Davidson County DEEDQC
Recvd: 05/15/07 09:54 3 pgs
Fees:17.00 Taxes:0.00
20070515-0057895

QUITCLAIM DEED

KNOWN ALL MEN BY THESE PRESENTS, that **Roberta Armstrong,** for and in consideration of Ten Dollars and 00/100's ($10.00) do/does hereby bargain, sell, remise, quitclaim, and convey unto, **Chicanna Jones,** all his/her right, title, and interest to the following described real estate, located in **Davidson County, Tennessee**, described as follows:

See Attached Exhibit "A"

IN TESTIMONY WHEREOF he/she has (have) hereunto set his/her hand(s) and seal(s) this 9TH day of February 2007.

Roberta Armstrong
Roberta Armstrong
By: Roslyn Armstrong-Gooch, atty in fact
Roslyn Armstrong-Gooch, Attorney in Fact

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 Roslyn Armstrong-Gooch with whom I am personally acquainted and who acknowledged that she executed the within instrument on behalf of Robert Armstrong as her Attorney in Fact as the free act and deed of the within named Roberta Armstrong.

Witness my hand and official seal this 9TH day of February **2007.**

My Commission Expires: 6-8-09

Notary Public

SHELIA BRIZENDINE STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY, TENN. My Commission Expires June 8, 2009

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration for this transfer is -0-

Affiant

Witness my hand and official seal this 9th day of February **2007.**

My Commission Expires: 6-8-09

Notary Public

SHELIA BRIZENDINE STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY, TENN. My Commission Expires June 8, 2009

Prepared by: Pinnacle Title & Escrow, LLC at 1004 Hickory Hill Lane, Suite 9 Hermitage, Tennessee 37076

Tax Parcel Number: 92-6-528

Improved property known as/Address of owner: 717 Lena Street, Nashville, TN 37208

Send Tax Bills to: New Owner **Chicanna Jones, 717 Lena Street, Nashville, TN 37208**

EXHIBIT "A"

BEING Lot No. 14 in A. Roth's Subdivision of lots 21 and 22, Boyd McNairy, Tract as of record in Book 57, page 147, Register's Office for Davidson County Tennessee.

Said Lot No. 14 fronts 50 feet on the west side of 27th Avenue North, now Lena Street, and extends back westwardly, between Parallel lines, one hundred and sixteen (116) feet to an alley.

Being the same property conveyed to Roberta Armstrong by Quitclaim Deed from James E. Armstrong, dated May 8, 1976, of record in Book 5024, page 473, Register's Office for Davidson County, Tennessee.

Roslyn Armstrong-Gooch executed this instrument on behalf of Roberta Armstrong pursuant to a Power of Attorney of record in Instrument #20070515-0057894, said Register's Office.

METROPOLITAN GOVERNMENT OF
NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0300665

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): GLORIA YVONNE ARMSTRONG
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): 2-7-03
4. SOCIAL SECURITY NUMBER (of Deceased): 408-96-0657
5a. AGE-LAST BIRTHDAY (Years): 46
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 24 HOURS: Hours / Min.
6. DATE OF BIRTH (Month, Day, Year): 7-6-56
7. BIRTHPLACE (City and State or Foreign Country): NASHVILLE, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
8a. HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA
8b. PLACE OF DEATH (Check only one): 4 [ ] Nursing Home 5 [ ] Residence 6 [X] Other (Specify): ALIVE HOSPICE
8c. FACILITY NAME (If not institution, give street and number): ALIVE HOSPICE, INC 1718 PATTERSON STREET
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE TN
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS-Married, Never Married, Widowed Divorced (Specify): NEVER MARRIED
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.): CERTIFIED NURSE TECH
12b. KIND OF BUSINESS/INDUSTRY: HEALTH CARE
13a. RESIDENCE-STATE: TN
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 717 LENA STREET
DECEDENT'S USUAL RESIDENCE
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37208
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if yes, specify Cuban, Mexican, Puerto Rican, etc.): Yes O [X] No
15. RACE-American Indian, Black, White, etc. (Specify): BLACK
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)
17. FATHER'S NAME (First, Middle, Last): MOSE PATTERSON
18. MOTHER'S NAME (First, Middle, Maiden Surname): ROSETTA ARMSTRONG
19a. INFORMANT'S NAME (Type/Print): CHICANNA M. JONES
19b. RELATIONSHIP TO DECEASED: DAUGHTER
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 715 LENA STREET NASHVILLE, TN 37208
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, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▸ JAMES H. STUDDARD
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3927
21c. SIGNATURE OF EMBALMER: ▸ JAMES H. STUDDARD
21d. LICENSE NUMBER OF EMBALMER: 4070
22a. NAME AND ADDRESS OF FUNERAL HOME: GRACE FUNERAL HOME 1012 BUCHANAN STREET NASHVILLE, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 1068
23. REGISTRAR'S SIGNATURE: ▸ DONNA D. [illegible]
24. DATE FILED (Month, Day, Year): FEBRUARY 11, 2003
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: ▸ [signature]
25b. LICENSE NUMBER: 34361
25c. DATE SIGNED (Month, Day, Year): 2-11-03
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):
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. Ovarian Cancer
DUE TO (OR AS A CONSEQUENCE OF):
SEE INSTRUCTIONS ON OTHER SIDE
Sequentially list conditions, if any, leading to 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.
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 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Ascertained
31a. DATE OF INJURY (Month, Day, Year):
31b. TIME OF INJURY:
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-1659
REV. 3-96

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

[redacted]

Tonya Y Foreman
Local Registrar

3/16/2007
Date Issued

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

CERTIFICATION OF VITAL RECORD