Davidson County DEEDWARR
Recvd: 04/25/06 08:31 3 pgs
Fees:18.00 Taxes:440.30
20060425-0046878

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)
The actual consideration for
this transfer or value
(whichever is greater)
is $119,000.

Vicky S Yates
Affiant

Subscribed and sworn to before me, this
21 day of April, 2006.

Anna G. Everton
Notary Public

ANNA G. EVERTON
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

My Commission Expires: 7/21/2007

THIS INSTRUMENT PREPARED BY:
ANNA G. EVERTON, ESQ.
4525 Harding Road, Suite 323
Nashville, TN 37205

ADDRESS NEW OWNERS:	SEND TAX BILL TO:	MAP-PARCEL NOS:
Michael R. and Vicky Sue Yates 221 Chapel Avenue Nashville, TN 37206-2409	SAME	083-06-0 093.00

WARRANTY DEED

For and in consideration of the sum of TEN AND 00/100 DOLLARS ($10.00), cash and other good and valuable consideration, the receipt of all of which is hereby acknowledged; I, **EDITH MARIE BOGLE,** hereinafter referred to as Grantor, have bargained and sold, and by these presents do transfer and convey unto MICHAEL R. YATES and wife, VICKY SUE YATES, hereinafter referred to as Grantees, their heirs, successors and assigns, a certain tract or parcel of land in Davidson County, Tennessee, described as follows:

Land in Davidson County, Tennessee, being Lot No. 9 on the Plan of Roy F. Williams Subdivision of the Hunter Tract of record in Book 547, page 13, Register's Office for Davidson County, Tennessee, to which plan reference is hereby made for a more complete description.

Being the same property conveyed to William Thomas Bogle and wife, Edith Marie Bogle, as tenants by the entirety, by J. Vaulx Crockett, by Warranty Deed of record in Deed Book 4817, Page 814, Register's Office for Davidson County, Tennessee, the said William Thomas Bogle having predeceased his wife, as evidenced by a copy of his death certificate attached hereto as Exhibit A.

This is improved property known as 221 Chapel Avenue, Nashville, Tennessee 37206.

Said conveyance is made subject to all covenants, easements, restrictions, reservations, conditions and rights appearing of record against the above described property; also subject to any state of facts which an accurate survey of said property would show.

TO HAVE AND TO HOLD said tract or parcel of land, with the appurtenances, estate, title and interest thereto belonging to said Grantees, their heirs, successors and assigns, forever.

Grantor does hereby covenant with Grantees that Grantor has not made, done, executed, allowed or suffered any act, instrument or thing whatsoever whereby said land, or any part thereof, now or at any time hereafter shall be charged or encumbered in any manner whatsoever; and Grantors do further covenant and bind themselves, their heirs, successors and representatives, to warrant and forever defend the title to said land to said Grantee, her heirs, successors and assigns, against the lawful claims of all persons claiming, by through or under said Grantors, but not otherwise.

WITNESS my hand this 21 day of April, 2006.

Edith Marie Bogle
EDITH MARIE BOGLE

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 EDITH MARIE BOGLE, the within named bargainor, 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 21st day of April, 2006.

Anna G. Everton
Notary Public

My Commission Expires: 7/21/2007

ANNA G. EVERTON
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

This is to certify that this 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.

980077

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): William Thomas Bogle
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): January 8, 1998
4. SOCIAL SECURITY NUMBER (of Deceased): 409-30-6494
5a. AGE - LAST BIRTHDAY (Years): 70
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): June 23, 1927
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] 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): Baptist Hospital
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): Edith Denson
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Fork Lift Operator
12b. KIND OF BUSINESS/INDUSTRY: Greenwood Lumber Co.
13a. RESIDENCE - STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 221 Chapel Ave.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37206
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): 10; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): William Lee Bogle
18. MOTHER'S NAME (First, Middle, Maiden Surname): Lillian Crutchfield

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Edith Bogle
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 221 Chapel Ave. Nashville, TN 37206

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 Cemetery
20c. LOCATION - City or Town, State: Nashville, TN 37216
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Frank A. Burns
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4448
21c. SIGNATURE OF EMBALMER: ▶ David Reeves
21d. LICENSE NUMBER OF EMBALMER: 4484
22a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Company 2707 Gallatin Road, Nashville, TN 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 331

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Mary Carol Burns
24. DATE FILED (Month, Day, Year): January 14, 1998

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 [X] SIGNATURE AND TITLE OF PHYSICIAN: ▶ John M. Thomas
25b. LICENSE NUMBER: 9588
25c. DATE SIGNED (Month, Day, Year): 1/13/98
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)

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

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. Carcinoma Lung	2y
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. DUE TO (OR AS A CONSEQUENCE OF):	

SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
Chronic obstructive lung dis

29a. WAS AN AUTOPSY PERFORMED? 1 [X] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [X] 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)