Davidson County DEEDQC
Recvd: 08/02/05 10:31 3 pgs
Fees:17.00 Taxes:0.00
20050802-0090137

This Instrument Prepared By:
ANNA G. EVERTON, ESQ. • 4525 Harding Rd., Suite 323 • PO Box 58084 • Nashville, TN 37205-8084

This deed was prepared without the benefit of a title search and the description of the property was furnished by the parties. The preparer of this deed assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

Address New Owner:	***Send Tax Bills To:***	***Map-Parcel***
RUTH ANN WAYMAN 1052 Berwick Trail Madison, TN 37115	Same	052-11-0 050.00

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The actual consideration for this transfer is NONE (0).

Ruth Ann Wayman
AFFIANT

SHERRY CLEM NOTARY PUBLIC AT LARGE DAVIDSON CO., TENN.

Sworn to and subscribed before me this 1 day of August, 2005.

Sherry Clem
Notary Public
My Commission Expires: 7-25-09

QUITCLAIM DEED

FOR AND IN CONSIDERATION of the sum of 0 dollars and in appreciation of my daughter's faithful attention to me for more than ten years during which time she has resided with me and provided care that has permitted me to stay in my home rather than a medical or other long-term care facility; and for the purpose of establishing fee-simple title in the Grantee's name, HANNAH C. THOMPSON has this date bargained and sold and does hereby quitclaim and convey unto RUTH ANN WAYMAN, an unmarried person, certain real estate in Davidson County, Tennessee, being more particularly described as follows:

Being Lot No. 32 on the Plan of Madison Heights, Section II, Part III, being a revision of Lots 29, 30, 31, 32, 40 and 41 of Madison Heights Subdivision, Section II, Part II, as of record in Book 2083,

Page 98, Register's Office for said County.

Said Lot No. 32 fronts 140 feet on the southerly side of Berwick Trail and extends back between lines, 378.9 feet to the westerly line and 378.9 feet, more or less, on the easterly line, to a dead line, measuring 106.86 feet thereon.

This is the same property conveyed to Edward C. Thompson and wife, Hannah C. Thompson, by deed from E.C. Chance and wife, Melinda E. Chance, of record in Book 2345, Page 392, Register's Office for Davidson County, Tennessee, the said Edward C. Thompson having predeceased his wife on December 9, 1967. A copy of his death certificate is attached hereto as Exhibit A.

This quitclaim conveyance is made subject to all easements or other encumbrances of record.

WITNESS MY HAND this 1 day of August, 2005.

Hannah C. Thompson
HANNAH C. THOMPSON

SHERRY CLEM
NOTARY PUBLIC AT LARGE
DAVIDSON CO., TENN.

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named HANNAH C. THOMPSON, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, who acknowledged that such person executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal this 1 day of August, 2005.

Sherry Clem
NOTARY PUBLIC
My Commission Expires: 7-25-09

BUFORD ELLINGTON
GOVERNOR

R H Hutcheson, M.D., M.P.H.
Commissioner

STATE OF TENNESSEE
DEPARTMENT OF PUBLIC HEALTH
NASHVILLE 37219

MARY R BAIRD
Director
Division of Vital Statistics

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

FILE NO. 67-033937
BIRTH NO.

1. NAME: Edward Carmack Thompson (First / Middle / Last)
2. DATE OF DEATH: 12/9/67 (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.
W	M	Married	8/23/05	62				

8. PLACE OF DEATH
A. COUNTY: Davidson
B. CIVIL DISTRICT:
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): Vanderbilt Hospital
F. INSIDE CITY LIMITS? YES ☐ NO ☐

9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission)
A. STATE: Tenn
B. COUNTY: Davidson
C. CIVIL DISTRICT:
D. CITY OR TOWN: Nashville
E. INSIDE CITY LIMITS? YES ☐ NO ☐
F. STREET ADDRESS (Or Location): 1052 Berwick Trail
RESIDENCE ON A FARM? YES ☐ NO ☐

10A. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, Even 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
Sales Accountant	Bair-Ward Ptg. Co		No	

13. BIRTHPLACE (State or Foreign Country)	14. CITIZEN OF WHAT COUNTRY?	15. NAME OF HUSBAND OR WIFE
Tennessee	United States	Hanna Clark Thompson

16. FATHER'S NAME	17. MOTHER'S MAIDEN NAME	18. INFORMANT ADDRESS
John Henry Thompson	Rose Sheffired	

MEDICAL CERTIFICATION

19. CAUSE OF DEATH (Enter only one cause per line for (A), (B), (C))

		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A)	Acute cardiac arrhythmia 4200	seconds
DUE TO (B)	Arteriosclerotic heart disease 4330	3 yrs ±
Conditions, if any, which gave rise to above cause (A); stating the underlying cause last. DUE TO (C)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (A)		20. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

21A. ACCIDENT SUICIDE HOMICIDE	21B. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 19)
☐ ☐ ☐	
21C. TIME OF INJURY: HOUR A.M. P.M. NO. DAY YR.	
21D. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21E. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office Building, etc.)
	21F. PLACE OF INJURY: CITY, TOWN OR RURAL / COUNTY / STATE

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE
SIGNATURE: William Evans M.D. ☑ EXAM. D.O. ☐ OTHER (SPECIFY) ☐
ADDRESS: Nashville Tenn
DATE: 12/10/67

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	12/11/67	Spring Hill	Nashville Tenn

24. FUNERAL DIRECTOR / ADDRESS	25. REGISTRATION DIST. NO.	26. DATE SIGNED BY LOCAL REG.	27. REGISTRAR'S SIGNATURE
Roesch-Patton Funeral Home, Inc 1715 Broadway	21-1-C-1	12-15-67	Geo. F. Bentz

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE — PUBLIC HEALTH SERVICE

...A LEGAL ...PROP-...ERED AND ...PLACED IN ...FILE. 196 ...PLAINLY. ...T, BLUE ...EXCEPT-...TURE MUST ...BE BLUE 120 ...WHO AT-...DECEASED ...OF ILLNESS ...HE WELL-...CAUSE OF ...LD SIGN ...RTIFICA-...PHYSICIAN, ...HEALTH OF-...CORONER ...IS CERTIFI-...COMPLETE ...MEDICAL ...TION WITHIN ...POWER OF ...CANNOT BE ...

...OF DEATH. ...NE MODE OF ...D AS HEART ...ASTHENIA, ...E THE DIS-...EASE, OR ...FROM WHICH ...EATH.

...DIRECTOR OR ...SPONSIBLE OF ...E FILE CER-...WITH LOCAL ...D WITHIN 72 ...SPACE DEATH ...D TO TRANS-...ED BY COMMON ...OR REMOVAL ...ED. 191 ...D ARE TO BE ...D ACCU-...

I HEREBY CERTIFY THE ABOVE TO BE A TRUE AND CORRECT COPY OF THE ORIGINAL RECORD ON FILE IN THIS OFFICE. (NOT VALID UNLESS COUNTERSIGNED BY STATE REGISTRAR.)

ISSUED MAR 26 1968
Mary R. Baird
STATE REGISTRAR

R H Hutcheson
COMMISSIONER