WARRANTY DEED

Return to:
Morrison Title, Inc.
2702 Greystone Rd.
Nashville, TN 37204
(615) 292-8950

STATE OF
COUNTY OF

THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $85,500.00

Laura McKinley

SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 2ND DAY OF DECEMBER, 2004.

Notary Public

MY COMMISSION EXPIRES: (AFFIX SEAL)

MARK HOWELL NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENN.

My Commission Expires MAR. 22, 2008

THIS INSTRUMENT WAS PREPARED BY
Morrison Title, Inc., 2707 Greystone Road, Nashville, TN 37204

ADDRESS NEW OWNER(S) AS FOLLOWS:	SEND TAX BILLS TO:	MAP-PARCEL NUMBERS
Laura McKinley	Laura McKinley	161
(NAME)	(NAME)	
361 Yorkshire Circle	361 Yorkshire Circle	11-0-C
(ADDRESS)	(ADDRESS)	
Nashville, TN 37211	Nashville, TN 37211	028.00
(CITY) (STATE) (ZIP)	(CITY) (STATE) (ZIP)	

FOR AND CONSIDERATION OF THE SUM OF TEN DOLLARS, CASH IN HAND PAID BY THE HEREINAFTER NAMED GRANTEES, AND OTHER GOOD AND VALUABLE CONSIDERATIONS, THE RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED, WE, Dorothy E. Dowell and husband, Raymond P. Dowell, HEREINAFTER CALLED THE GRANTORS, HAVE BARGAINED AND SOLD, AND BY THESE PRESENTS DO TRANSFER AND CONVEY UNTO Laura McKinley, HEREINAFTER CALLED THE GRANTEES, THEIR HEIRS AND ASSIGNS, A CERTAIN TRACT OR PARCEL OF LAND IN DAVIDSON COUNTY, STATE OF TENNESSEE, DESCRIBED AS FOLLOWS, TO-WIT:

SEE ATTACHED EXHIBIT A

unimproved ☐

This is improved ☒ property, known as 361 Yorkshire Circle, Nashville, TN 37211
(House Number) (Street) (P.O. Address) (City or Town) (Postal Zip)

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 we do covenant with the said GRANTEES that we are 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 we do 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 2nd day of December, 2004.

Dorothy E. Dowell
Dorothy E. Dowell

Raymond P. Dowell deceased

STATE OF TN
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named DOROTHY DOWELL, the bargainor(s), with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that SHE executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee this.

Commission expires:

MARK HOWELL NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENN.

My Commission Expires MAR. 22, 2008

Notary Public

Davidson County DEEDWARR
Recvd: 12/16/04 10:00 3pgs
Fees:18.00 Taxes:401.45

20041216-0149527

EXHIBIT A

Being Unit E-501 on the Resubdivision of Lot 2 of Phase IV, Villages of Brentwood, as of record in Plat Book 6900, Page 614, Register's Office for Davidson County, Tennessee, to which Plat reference is here made for a more complete description.

Being the same property conveyed to Dorothy E. Dowell and husband, Raymond Dowell, by deed from Robert W. Anderson, an unmarried person, executed on 10/4/01 and filed for record on 10/15/01 in Instrument No. 20011015-0111885, Register's Office for Davidson County, Tennessee.

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

U2U2920

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

PE/PRINT IN MANENT ACK INK FOR RUCTIONS HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): RAYMOND PIERCE DOWELL
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): MAY 18, 2002
4. SOCIAL SECURITY NUMBER: 411-34-0290
5a. AGE-LAST BIRTHDAY (Years): 74
5b. UNDER 1 YEAR: MON. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): SEPT. 4, 1927
7. BIRTHPLACE (City and State or Foreign Country): NASHVILLE, TENN.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [X] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): BETHANY HEALTH CARE
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): DOROTHY ARGO
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): STAGING COORDINATOR
12b. KIND OF BUSINESS/INDUSTRY: PRINTING COMPANY
13a. RESIDENCE-STATE: TENN.
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 361 YORKSHIRE CIRCLE
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37211
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] 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+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): SAMUEL L. DOWELL
18. MOTHER'S NAME (First, Middle, Maiden Surname): JOHNNIE ELUM

INFORMANT

19a. INFORMANT'S NAME (Type/Print): DOROTHY DOWELL
19b. RELATIONSHIP TO DECEASED: WIFE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 361 YORKSHIRE CIRCLE, NASHVILLE, TN 37211

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] 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, TENN.
21a. SIGNATURE OF FUNERAL DIRECTOR: Wendell Y Bird
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2556
21c. SIGNATURE OF EMBALMER: LYNN GAUTHIER
21d. LICENSE NUMBER OF EMBALMER: 4052
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODBINE FUNERAL HOME, INC. 5852 NOLENSVILLE ROAD, NASHVILLE, TENN. 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 760

REGISTRAR

23. REGISTRAR'S SIGNATURE:
24. DATE FILED (Month, Day, Year): May 31, 2002

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.
1 [ ] SIGNATURE AND TITLE OF PHYSICIAN: MD
25b. LICENSE NUMBER: 27476
25c. DATE SIGNED (Month, Day, Year): 5/25/2
26a. 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.
2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER
26c. DATE SIGNED (Month, Day, Year)
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

SIAN OR MEDICAL NER EXECUTING ICATE MUST LETE AND SIGN AL CERTIFICATION 1 48 HOURS.

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.	CVA	
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.	ASCVD	
DUE TO (OR AS A CONSEQUENCE OF):		
c.	HTN	
DUE TO (OR AS A CONSEQUENCE OF):		
d.		

NSTRUCTIONS OTHER SIDE

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

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 [X] 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)

59 (REV. 8/99)

BIRTH NO.

RDA 1398

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 Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

John P. Dunn
John P. Dunn
Local Registrar

JUN 3 2002
Date Issued

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

METROPOLITAN GOVERNMENT NASHVILLE AND DAVIDSON COUNTY TENNESSEE

CERTIFICATION OF VITAL RECORD