This Form furnished by: **HELEN SFIKAS ROGERS, ROGERS & ASSOCIATES, ATTORNEYS**

FROM:

EDNA PEARL TRIMBLE DYER

Davidson County DEEDQC
Recvd: 06/27/06 14:40 5 pgs
Fees:27.00 Taxes:0.00
20060627-0076901

TO:

DARRELL W. TRIMBLE, DENIECE F. NANCE, DENNIS L. TRIMBLE, DREMA K. TRIMBLE* and *DOUGLAS M. TRIMBLE

QUITCLAIM DEED

New Owner & Address	Taxable Party	Parcel ID
Edna Pearl Dyer 674 Atlanta Drive Hermitage, Tennessee 37076	Edna Pearl Dyer 674 Atlanta Drive Hermitage, Tennessee 37076	075 08 0 177.00

STATE OF TENNESSEE }

COUNTY OF DAVIDSON }

I CERTIFY THE ACTUAL CONSIDERATION IS:
$ None.

Edna Pearl Dyer
EDNA PEARL DYER

SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 22nd DAY OF June, 2006.

Helen S Rogers
NOTARY PUBLIC

MY COMMISSION EXPIRES: 11/22/08.
DATE

(AFFIX SEAL)

Instrument Prepared By:

HELEN S. ROGERS
ROGERS & ASSOCIATES
2205 State Street
Nashville, TN 37203

(615) 320-0600

HELEN S. ROGERS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

I, ***EDNA PEARL TRIMBLE DYER***, being the surviving spouse of ***WILLIAM DYER***, now deceased (See the Attached, ***Exhibit "A"***), do hereby Quitclaim to my Children, ***DARRELL W. TRIMBLE, DENIECE F. NANCE, DENNIS L. TRIMBLE, DREMA K. TRIMBLE*** and

DOUGLAS M. TRIMBLE, all my rights, title and interest in the real property described below while retaining a Life Estate for myself. as follows to wit:

LAND in Davidson County, Tennessee, being Lot No. 513 on the Plat of Tulip Grove, Section Nine (9), as of Record in Plat Book No. 4675, Page No. 135, the Register's Office for Davidson County, Tennessee, to which plan reference is hereby made for a more complete description thereof.

SAID Lot No. 513 fronts 90.00 feet on the southwesterly margin of Atlanta Drive and extends back 169.53 feet on the northwesterly line , and 169.06 feet on the southeasterly line, to a line on the rear on which it measures 90.01 feet.

BEING the same real property conveyed to William Dyer (Now Deceased, See Exhibit "A"), and Wife, Edna Pearl Trimble Dyer, by Quitclaim Deed from Trustee, Thomas E. Stewart, of Record in Book No. 10402, Page No. 608, Register's Office for Davidson County, Tennessee.

This conveyance is subject to (1) Taxes (2) All restrictions of record (3) All easements of record (4) All visible easements (5) All matters appearing on the plan of record (6) All applicable Governmental and Zoning regulations and (7) All indebtedness on the real property as recorded in the Register's Office, Davidson County, Tennessee.

This is improved real property known as:

676 Atlanta Drive, Hermitage, Tennessee 37076

WITNESS MY hand this the 22nd day of June 2006, 2006.

Edna Pearl Dyer
EDNA PEARL TRIMBLE DYER

STATE OF TENNESSEE }

COUNTY OF DAVIDSON }

Personally appeared before me, Helen S. Rogers, a Notary Public in and for said County and State, the within named ***EDNA PEARL TRIMBLE DYER*** 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 of therein contained.

WITNESS my hand at Nashville, Tennessee, this the 22nd day of June, 2006.

Helen S Rogers
NOTARY PUBLIC

My Commission Expires: 11/22/08.
DATE

HELEN S. ROGERS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

EXHIBIT "A"

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last)			2. SEX	3. DATE OF DEATH (Month, Day, Year)	
William Jefferson Dyer			Male	July 18, 2004	
4a. SOCIAL SECURITY NUMBER	4b. AGE-Last Birthday (Years)	4c. UNDER 1 YEAR (Months)	4d. UNDER 1 DAY (Hours)	5. DATE OF BIRTH (Month, Day, Year)	6. BIRTHPLACE (City and State or Foreign Country)
410-22-7831	82			Mar 20, 1923	Crossville, Tennessee

7. RACE (White, Black, Asian, American Indian, etc.) — 8. SPANISH/HISPANIC ORIGIN (No, Mexican, Puerto Rican, Cuban, etc.)
White — No

9a. PLACE OF DEATH (Check only one): 1 [X] Hospital 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Hospice Inpatient 5 [ ] Residence 6 [ ] Other (Specify)

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
TVHS, Tork VA Medical Center	Murfreesboro	Rutherford

10a. MARITAL STATUS (Married, Never Married, Widowed, Divorced, Unknown)	10b. SURVIVING SPOUSE (If wife, give maiden name)	11a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	11b. KIND OF BUSINESS/INDUSTRY
Married	Edna Whiles	Security Guard	CNC

12a. RESIDENCE-STATE	12b. COUNTY	12c. CITY, TOWN, OR LOCATION	12d. STREET AND NUMBER OF RESIDENCE LOCATION
Tennessee	Davidson	Hermitage	4767 Atlanta Drive

12e. ZIP CODE	12f. INSIDE CITY LIMITS?	13. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	14. RACE - American Indian (Specify)	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	
				Elementary/Secondary (0-12)	College (1 or more)
37078	1 [X] Yes 2 [ ] No	1 [ ] Yes 2 [X] No	White	8	

16. FATHER'S NAME (First, Middle, Last)	17. MOTHER'S NAME (First, Middle, Maiden Surname)
George Lee Dyer	Esther Beatrice Simpson

18a. INFORMANT'S NAME (Type or Print)	18b. RELATIONSHIP TO DECEASED	18c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
TVHS, Tork VA Medical Center VA Medical Center Records	None	3400 Lebanon Pike Murfreesboro, TN 37129

19. METHOD OF DISPOSITION	19a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place)	19b. LOCATION (City or Town, State)
1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)	Fentress County Memorial Gardens	Jamestown, TN

20a. SIGNATURE OF FUNERAL DIRECTOR	20b. LICENSE NUMBER OF FUNERAL DIRECTOR	21a. SIGNATURE OF EMBALMER	21b. LICENSE NUMBER OF EMBALMER
Frank A. Bohannon	3554	Bobby Allred	4231

20c. NAME AND ADDRESS OF FUNERAL HOME	20d. LICENSE NUMBER OF FUNERAL HOME
Pilbrey Funeral Home, Inc. P O Box 665, Crossville, TN 38557	657

22a. SIGNATURE OF PERSON COMPLETING CAUSE OF DEATH	22b. DATE SIGNED (Month, Day, Year)
Lisa Kilgore	July 26, 2004

23a. I [X] ATTEST TO THE TIME AND CAUSE OF DEATH	23b. LICENSE NUMBER	23c. DATE SIGNED (Month, Day, Year)
	MD013228	July 27, 2004

24a. I [ ] ATTEST TO THE TIME, MANNER AND CAUSE OF DEATH based on my investigation and/or medical investigation. In my opinion, death occurred at the time and place, and due to the cause(s) and manner as stated.

24b. SIGNATURE AND TITLE OF MEDICAL EXAMINER	24c. LICENSE NUMBER	24d. DATE SIGNED (Month, Day, Year)

24e. NAME AND ADDRESS OF CERTIFIER (If other than Medical Examiner) (Type or Print)
Marvin A. Stubbs, M.D., 3400 Lebanon Pike, Murfreesboro, TN 37129

PART I. Enter the chain of events, diseases, or conditions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Vascular Dementia	
DUE TO (OR AS A CONSEQUENCE OF)		
DUE TO (OR AS A CONSEQUENCE OF)		
DUE TO (OR AS A CONSEQUENCE OF)		

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

25a. WAS AN AUTOPSY PERFORMED?	25b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
1 [ ] Yes 2 [X] No	1 [ ] Yes 2 [X] No

26. MANNER OF DEATH	27a. DATE OF INJURY (Month, Day, Year)	27b. TIME OF INJURY	27c. INJURY AT WORK?	27d. DESCRIBE HOW INJURY OCCURRED
1 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be determined			1 [ ] Yes 2 [ ] No	

27e. PLACE OF INJURY (At home, farm, street, factory, office building, etc. (Specify))	27f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

PHS-1000 (REV. 6/89) — PDA 1679

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Lisa Kilgore
Lisa Kilgore
Local Registrar
Rutherford County Health Department

JUL 29 2004
Date Issued

CERTIFICATION OF VITAL RECORD