PICK-UP

Davidson County DEEDQC
Recvd: 11/20/06 14:44 6 pgs
Fees:32.00 Taxes:0.00
20061120-0143897

DAVID B. LYONS
Attorney at Law
1308 Eighth Avenue North
Nashville, TN 37208
(615) 254-0202

ESTATE DEED

New Owner	Send Tax Bill To	Map Number
Estate of Evelyn Bockrath	JOE MCCRARY JR.	62
C/O JOE MCCRARY 1640 Neely's Bend Road	1640 Neely's Bend Road	**Parcel Number**
Madison, TN 37115	Nashville, TN 37115	PO parcel 67 PW

This quitclaim deed made on the 17th day of November, 2006, pursuant to the authority vested with the personal representatives and executors of the Estate of Evelyn Bockrath by the probate Court of Davidson County, Tennessee, in the Estate of Evelyn Bockrath, Case No: 06-P.1451.

Whereas, Evelyn Bockrath died on the 16th day of August, 2006, possessing title and interest in certain real estate at 1640 Neely's Bend Road, Madison, Tennessee, which she owned in fee simple, a more accurate description is set forth as follows:

Land lying in the Old Eleventh Civil District of Davidson County, Tennessee, and described according to a survey by C.J. Carney, surveyor, dated 20 July, 1961, as follows:

Beginning at a point in the middle of a 14 foot dirt lane constructed for ingress and egress upon the 10.8 acre tract of land belonging to E.E. McCrary and wife; thence south 10 degrees, 23' East 132 feet to a point on the southern boundary of the E.E. McCrary tract; thence along said southern boundary South 82 degrees, 42' West 275 feet to a point; thence North 10 degrees 23' West 132 feet to a point; thence North 82 degrees, 42' East 275 feet to the point of beginning; and containing .083 acres; more or less.

Being the same property conveyed by Eddie Eugene McCrary and wife, Fannie Esther McCrary to Joe W. McCrary and wife, Evelyn McCrary by warranty deed of record in Book 4597, page 210, Register's Office of Davidson County, Tennessee.

And, whereas, the death certificate of Evelyn Bockrath is attached to this Deed, marked Exhibit A; and

Whereas, Joe McCrary Jr. and Judy Morris were named executors of the Estate of Evelyn Bockrath, and letters of administration are attached to this Deed and marked Exhibit B, and

Whereas, according to the Last Will and Testament of Evelyn Bockrath provides that her husband, Henry Bockrath, shall have a life estate in the real estate above property; and

Whereas, Henry Bockrath died on November 13, 2006, his death certificate attached hereto and marked Exhibit C, thus terminating his life estate, and

Whereas, it is the expressed intention of Evelyn Bockrath that the real estate at 1640 Neely's Bend Road pass to Joe McCrary Jr., Michael McCrary, Patricia Dianne Allen, Judy Morris, and Johnathan David Cunningham.

That for and in the consideration of the sum of One Dollars, ($1.00), the receipt of which is hereby acknowledged, the grantors Joe McCrary Jr. and Judy Morris, as personal representatives of the Estate of Evelyn McCrary, to hereby devise, transfer and convey title to the real estate at 1640 Neely's Bend Road, Madison, Tennessee (referenced above) to the following beneficiaries; Joe McCrary Jr., Judy Morris, Michael McCrary, Patricia Dianne Allen and Johnathan David Cunningham.

Together with all the tenements, hereditaments, and appurtenances thereunto belonging, and the reversions, remainders, rents, issues, and profits thereof.

In witness whereof, Joe McCrary and Judy Morris have hereunto signed this day and year set forth below

Joe M. McCrary Jr. Judy Morris

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, Joe David Lyons, a Notary Public in and for said County and State, the within named Joe McCrary and Judy MOrris the bargainor, with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence) and who acknowledge that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this 17 day of November, 2006.

NOTARY PUBLIC OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

NOTARY PUBLIC

My Commission Expires: 5/23/09

STATE OF TENNESSEE)
COUNTY OF Davidson

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

Affiant

Sworn to and subscribed before me, this the 6 day of November, 2009.

My Commission Expires:
5/27/09

Notary Public

DAVID BEYONS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0634563

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Evelyn Ruth Bockrath
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): August 16, 2006
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-9033
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): August 30, 1935
7. BIRTHPLACE (City and State or Foreign Country): Old Hickory, 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 ER/Outpatient 3 DOA; OTHER 4 Nursing Home 5 [X] Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 1640 Neelys Bend Road
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): Henry W. Bockrath
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Home
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Madison
13d. STREET AND NUMBER OR RURAL LOCATION: 1640 Neelys Bend Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37115
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Specify, if yes: Yes [ ] No [X]
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1 4 or 5+)

NAME OF DECEDENT Pd use by physician or medical

PARENTS
17. FATHER'S NAME (First, Middle, Last): James Walter Whittle
18. MOTHER'S NAME (First, Middle, Maiden Surname): Dovie Randall

INFORMANT
19a. INFORMANT'S NAME (Type/Print): Henry W. Bockrath
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1640 Neelys Bend Road, Madison, Tennessee 37115

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: Madison, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Mary Ann Morgan
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3839
21c. SIGNATURE OF EMBALMER: James Ryan Padgett
21d. LICENSE NUMBER OF EMBALMER: 5535
22a. NAME AND ADDRESS OF FUNERAL HOME: Forest Lawn Funeral Home, 1150 Dickerson Road, Goodlettsville, Tennessee 37072
22b. LICENSE NUMBER OF FUNERAL HOME: 927

REGISTRAR
23. REGISTRAR'S SIGNATURE: Tonya Y. Ruttlen
24. DATE FILED (Month, Day, Year): August 17, 2006

CERTIFIER
25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.
1 SIGNATURE AND TITLE OF PHYSICIAN: MD
25b. LICENSE NUMBER: MD 25671
25c. DATE SIGNED (Month, Day, Year): 17 Aug. 06
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date 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): Richard S Smyth MD 3443 Dickerson 6-30 Nashville, TN 37207

SEE INSTRUCTIONS ON OTHER SIDE

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. Abdominal Sepsis — 1 wk
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b. Liposarcoma — 4 yrs
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.
PART II. Other significant condition, contributing to death but not resulting in the underlying cause given in Part I: Obesity
29a. WAS AN AUTOPSY PERFORMED? 1 Yes 2 No
29b. 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)

PH-1659 (REV. 6/99)
BIRTH NO.
RDA 1389

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 Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

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

Tonya Y. Ruttlen
Local Registrar

AUG 17 2006
Date Issued

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

CERTIFICATION OF VITAL RECORD

SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE

LETTERS TESTAMENTARY

06P1451

To JUDY MORRIS and JOE MCCRARY JR. :

It appearing to the Court that EVELYN BOCKRATH has died leaving a written will, in which you are appointed Co-Executors, which has been duly approved by the Court; and you having been qualified according to law, and it having been ordered by said Court that Letters Testamentary issue to you.

These are, therefore, to empower you, the said JUDY MORRIS and JOE MCCRARY JR. to enter upon the execution of said will, and take into your possession all of the property, and to make, within sixty days from this date, a perfect inventory thereof, and make due collection for all debts, and after paying all the just demands against the Testator, and settling up the business according to law, you will pay over and deliver the property and effects that may remain in your hands, and do all other things that may be required, according to the provisions of the said will and the laws of the land.

Witness, Richard R. Rooker, Clerk of the Probate Court, at office, this September 20, 2006 .

Richard R. Rooker, Clerk

Tommy King

RICHARD R. ROOKER CIRCUIT COURT CLERK

STATE OF TENNESSEE
DAVIDSON COUNTY

I, Richard R. Rooker, Clerk of the Probate Court of said County, do hereby certify that the foregoing is a true and perfect copy of LETTERS TESTAMENTARY, issued to JUDY MORRIS and JOE MCCRARY JR., Co-Executors of the estate of EVELYN BOCKRATH deceased, and I do further certify that JUDY MORRIS and JOE MCCRARY JR. are still acting Co-Executors of the estate of EVELYN BOCKRATH, and acts as such are entitled to full faith and credit, as appears from the records in my office at Nashville, Tennessee.

Witness my hand and official seal, at this office this the 20TH day of September, 2006.

Richard R. Rooker, Clerk

Tommy King

RICHARD R. ROOKER CIRCUIT COURT CLERK

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0606401

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Henry William Bockrath
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): November 13, 2006
4. SOCIAL SECURITY NUMBER: [redacted]7012
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): September 9, 1936
7. BIRTHPLACE (City and State or Foreign Country): Dayton, Ohio
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): Summit Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Hermitage
9d. COUNTY OF DEATH: Davidson
3T5LA
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Widowed
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.): Maintenance
12b. KIND OF BUSINESS/INDUSTRY: Tennessee Department of Corrections
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Madison
13d. STREET AND NUMBER OR RURAL LOCATION: 1640 Neelys Bend Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37115
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
15. RACE-American Indian, Black, White, etc (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):
NAME OF DECEDENT: For use by physician or medical examiner

PARENTS

17. FATHER'S NAME (First, Middle, Last): Edwin Henry Bockrath
18. MOTHER'S NAME (First, Middle, Maiden Surname): Luetta Frey

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Joe McCrary
19b. RELATIONSHIP TO DECEASED: step-son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4148 Bullrun Road, Ashland City, Tennessee 37015

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: Madison, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ YMR
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5941
21c. SIGNATURE OF EMBALMER: ▶ Brandy L. Collier
21d. LICENSE NUMBER OF EMBALMER: 5828
22a. NAME AND ADDRESS OF FUNERAL HOME: Forest Lawn Funeral Home, 1150 Dickerson Road, Goodlettsville, Tennessee 37072
22b. LICENSE NUMBER OF FUNERAL HOME: 927

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Robert L. Rhodes
24. DATE FILED (Month, Day, Year): November 15, 2006

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1 [ ] SIGNATURE AND TITLE OF PHYSICIAN: ▶ John Chauvin
25b. LICENSE NUMBER: MD24068
25c. DATE SIGNED (Month, Day, Year): 11/14/06
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date 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): Dr John Chauvin 5053 Frist Blvd Ste 230 Hermitage Tn 37076

SEE INSTRUCTIONS ON OTHER SIDE

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. cardiopulmonary arrest
DUE TO (OR AS A CONSEQUENCE OF):
b. Hypertension
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
c. acute renal failure
DUE TO (OR AS A CONSEQUENCE OF):
d. Malignancy SIS

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

29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [ ] No
29b. 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.

PH-1859 (REV. 6/99) RDA 1399

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 Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

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

Tonya Y. Ruttlen
Tonya Y. Ruttlen
Local Registrar

Date Issued NOV 15 2006

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

CERTIFICATION OF VITAL RECORD