Davidson County DEEDQC
Recvd: 12/16/04 14:11 3pgs
Fees:17.00 Taxes:0.00
20041216-0149773

When recorded, please return to:

Dewrell Sacks, LLP
5 Concourse Parkway, Suite 3100
Atlanta, Georgia 30328

Prepared By:

Mara Sacks

New Owner:
Party Responsible for property taxes:
Mary Ellen Perkins
4436 Dowdy Drive
Antioch, TN. 37013

QUIT CLAIM DEED

STATE OF TENNESSEE **DAVIDSON COUNTY**

THIS INDENTURE made this 9th day of **July, 2004** between

MARY ELLEN PERKINS AKA MARY ELLEN BUSHA AKA MARY E. PERKINS, AN UNMARRIED WOMAN AND MABEL B. PERKINS

Hereinafter called "Grantor", and

MARY ELLEN PERKINS (UNMARRIED)

Hereinafter called "Grantee" (the words Grantor and Grantee to include their respective heirs, successors and assigns where the context requires or permits).

WITNESSETH: That Grantor, for and in consideration of the sum of **Love and Affection** and other valuable considerations in hand paid at and before the sealing and delivery of these presents, the receipts whereof is hereby acknowledged, by these presents does hereby remise, convey and forever **QUITCLAIM** unto the said Grantee:

LAND IN DAVIDSON COUNTY, TENNESSEE BEING LOT NO. 37 ON THE PLAN OF HAZELWOOD, SECTION 16, OF RECORD IN BOOK 5060, PAGE 70, REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE, TO WHICH PLAN REFERENCE IS HEREBY MAD A COMPLETE AND ACCURATE DESCRIPTION THEREOF.

BEING THE SAME PROPERTY CONVEYED TO MARY E. PERKINS AND MABEL B. PERKINS BY WARRANTY DEED FROM RICKY HUGHES AND WIFE, JAYLENE HUGHES, OF RECORD IN BOOK 7734, PAGE 353, REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE.

~~**TO HAVE AND TO HOLD** the said described premises to Grantee, so that neither Grantor nor any person or persons claiming under Grantor shall at any time, by any means or ways, have, claim or demand any right to title to said premises or appurtenances, or any rights thereof.~~

IN WITNESS WHEREOF, the Grantor has signed and sealed this deed, the day and year first above written.

Signed, sealed and delivered
in the presence of:

Witness

Witness

Notary Public (Seal)

CINDY WHITE
NOTARY PUBLIC
AT
LARGE
DAVIDSON COUNTY, TENN.

My Commission Expires JAN. 20 2008

Mary Ellen Perkins (Seal)
MARY ELLEN PERKINS

(Seal)
MABEL B. PERKINS
(DECEASED)

Derivation Clause
In the registers office of Davidson, Tennessee
parcel ID # 148-08-0-161
4436 Dowdy Drive
Antioch, TN 37013

AFFIDAVIT OF QUIT CLAIM DEED

STATE OF GEORGIA
COUNTY OF GWINNETT

The actual consideration for this transfer is $0.00.

On this 9TH day of JULY , 2004, before me personally appeared

MARY ELLEN PERKINS AKA MARY ELLEN BUSHA AKA MARY E PERKINS

and MABEL B PERKINS (DECEASED), to me known 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.

IN WITNESS WHEREOF I have hereunto set my hand and Notarial Seal.



SEAL

Affiant

Dana J. Mason
Notary Public

My Commission Expires: February 18, 2007

STATE OF GEORGIA
COUNTY OF GWINNETT

On this 9TH day of JULY , 2004, before me personally appeared

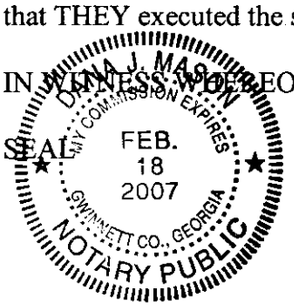
MARY ELLEN PERKINS AKA MARY ELLEN BUSHA AKA MARY E PERKINS

and MABEL B PERKINS (DECEASED), to me known 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.

IN WITNESS WHEREOF I have hereunto set my hand and Notarial Seal.



SEAL

Dana J. Mason
Notary Public

My Commission Expires: February 18, 2007

SUMNER COUNTY HEALTH DEPARTMENT

Gallatin 452-4811
411 South Water Avenue
Gallatin, TN 37066

Perkins, Mabel

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last): MABEL LEE PERKINS
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): FEBRUARY 1, 2000
4. SOCIAL SECURITY NUMBER: [redacted]-7129
5a. AGE-LAST BIRTHDAY (Years): 79
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 24 HOURS: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): MARCH 13, 1920
7. BIRTHPLACE (City and State or Foreign Country): HINTON, W. VA.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9. WHERE DEATH OCCURRED: HOSPITAL: 1 Inpatient 2 [X] ER/Outpatient 3 DOA; 4 Nursing Home 5 Residence 6 Other (Specify)
9a. FACILITY NAME (If not institution, give street and number): SUMNER REGIONAL MEDICAL CT.
9b. CITY, TOWN, OR LOCATION OF DEATH: GALLATIN
9c. COUNTY OF DEATH: SUMNER
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.): HOUSEWIFE
12b. KIND OF BUSINESS/INDUSTRY: OWN HOME
13a. RESIDENCE-STATE: TENN.
13b. COUNTY: SUMNER
13c. CITY, TOWN OR LOCATION: WHITE HOUSE
13d. STREET AND NUMBER OR RURAL LOCATION: 13 CLEARVIEW CT.
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 No
13f. ZIP CODE: 37188
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes No [X]
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): JESSIE BARNESGROVE
18. MOTHER'S NAME (First, Middle, Maiden Surname): JETTIE WARE
19a. INFORMANT'S NAME (Type/Print): CHARLES PERKINS
19b. RELATIONSHIP TO DECEDENT: SON
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 311 CREEKMORE RD. COTTONTOWN, TN. 37048
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): GREENBRIER BURIAL PARK
20c. LOCATION-City or Town, State: HINTON, W.VA.
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ THOMAS W. BOWERS
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3049
21c. SIGNATURE OF EMBALMER: ▶ RONNIE HARRELL
21d. LICENSE NUMBER OF EMBALMER: 5022
22a. NAME AND ADDRESS OF FUNERAL HOME: COLE & GARRETT FUNERAL HOME P.O. BOX 364 WHITE HOUSE, TN. 37188
22b. LICENSE NUMBER OF FUNERAL HOME: 404
23a. REGISTRAR SIGNATURE: Neal Anne Compton, Registrar
23b. DATE RECEIVED (Month, Day, Year): FEB 04 2000
24a. CERTIFICATE: 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
24b. LICENSE NUMBER
24c. DATE SIGNED (Month, Day, Year)
25a. 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: ▶ [signature]
25b. LICENSE NUMBER: 017184
25c. DATE SIGNED (Month, Day, Year): 2/1/2000
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): DR. SAM PEARSON SUMNER REGIONAL MEDICAL CT. GALLATIN, TN.
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.	Cardiac death, sudden	minutes
DUE TO (OR AS A CONSEQUENCE OF): b.	AMI	minutes
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST c.	ASHD	yrs
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 [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)

birth No. _____ RDA 1999

(REV. 6/99)

This is to certify that the above is a true and correct copy of the record filed with the Division of Vital Records, Tennessee Department of Health by the local health department. This is valid only when the embossed seal of the issuing local health department is affixed.

Neal Anne Compton, Registrar
DEPUTY REGISTRAR