds
By _____
Deputy

Exhibit "A"

035429

CERTIFICATE OF DEATH/STATE OF GEORGIA

Birth Number

Local File Number 84-0851

State File Number

TYPE OR PRINT IN PERMANENT BLACK OR BLUE-BLACK INK

DECEDENT

1a. DECEDENT'S NAME (First, Middle, Last): Annie Mai Fuqua
1b. IF DECEDENT IS FEMALE, ENTER MAIDEN LAST NAME: Grear
2. SEX: Female
3. DATE OF DEATH (Mo., Day, Year): Oct. 9, 1984
4. RACE (White, Black, Amer. Indian, etc.) (Specify): White
5. ORIGIN OF DECEDENT (Italian, Mexican, French, English, etc.): American
6. DATE OF BIRTH (Mo., Day, Year): July 2, 1903
7a. AGE-Last Birthday (Years): 81
7b. UNDER 1 YEAR: Mths. / Days
7c. UNDER 1 DAY: Hours / Mins.
8a. COUNTY OF DEATH: Floyd 057
8b. CITY, TOWN or LOCATION OF DEATH: Rome 435
8c. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and No.): Floyd Medical Center 606
8d. IF HOSPITAL OR INST. (Indicate DOA, OP/EMER Rm., Inpatient) (Specify): Inpatient
9. STATE AND COUNTY OF BIRTH (If not in USA, name County): Kentucky, Harlan 079
10. CITIZEN OF WHAT COUNTRY?: U.S.A.
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 3
12. SPOUSE (If married or widowed, give spouse's name—if wife, give maiden name): Haskell Luther Fuqua
13. WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes or No): No
14. SOCIAL SECURITY NUMBER: 410-96-1913
15a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker 914
15b. KIND OF INDUSTRY OR BUSINESS: Own Home 961
16a. RESIDENCE – STATE: Georgia 11
16b. COUNTY: Floyd 057
16c. CITY, TOWN or LOCATION: Rome 435
16d. STREET AND NUMBER: Darlington Campus
16e. INSIDE CITY LIMITS? (Yes or No): No 2

Usual Residence Where Deceased Lived. If Death Occurred In Institution, See Handbook Regarding Completion of Residence Items.

PARENTS

17. FATHER'S NAME: William Miller Grear
18. MOTHER'S MAIDEN NAME: Mollie Fryer

INFORMANT

19a. INFORMANT'S NAME: Jack E. Fuqua
19b. MAILING ADDRESS (Street, R.F.D. No., City or Town, State, Zip): Darlington Campus, Rome, GA 30161
19c. RELATIONSHIP: Son

DISPOSITION

20a. BURIAL, CREMATION, REMOVAL (Specify): Burial
20b. DISPOSITION DATE (Mo., Day, Year): Oct. 12, 1984
20c. CEMETERY OR CREMATORY NAME: Woodlawn Cemetery
20d. LOCATION (City or Town, State, Zip, County): Nashville, Tenn. 37203 Davidson
21a. FUNERAL SERVICE LICENSEE (Signature): Charles Worrell
21b. ESTAB. LICENSE NO.: 121
21c. NAME AND ADDRESS OF FACILITY (Street, R.F.D. No., City or Town, State, Zip): Roesch-Patton-Doris and Charlton Funeral Home, 904 Gallatin Road, Nashville, Tennessee 3737203
21d. EMBALMER (Signature): Thomas B Griffin
21e. EMBALMER LICENSE NO.: 1694

CAUSE OF DEATH

Conditions, If Any, Which Gave Rise To Immediate Cause Stating The Underlying Cause Last.

22. IMMEDIATE CAUSE: (Enter only one cause per line for A, B, and C)
PART I
a. Respiratory failure — Approximate interval between onset and death: 486
Due to, or as a consequence of:
b. Pneumonia & pleural effusion — Approximate interval between onset and death: 5119
Due to, or as a consequence of:
c. — Approximate interval between onset and death:
PART II 23. OTHER SIGNIFICANT CONDITIONS - conditions contributing to death but not related to cause given in Part I.
24a. Arteriosclerotic CHF, Vascular Insuff — AUTOPSY (Yes or No): No 2 — IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (Yes or No)
25a. WAS OPERATION PERFORMED? (Yes or No): No 2
25b. DATE OF OPERATION (Mo., Day, Year)
25c. CONDITIONS FOR WHICH OPERATION WAS PERFORMED (Specify)

If Infant Death, Indicate Birth Certificate No. of Mother.

26. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify)
26a. DATE OF INJURY (Mo., Day, Year)
26b. DESCRIBE HOW INJURY OCCURRED
26c. HOUR OF INJURY
27. INJURY AT WORK? (Yes or No)
28a. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify)
28b. LOCATION (Street, R.F.D. No., City or Town, State, Zip, County)

CERTIFIER

To Be Completed By CERTIFYING PHYSICIAN ONLY

29a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title): WILLIAM BRIONES, M.D.
29b. DATE SIGNED (Mo., Day, Year): 10-12-84
29c. HOUR OF DEATH: 10:00 P M
29d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: William K. Briones, M.D.

To Be Completed By MEDICAL EXAMINER OR CORONER ONLY

30a. 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) stated. (Signature and Title)
30b. DATE SIGNED (Mo., Day, Year)
30c. HOUR OF DEATH
30d. DATE PRONOUNCED DEAD (Mo., Day, Year): ON
30e. HOUR PRONOUNCED DEAD: AT

TYPE OR PRINT

31a. NAME AND TITLE OF CERTIFIER (Physician, Medical Examiner, or Coroner): William K. Briones MD
31b. ADDRESS OF CERTIFIER (Street, R.F.D. No., City or Town, State, Zip): 309 Redmond Rd Rome, GA 30161

OCT 2 6 1984

REGISTRAR

32a. REGISTRAR (Signature): Jean Woodring
32b. DATE RECEIVED BY REGISTRAR (Mo., Day, Year): 10-17-84

Form 3903 (Rev. 8-83) GEORGIA DEPARTMENT OF HUMAN RESOURCES/VITAL RECORDS SERVICE — DO NOT FOLD THIS CERTIFICATE

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE REPRODUCTION OF THE ORIGINAL RECORD ON FILE WITH VITAL RECORDS SERVICE, GEORGIA DEPARTMENT OF HUMAN RESOURCES. THIS CERTIFIED COPY IS ISSUED UNDER THE AUTHORITY OF CHAPTER 31-10, VITAL RECORDS, CODE OF GEORGIA.

STATE REGISTRAR & CUSTODIAN
DIRECTOR, VITAL RECORDS SERVICE

FEB 2 4 2004

DATE

(VOID WITHOUT IMPRESSED SEAL OR IF ALTERED OR COPIED)

TR01 * NOTES TAX ACCOUNTING - NASHVILLE-DAVIDSON COUNTY, TN. 02/27/2004
105-07-0 249.00 06DA 19815

561 HAMILTON AV
NASHVILLE, TN

S E CORNER HAMILTON AVE & MARTIN ST PT BLOCK 6 HAMILTON .28 ACRES
2003 FUQUA, ANNIE MAI(LE) BROOKS, W.M.,JR. 01/24/85 DB- 00006484 PG- 0000161 070X168

P.O. BOX 100111
NASHVILLE, TN 37210

* STATUS- TYPE-
PC#
PHONE

CL	%	LAND	IMPROVEMENT	TOTAL	APPLIED	ST
R	25	9,600	31,200	40,800		MET
		2,400	7,800	10,200	ST PAID	DIF

* BEGINNING	ADJUSTED	PRV.PAYMENT	PAYMENT-1	PAYMENT-2	BALANCE DUE
467.16	.00	.00	233.58	233.58	.00
* 2003-186-485-00			12/17/2003	12/17/2003	
			0562 6741	0562 6741	.00

MTG-
NO PRIOR YEAR DELQ. TAXES

GRAND TOTAL .00
NO MORE TAX ACCTG INFO
01/008