Davidson County DEEDQC
Recvd: 07/13/06 11:05 3 pgs
Fees:17.00 Taxes:0.00
20060713-0084429

THIS INSTRUMENT PREPARED BY:
Bobby C. Cunningham,
Attorney at Law
246 Willow Lane
Nashville, TN. 37211

OWNER RESPONSIBLE FOR TAXES:
Judith Camille Sutton
5510 Country Drive, #85
Nashville, TN 37211

MAP AND PARCEL NO:
162-9A
85
FB# 5DU-55961

Source of Title:
Deed Book 5999
Page 907

QUITCLAIM DEED

FOR AND IN CONSIDERATION of love and affection, I, Ruby S. Sutton, do hereby quitclaim unto JUDITH CAMILLE SUTTON, all of my rights in and to the following described property in Davidson County, Tennessee:

Being Townhouse No. 85, building No. 13 on the Plan of Hickory Valley Condominiums, Phase 2, as of record in Plat Book 4460, Page 133, Register's Office for Davidson County, Tennessee, to which plan reference is made for a more complete description.

Being the same property conveyed to L. B. SUTTON, and wife, RUBY S.SUTTON, an undivided one-half interest, and JUDITH CAMILLE SUTTON, an undivided one-half interest, as joint tenants, with right of survivorship, and not as tenants on common, of record in Book 5999, Page 907, Register's for Davidson County, Tennessee.

The said L. B. Sutton having died on January 27, 1996, the property is now, by right of Survivorship, in the name of Ruby S. Sutton, an undivided one-half interest, and Judith Camille Sutton, an undivided one-half interest. A copy of the death certificate of L. B. Sutton is attached.

IN WITNESS WHEREOF, I have signed my name this 11 day of July, 2006.

Ruby S. Sutton
Ruby S. Sutton

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, Ruby S. Sutton, the bargainor, with whom I am personally acquainted, and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee this 11 day of July, 2006.

Teresa L. Hommrich
Notary Public

MY COMMISSION EXPIRES: 9/22/07

TERESA L. HOMMRICH
MY COMMISSION EXPIRES
NOTARY PUBLIC AT LARGE
SEPT. 22, 2007
DAVIDSON COUNTY, TENN.

STATE OF TENNESSEE
COUNTY OF DAVIDSON
THE ACTUAL CONSIDERATION OR TRUE VALUE, WHICHEVER IS GREATER FOR THIS TRANSFER IS
$ 0
Judith C. Sutton
AFFIANT
SUBSCRIBED AND SWORN TO BEFORE ME, THIS
THE 13 DAY OF July 20 06
Brandi Wells
Deputy Register

STATE OF TENNESSEE
Office of Vital Records

9600800

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 96 003684

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): L B SUTTON
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): JAN. 27, 1996
4. SOCIAL SECURITY NUMBER: [redacted]4639
5a. AGE – LAST BIRTHDAY (Years): 80
5b. UNDER 1 YEAR – months
5c. UNDER 1 DAY – hours / min
6. DATE OF BIRTH (Month, Day, Year): SEPT. 25,1915
7. BIRTHPLACE (City and State or Foreign Country): BAGDAD, TENN.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [X] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): LAKESHORE - HEARTLAND 970
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE 094
9d. COUNTY OF DEATH: DAVIDSON 19
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): RUBY SULLIVAN
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): TRUCK DRIVER
12b. KIND OF BUSINESS/INDUSTRY: YELLOW FREIGHT
13a. RESIDENCE – STATE: TENN.
13b. COUNTY: DAVIDSON 19
13c. CITY, TOWN OR LOCATION: NASHVILLE 094
13d. STREET AND NUMBER OR RURAL LOCATION: 3025 FERNBROOK LANE
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37214
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – If yes, specify Cuban, Mexican, Puerto Rican, etc.) 0 [X] No
15. RACE – American Indian, Black, White, etc. (Specify): WHITE
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 11; College (1-4 or 5+):
17. FATHER'S NAME (First, Middle, Last): RAPHAEL SUTTON
18. MOTHER'S NAME (First, Middle, Maiden Surname): LETHA WILLIAMS
19a. INFORMANT'S NAME (Type/Print): RUBY S. SUTTON
19b. RELATIONSHIP TO DECEASED: WIFE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 804 FOOTHILL COURT, NASHVILLE, TN 37217
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): WOODLAWN MEMORIAL PARK
20c. LOCATION – City or Town, State: NASHVILLE, TENN.
21a. SIGNATURE OF FUNERAL DIRECTOR: Wendell L. Byrd
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2556
21c. SIGNATURE OF EMBALMER: William R. Appleton
21d. LICENSE NUMBER OF EMBALMER: 3310
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODBINE FUNERAL HOME, INC. 5852 NOLENSVILLE ROAD, NASHVILLE, TENN. 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 760
23. REGISTRAR'S SIGNATURE: Marsha H. Jones
24. DATE FILED (Month, Day, Year): February 22, 1996
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: MD0235 72
25c. DATE SIGNED (Month, Day, Year): 4/13/96
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
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print):
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. The conditions, if any, which gave rise to the immediate cause (a) stated on line a. Enter the underlying cause (disease or injury that initiated the events resulting in death) last.

NAME OF DECEDENT: For use by [illegible]

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.

Sharon M. Leinbach
STATE REGISTRAR

Date Issued Jul-30-2004

CERTIFICATION OF VITAL RECORD