Davidson County DEEDQC
Recvd: 07/18/06 15:51 2 pgs
Fees:12.00 Taxes:0.00
[redacted]
20060718-0086761

THIS INSTRUMENT PREPARED BY:
Martin C. Giner, Attorney
222 Second Avenue North
Washington Square, Suite 326
Nashville, Tennessee 37201
(615) 259-9222

QUIT CLAIM DEED

Address of New Owner as Follows:	Send Tax Bill to:	Map/Parcel Nos.
Richard W. Berryman 7312 Dunaway Dr. Nashville, TN 37221	Richard W. Berryman 7312 Dunaway Dr. Nashville, TN 37221	82-8-96

FOR AND IN CONSIDERATION of One Dollar and no/100 ($1.00) and other good and valuable consideration, the receipt of which is hereby acknowledged, I, Virginia Stringer Berryman, by these presents do hereby quitclaim and convey unto Ronald H. Berrryman, Mary F. Berryman, Deborah K. Hunt, Jerry T. Hunt, Richard W. Berryman and Angela P. Berryman as tenants in common, their heirs and assigns, the following described tract or parcel of land, to wit:

Being Lot No. 10 of Block "A" on the Map of Nashville Trust company's Subdivision of the A. W. Shryer Property, of record in Book 843, page 25, Register's Office for Davidson County, Tennessee.

Said Lot No. 10 fronts 50 ft. on the southerly side of Seymour Avenue and runs back between lines 176 ft. on the westerly line and 176 ft. 9 inches on the easterly line to a dead line in the rear on which it measures 50 ft.

Being the same property conveyed to Virginia S. Berryman (Buster Berryman now deceased) of record in Book 2645, Page 439, Register's Office for Davidson County, Tennessee.

Said property is conveyed subject to such limitations, restrictions, and

encumbrances as may affect the premises.

RE-RECORD

Davidson County DEEDQC
Recvd: 08/14/06 16:27 3 pgs
Fees:12.00 Taxes:0.00
20060814-0100144

IN WITNESS WHEREOF, I have hereunto set my hand on this the 18th day of July, 2006.

Virginia Stringer Berryman by Richard W. Berryman Attorney-in-fact
Virginia Stringer Berryman by Richard W. Berryman
Attorney-in-fact

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Personally appeared before me, a Notary Public in and for said County and State, the within named Virginia Stringer Berryman, by Power of Attorney, with whom I am personally acquainted (or proved on the basis of satisfactory evidence), and who acknowledged that she executed the foregoing document, and who upon oath, acknowledge that she executed the within instrument for the purposes therein contained.

Witness my hand in Nashville, Davidson County, Tennessee, this 18th day of July, 2006.

MARTIN C. GINER NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TN

NOTARY PUBLIC

My Commission Expires: 3-22-08

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

The actual consideration or value, whichever is greater, for this transfer is $1.00.

Virginia Stringer Berryman by Richard W. Berryman P.O.A.
Virginia Stringer Berryman
By Richard W. Berryman P.O.A.

MARTIN C. GINER NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TN

Sworn to and subscribed before me
This 18th day of July, 2006.
Notary Public
My Commission Expires: 3-22-08

STATE OF TENNESSEE
Office of Vital Records

0406488

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

94 046481
STATE FILE NUMBER

TYPEPRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Buster Howard Berryman
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): December 12, 1994
4. SOCIAL SECURITY NUMBER (of Deceased): 413-22-2847
5a. AGE - LAST BIRTHDAY (Years): 73
5b. UNDER 1 YEAR — MOS / DAYS / HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Oct. 22, 1921
7. BIRTHPLACE (City and State or Foreign Country): Bold Springs, Tennessee
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 [X] DOA — Other: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Nashville Memorial Hospital 084
9c. CITY, TOWN, OR LOCATION OF DEATH: Madison
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Virginia Stringer
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Mechanic-Painter
12b. KIND OF BUSINESS/INDUSTRY: Wilson Weesnere-Wilkerson
13a. RESIDENCE - STATE: Tennessee
13b. COUNTY: Davidson 19
13c. CITY, TOWN OR LOCATION: Nashville 094-
13d. STREET AND NUMBER OR RURAL LOCATION: 836 Seymour Ave.
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): 5 — College (1-4 or 5+):

NAME OF DECEDENT: 0646481994 Fc

INFORMANT

17. FATHER'S NAME (First, Middle, Last): Melvin Hunter Berryman
18. MOTHER'S NAME (First, Middle, Maiden Surname): Thedocia Tummins
19a. INFORMANT'S NAME (Type/Print): Virginia Berryman
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 836 Seymour 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: Wayne Berryman
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3367
21c. SIGNATURE OF EMBALMER: William Hunnicutt
21d. LICENSE NUMBER OF EMBALMER: 4158
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: Maureen H. Jones
24. DATE FILED (Month, Day, Year): December 15, 1994

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: Michael E. Kryus MD
25b. LICENSE NUMBER: MD 0010614
25c. DATE SIGNED (Month, Day, Year): 12/15/94
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

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

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 Aug-14-2006

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD