Davidson County DEEDQC
Recvd: 06/14/06 11:54 4 pg:
Fees:22.00 Taxes:0.00

20060614-0070835

Quitclaim Deed

THIS QUITCLAIM DEED, executed this 13TH day of June, 20 06,
by first party, Grantor, Melina J. Tate
whose post office address is 6 Green Street
to second party, Grantee, Melina J. Tate
whose post office address is 6 Green Street Nashville, TN 37210

WITNESSETH, That the said first party, for good consideration and for the sum of Ten and 00/100 Dollars ($ 10.00)
paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said second party forever, all the right, title, interest and claim which the said first party has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of DAVIDSON,
State of TN to wit:

MAP/PAR: 093120086 00
Description: PT LOTS 66 67
Maury & Clairborne Add
N

Send Tax Bills:
Melina J. Tate
6 Green St.
Nashville, TN 37210

STATE OF TENNESSEE
COUNTY OF DAVIDSON
THE ACTUAL CONSIDERATION OR TRUE VALUE,
WHICHEVER IS GREATER FOR THIS TRANSFER IS
$ 0
Melina J. Tate
AFFIANT
SUBSCRIBED AND SWORN TO BEFORE ME, THIS
THE 14 DAY OF June 20 06
Brandi Weeks
Deputy Register

T.A.I.

www.socrates.com

© 2004 Socrates Media, LLC
LF298 • Rev. 04/04

IN WITNESS WHEREOF, The said first party has signed and sealed these presents the day and year first above written.
Signed, sealed and delivered in presence of:

Signature of Witness: _____

Print name of Witness: _____

Signature of Witness: _____

Print name of Witness: _____

Signature of First Party: Melina J Tate

Print name of First Party: Melina Tate

Signature of Second Party: _____

Print name of Second Party: _____

Signature of Preparer Melina J Tate

Print Name of Preparer Melina J. Tate

Address of Preparer 6 Green Street
Nashville, TN 37210-2714

State of TENNESSEE }
County of DAVIDSON }

On JUNE 13 2006 before me, JOHN T SAVAGE, NOTARY,
appeared Melina J Tate,
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
WITNESS my hand and official seal.

John T Savage
Signature of Notary

MY COMMISSION EXPIRES:
March 21, 2009

Affiant ___ Known ✓ Produced ID
Type of ID JOHN T. SAVAGE

JOHN T. SAVAGE
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

(Seal)

www.socrates.com

© 2004 Socrates Media, LLC
LF298 • Rev. 04/04

Land in Davidson County, Tennessee, being the westerly 15 feet of Lot No. 66 and the easterly 20 feet of Lot No. 67 on the Plan of Maury and Claiborne's addition to Nashville, as of record in Book 21, pages 84 and 85, Register's Office for said County.

Said parts of Lots Nos. 66 and 67 front together 35 feet on the northerly side of Green Street and run back between parallel lines 165 feet to an alley.

Being the same property conveyed to Lottie M. Clendening, now Mabry, by deed from Minnie Osborn, of record in Book 1148, page 150, Register's Office for Davidson County, Tennessee.

Said Lottie M. Clendening is now deceased. Last Will and Testament of Lottie Mabry (formerly Lottie Mai Clendening), recorded as Instrument No. 20060614-0070833 devised said property to Reva Mai Tate and Edward D. Clendening.

Said Edward D. Clendening is now deceased. (See Attached Death Certificate.)

Said Reva Mai Tate is now deceased. Last Will and Testament of ~~Reva~~ Reeva (MG-1) Mai Tate, recorded as Instrument No. 20060614007083 devised said property to her daughter, Melina Tate.

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.

9605182 TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT in PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Edward D. Clendening
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): September 23, 1996
4. SOCIAL SECURITY NUMBER (of Deceased): 409-56-2643
5. AGE – LAST BIRTHDAY (Years): 73
6. DATE OF BIRTH (Month, Day, Year): 1-10-1923
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [X] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Nashville Memorial Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Madison
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Single
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.): Laborer
12b. KIND OF BUSINESS/INDUSTRY: Music Industray
13a. RESIDENCE – STATE: Tenn.
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 6 Green Street
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37210
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): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12th; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Edward Clendening
18. MOTHER'S NAME (First, Middle, Maiden Surname): Lettie Mai Worley

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Reeva Tate
19b. RELATIONSHIP TO DECEASED: Sister
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 6 Green Street Nashville, Tennessee 37210

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): Greenwood Cemetery
20c. LOCATION—City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Mary Kathryn Patton
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3379
21c. SIGNATURE OF EMBALMER: ▶ Ronald Stewart
21d. LICENSE NUMBER OF EMBALMER: 3732
22a. NAME AND ADDRESS OF FUNERAL HOME: PATTON BROTHERS FUNERAL HOME 1306 South Street/Nashville, Tennessee 37212
22b. LICENSE NUMBER OF FUNERAL HOME: 185

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Marsha H. Sams
24. DATE FILED (Month, Day, Year): October 11, 1996

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: MD16605
25c. DATE SIGNED (Month, Day, Year): 9/23/96
25a. 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 ▶
25b. LICENSE NUMBER:
25c. DATE SIGNED (Month, Day, Year):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Stephen Mann, M.D.

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

CAUSE OF DEATH

SEE INSTRUCTIONS ON OTHER SIDE

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. Massive Pulmonary Embolus	
	DUE TO (OR AS A CONSEQUENCE OF):	
Sequentially list conditions, if any, leading to the 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.

28a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [ ] No
28b. 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 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