QUITCLAIM DEED R-191024

This Instrument Prepared By:

John A. Ascione
Attorney at Law
9 Music Square West
P. O. Box 24927
Nashville, Tennessee 37202

ADDRESS NEW OWNER:	**SEND TAX BILL TO:**	**MAP-PARCEL NO.**
Amelia G. Brakefield 2112 Pinewood Road Nashville, TN 37206	Amelia G. Brakefield 2112 Pinewood Road Nashville, TN 37206	Map 72-12 Par. #15DZ55490

FOR AND IN CONSIDERATION of the sum of Ten ($10.00) Dollars, cash in hand paid and other good and valuable consideration, the receipt of which is hereby acknowledged, **Amelia G. Brakefield,** Executrix of the Estate of deceased, **Lolita A. Seagraves,** Grantor, does hereby transfer, remise, release and quitclaim unto **Amelia G. Brakefield,** Beneficiary of the Last Will and Testament of Lolita A. Seagraves, Grantee, all right, title and interest in and to the following described real property located in Davidson County, Tennessee, to wit: Will Recorded 2-17-1993 Will Book 177 Page 74

LAND in Davidson County, Tennessee,

Being Lot No. 40 on the Map of Dalewood Subdivision, Section I, as of record in Book 1424, Page 108, Register's Office for said County, to which plan reference is hereby made for a more complete description.

Title to the land described hereinbefore is vested in Amelia G. Brakefield, in accordance with the Last Will and Testament of Lolita A. Seagraves, being the same property conveyed to Amelia G. Brakefield, unmarried and Lolita A. Seagraves, unmarried, by deed from James E. Burdette and wife, Agnes June Burdette, and recorded in Deed Book 6136, Page 416, in the Register's Office of Davidson County, Tennessee.

This conveyance is made subject to any and all encumbrances of record.

This is improved property known as 2112 Pinewood Road, Nashville, Tennessee 37206.

Davidson County DEEDQC
Recvd: 03/14/06 10:53 4 pgs
Fees:22.00 Taxes:0.00
20060314-0029156

WITNESS, my hand this 22 day of January, 1993.

Amelia G. Brakefield

AMELIA G. BRAKEFIELD
Executrix Of The Estate Of
Deceased, Lolita A.
Seagraves, Grantor

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within **Amelia G. Brakefield**, Executrix of the Estate of Lolita A. Seagraves, Grantor, with whom I am personally acquainted and who acknowledged that she executed the foregoing instrument for the purposes therein contained.

WITNESS my hand and official seal, this the 22nd day of January, 1993.

NOTARY PUBLIC

My Commission Expires: 3-26-94

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The actual consideration or value, whichever is greater, for this transfer is $ -0-.

AFFIANT

Sworn to and subscribed before me, this 22nd day of January, 1993.

NOTARY PUBLIC

My Commission Expires: 3-26-94

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration or value, whichever is greater, for this transfer is $ -0-.

Amelia A Brakefield
Affiant

Sworn to and subscribed before me, this 21 day of Feb 2006

STEPHEN KOUNTZMAN NOTARY PUBLIC AT LARGE WILSON CO. TENN.

Notary Public

My Commission Expires April 15, 2007
My Commission expires:_____

Eastland Funeral Home

FUNERAL DIRECTORS

904 GALLATIN ROAD — NASHVILLE, TENNESSEE 37206

TELEPHONE 615-227-9558

I hereby certify the below to be an authentic copy of the Death Certificate as filed with the Tennessee Department of Public Health.

J. Thomas Dunn — Funeral Director

Sworn to and subscribed before me this the 26th day of Sept. 19 91

Carla E. Wendell — Notary Public

My Commission expires January 11, 1992

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Lolita A. Seagraves
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): September 5, 1991
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-7603
5a. AGE — LAST BIRTHDAY (Years): 74
5b. UNDER 1 YEAR — MOS. / DAYS
5c. UNDER 1 DAY — HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 11-12-1916
7. BIRTHPLACE (City and State or Foreign Country): Hickman Co. Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Vanderbilt
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
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.): Cashier
12b. KIND OF BUSINESS/INDUSTRY: Levy's Mens Store
13a. RESIDENCE — STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2112 Pinewood Rd.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37216
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No — If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [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): 8th; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Arch P. Davidson
18. MOTHER'S NAME (First, Middle, Maiden Surname): Amelia Moss

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Amelia Brakefield
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2112 Pinewood Rd. Nashville, Tn. 37216

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): Spring Hill
20c. LOCATION — City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Charles Wendell
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2480
21c. SIGNATURE OF EMBALMER:
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: Eastland 904 Gallatin Rd. Nashville, Tennessee 37206
22b. LICENSE NUMBER OF FUNERAL HOME: 120

REGISTRAR

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

CERTIFIER

25a. PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 [ ] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: MD 13476
25c. DATE SIGNED (Month, Day, Year): 9/11/91
26a. MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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): Dr. David Johnson 1211 22nd Ave. South Nashville, Tennessee 37232

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. small cell lung cancer — DUE TO (OR AS A CONSEQUENCE OF):	6 months
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. — DUE TO (OR AS A CONSEQUENCE OF):	
	c. — 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 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [ ] 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: M
31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
31d. DESCRIBE HOW INJURY Ooccurred:
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.

1658
1/89