PICK-UP

| | |
|---|---|
| The preparer of this document makes no warranty or representations as to the title of the Grantor, accuracy of the description or the existence or non-existence of any liens, encumbrances, easements or other encroachments or compliance with any planning, zoning or subdivision regulations that affect the property conveyed herein. | This instrument prepared by:<br>The Legal Department of<br>Mid-South Estate Planning<br>3220 N. Turnbull Drive<br>Metairie, LA 70002<br>(504) 454-0667 |

**STATE OF TENNESSEE**

**COUNTY OF DAVIDSON**

Davidson County DEEDQC
Recvd: 05/26/04 08:26 3pgs
Fees:17.00 Taxes:0.00
20040526-0061576

**QUIT CLAIM DEED**

BY: **MILDRED R. MIELKE**

TO: "**THE MILDRED R. MIELKE REVOCABLE LIVING TRUST**" through the trustees named therein:

**KNOW ALL MEN BY THESE PRESENTS, that**
**MILDRED R. MIELKE** of the County of Davidson, and State of Tennessee, for and in consideration of the sum of Ten Dollars ($10.00), do hereby bargain, sell, release, remise, quit claim and convey unto "THE MILDRED R. MIELKE REVOCABLE LIVING TRUST", through, MILDRED R. MIELKE Trustee, all of my right, title and interest in and to the following described real property, located in Davidson County, Tennessee, to-wit:

Lot 32, Sect. 4, Oakland Acres Subdivision as shown on plat of record in ~~Plat~~ Deed Book 249, Page 25, in the Register's Office of Davidson County, Tennessee, to which plat reference is hereby made for a more particular description of said property.

Source of Title: Book 2492 Page 25

IN TESTIMONY WHEREOF, I have hereunto set my hand MILDRED R. MIELKE and seal this 27th day of October, 2003.

**GRANTOR:**

Mildred R. Mielke
**MILDRED R. MIELKE**
711 Freda Villa
Madison, Tennessee 37115
615-865-0166

SAUNDRA TOTTY
NOTARY PUBLIC
SUMNER COUNTY, TENN.

**TRUSTEE:**

Mildred R. Mielke
**MILDRED R. MIELKE**
711 Freda Villa
Madison, Tennessee 37115
615-865-0166

**STATE OF TENNESSEE**
**COUNTY OF DAVIDSON**

Before me, the undersigned Notary Public in and for the County and State aforesaid, Personally came and appeared before me, the undersigned authority, in and for the aforesaid jurisdiction, the within, MILDRED R. MIELKE with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who, upon oath, acknowledged to be the persons within named and that they executed the foregoing instrument for the purpose therein contained.

WITNESS my hand and seal this 27th day of October, 2003.

Saundra Totty
**NOTARY PUBLIC**
My Commission Expires: 2-25-07

---

**(FOR RECORDING DATA ONLY)**

PROPERTY ADDRESS: 711 Freda Villa, Madison, Tennessee 37115

MAIL TAX BILL TO: 711 Freda Villa, Madison, Tennessee 37115

OWNER'S ADDRESS: 711 Freda Villa, Madison, Tennessee 37115

TAX PARCEL I.D. NO: 051-10-0 015.00

I hereby swear or affirm that to the best of my knowledge, information and belief, the actual considertation for this transfer is -0-.

Mildred R Mielke
MILDRED R. MIELKE

Subscribed and sworn to before me this 27th day of October, 2003.

SAUNDRA TOTTY NOTARY PUBLIC AT LARGE SUMNER COUNTY, TENN.

Saundra Totty
NOTARY PUBLIC
My Commission Expires: 2-25-07

Metropolitan Government of Nashville and Davidson County

Richard H. Fulton, Mayor

J. M. BISTOWISH, M.D.
DIRECTOR OF HEALTH

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

# CERTIFICATE OF DEATH

## TENNESSEE DEPARTMENT OF PUBLIC HEALTH
## VITAL RECORDS

BIRTH NO. _____ STATE FILE NO.

1. DECEASED—NAME (First, Middle, Last): John William Mielke
2. DATE OF DEATH (Month, Day, Year): 1-20-78 at 1 PM
3. AGE—LAST BIRTHDAY (Years): 62
3a. If UNDER 1 YEAR: MOS. / DAYS
3b. If UNDER 1 DAY: HOURS / MIN.
4. DATE OF BIRTH (Month, Day, Year): 4-4-1915
5. RACE (White, Black, American Indian, Etc.): White
6. SEX: Male
7a. COUNTY OF DEATH: Davidson
7b. CITY, TOWN OR LOCATION: Madison
7c. INSIDE CITY LIMITS (Specify Yes or No): yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, specify private residence, business, street, etc.): Nashville Memorial
7e. If resident or non-resident: Resident
8. STATE OF BIRTH (If not in U.S.A., name country): California
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Mildred Reilly
12a. SOCIAL SECURITY NUMBER (If none, specify): 412-42-7995
12b. SERVICE IN ARMED FORCES (Specify war or dates of service): War II
13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Manage.
13b. KIND OF BUSINESS OR INDUSTRY: Textile Fabric Store
14a. RESIDENCE—STATE: Iowa
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Madison
14d. STREET AND NUMBER: 711 Freda Villa
14e. INSIDE CITY LIMITS (Specify Yes or No): yes
14f. CENSUS TRACT NO.:
15. FATHER—NAME: Herbert Mielke
16. MOTHER—MAIDEN NAME: Mary Martin
17. INFORMANT—NAME: Wife
17a. MAILING ADDRESS: Same
18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
18b. DATE (Month, Day, Year): 1-25-78
18c. CEMETERY OR CREMATORY—NAME: National
18d. LOCATION—CITY OR TOWN, STATE: Madison Tenn.
19a. FUNERAL DIRECTOR (Signature): Mrs McDonald
19b. LICENSE NO.: 66
19c. EMBALMER (Signature): Mrs McDonald
19d. LICENSE NO.: 1596
19e. FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip): Madison F. H. Madison Tenn.
21a. REGISTRAR—SIGNATURE: Esther D Gross
21b. DATE RECEIVED BY LOCAL REGISTRAR: Feb 1 1978
22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE: Charles B Beck MD. DEGREE:
22b. DATE SIGNED (Month, Day, Year): 1-31-78
23a. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THIS INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE: TITLE:
23b. DATE SIGNED (Month, Day, Year):
24a. CERTIFIER—NAME (Type or Print): Charles B. Beck, M. D.
24b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 928 Gallatin Road, Madison, Tennessee 37115

25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | Cardiogenic Shock | 10 min |
| DUE TO, OR AS A CONSEQUENCE OF (b) | Acute Myocardial Infarction | 10 min |
| DUE TO, OR AS A CONSEQUENCE OF (c) | Ischemic heart disease | (10 min) Unknown |

CONDITIONS GIVING RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a).

Chronic obstructive pulmonary disease advanced

26. AUTOPSY (Yes or No): No

27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (Specify):
27b. DATE OF INJURY (Month, Day, Year):
27c. HOUR:
27d. DESCRIBE HOW INJURY OCCURRED:
27e. INJURY AT WORK (Specify Yes or No):
27f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify):
27g. LOCATION—STREET OR R.F.D. NO., CITY OR TOWN, STATE:

J. M. BISTOWISH, M.D., REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY

FEB 1 1978

J. M. Bistowish, M.D.

RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING IN THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED.

This is to certify that the above 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.

RECOR
LEGIBILITY O
PRINTING IN

08-018 (11/74)