Davidson County DEEDQC
Recvd: 11/07/08 15:29 3 pgs
Fees:17.00 Taxes:0.00
20081107-0111099

This Instrument Prepared by:
Legends Title Services
155 Legends Drive Suite O
Lebanon, TN 37087

PATRICIA S. ROWLAND
ADDRESS NEW OWNER:
~~508 Leslie Ann Court~~
~~Hermitage, TN 37076~~
2108 MARICOURT ST.
OLD HICKORY, TN 37138

PATRICIA ROWLAND
SEND TAX BILL TO:
2108 MARICOURT ST.
OLD HICKORY TN 37138

Tax Parcel ID#: 075-12-OB-058.00CO

This deed has been prepared from information furnished by or on behalf of the parties. The preparer does not warrant or certify title, accuracy of description nor compliance with planning and zoning laws.

QUITCLAIM DEED

FOR AND IN CONSIDERATION of the sum of Ten ($10.00) Dollars cash in hand paid to the undersigned, the receipt of which amount being hereby acknowledged, and other good and valuable consideration, **Martha S. Henry** hereby convey, transfer, remise, release, relinquish and quitclaim all of our right, title, and interest unto **Patricia S. Rowland, married, William P. Henry, married, Judy G. Johnson, married and Kandy L. Jones, unmarried,** certain land situated in Davidson County, Tennessee, being more particularly described as follows:

Being Lot No. 45, on the Plan of First Revision, Phase Two, Section Three, Brookside Woods, as shown by plat of record in Instrument 20005120048125, Register's Office for Davidson County, Tennessee, to which plat reference is hereby made for a more complete legal description.

SUBJECT to all easements, rights-of-way, protective covenants and mineral reservations of record if any.
AND BEING THE SAME premises conveyed to Grantor by virtue of a warranty deed from Megan L. Sullivan, married dated April 28, 2006, in the Register's Office for Davidson County, Tennessee, Instrument Number 20060503-0051468

Property known as: 508 Leslie Ann Court, Hermitage, TN 37076

WITNESS MY HAND on this the 21st day of October, 2008.

Martha S. Henry
Martha S. Henry

STATE OF TENNESSEE)
COUNTY OF Wilson **)**

Personally appeared before me, Judy G. Johnson (notary public), Martha S. Henry the within named bargainor(s), with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that such person(s) executed the within instrument for the purposes therein contained.

WITNESS my hand and seal at office in Old Hickory, Tennessee, on this the 21st day of October, 2008.

Judy G. Johnson
NOTARY PUBLIC

My Commission Expires: MY COMMISSION EXPIRES: ~~October 2, 2010~~

JUDY G. JOHNSON
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY

OATH OF CONSIDERATION

I, hereby swear or affirm that the actual consideration for this transfer, is $-0-

AFFIANT

Subscribed and sworn to before me this the 21st day of October, 2008.

NOTARY PUBLIC

My Commission Expires: ~~MY COMMISSION EXPIRES:~~ **October 2, 2010**

JUDY G. JOHNSON
STATE OF TENNESSEE
NOTARY PUBLIC
WILSON COUNTY

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0800727

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): James Patrick Henry
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): January 28,2008
4. SOCIAL SECURITY NUMBER (of Deceased): 259-32-1272
5a. AGE LAST BIRTHDAY (Years): 78
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Oct 27,1929
7. BIRTHPLACE (City and State or Foreign Country): Stonewall, Mississippi
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 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Vanderbilt Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Martha Burns
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Business Owner
12b. KIND OF BUSINESS/INDUSTRY: Printing
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Hermitage
13d. STREET AND NUMBER OR RURAL LOCATION: 508 Leslie Ann Court
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37076
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): 6; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Claude Henry
18. MOTHER'S NAME (First, Middle, Maiden Surname): Maude Dever

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Martha Henry
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 508 Leslie Ann Court Hermitage, Tennessee 37076

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): Hermitage Memorial Gardens
20c. LOCATION-City or Town, State: Hermitage, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Charles H Teague
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5845
21c. SIGNATURE OF EMBALMER: ▶ [signature]
21d. LICENSE NUMBER OF EMBALMER: 4934
22a. NAME AND ADDRESS OF FUNERAL HOME: Hermitage Funeral Home 535 Shute Lane PO Box 75 Hermitage, Tennessee 37076
22b. LICENSE NUMBER OF FUNERAL HOME: 540

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ [signature]
24. DATE FILED (Month, Day, Year): February 1, 2008

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: ▶ [signature] MD
25b. LICENSE NUMBER: TN 12328
25c. DATE SIGNED (Month, Day, Year): Jan 31, 2008
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): Gordon Bernard, M.D. Am. T1208 MCN, Nashville TN 37232-2650

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.	acute respiratory failure	48 hrs.
DUE TO (OR AS A CONSEQUENCE OF): b.	acute respiratory distress syndrome	72 hrs
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST — DUE TO (OR AS A CONSEQUENCE OF): c.	aspiration pneumonia	8 days
d.		

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

29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] 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 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-1655 (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.

[redacted]
Local Registrar

Tonya Y Foreman
Local Registrar

Date Issued FEB 11 2008

GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

METROPOLITAN GOVERNMENT NASHVILLE AND DAVIDSON COUNTY TENNESSEE

CERTIFICATION OF VITAL RECORD