Prepared By:
STEVEN R. GRAFF
3815 LAKE AIRE DR.
NASHVILLE, TN 37217

New Owner:
STEVEN R. GRAFF
3815 Lake Aire Dr Nash Tn.
Send tax Bills: 37217
SAME

QUIT-CLAIM DEED

THIS QUIT-CLAIM DEED, is executed this 15th day of December, 1999 by Barbara Louise Graff, hereinafter referred to as "First Party", whose address is 3815 Lake Aire Drive, Nashville, Tennessee 37217, to Steven Reed Graff, hereinafter referred to as "Second Party", whose address is 3815 Lake Aire Drive, Nashville, Tennessee 37217;

WITNESSETH, that the First Party, for and in consideration of the sum of $5,686.60 in hand paid by the said Second Party, the receipt whereof is hereby acknowledged, does hereby remise, release and quit-claim unto the Second Party, all right, title, interest, and claim which the First Party has in and to the following described lot, piece or parcel of land, situate, lying and being in the County of Davidson, State of Tennessee, to wit:

Lot number 106 in the subdivision of Priest Lake Park, Section 2 located at 3815 Lake Aire Drive, Nashville, Tennessee, 37217 which contains a two story brick home, brown in color with an appraised value of $110,300.00

TO HAVE AND HOLD the same, together with all and singular the appurtenances thereunto, of all interest, equity and claim whatsoever the First Party may have, either in law or equity, for the proper use, benefit and behalf of the Second Party forever.

IN WITNESS WHEREOF, the First Party has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in presence of:

Barbara Graff
Barbara Graff
First Party

Steve Graff
Steve Graff
Second Party

Jonathan Wilson
Witness

BILL GARRETT, Davidson County
Trans: T20090070247 DEEDQC
Recvd: 10/15/09 12:44 4 pgs
Fees: 22.00 Taxes: 0.00
20091015-0095544

STATE OF TENNESSEE
COUNTY OF DAVIDSON
THE ACTUAL CONSIDERATION OR TRUE VALUE, WHICHEVER IS GREATER FOR THIS TRANSFER IS
$ 0
Steve Graff
AFFIANT
SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 15 DAY OF Oct 20 09
Vicki B Johnson
Deputy Register

State of Tennessee)
) ss.
County of Davidson)

The foregoing instrument was acknowledged by me this 15th day of December, 1999 for Barbara Louise Graff who is/are personally known by me or who has/have produced a valid drivers license as identification and who did not take an oath.

Gary L. Hudson (SEAL)
Notary Public
State of Tennessee

NOTARY PUBLIC AT LARGE

My Commission Expires: 1/27/2001

TAI

This Form furnished by Attorneys Title Company, Inc. BOOK 4526 PAGE 183 Form No. WD-2

FROM

Alfred H. Wenz and wife,

Shirley G. Wenz

TO

John A. Graff and wife,

Barbara Luise Graff

For draftsman's use

This instrument prepared by:

John Doakes

2525 Lebanon

Nashville, Tenn.

ADDRESS NEW OWNER (S) AS FOLLOWS:	SEND TAX BILLS TO:	MAP-PARCEL NUMBERS
John A. & Barbara Graff (NAME)	Fidelity Federal (NAME)	Map 136-7
3815 Lake Aire Drive (STREET ADDRESS OR ROUTE NUMBER)	4th & Union (STREET ADDRESS)	Par 71
Nashville, Tenn. 37214 (CITY) (STATE) (P. O. ZIP)	Nashville (CITY) (STATE) (ZIP)	

(FOR REGISTER'S USE)

825593

IDENTIF. REFERENCE

AUG 4 11 PM '71

FELIX Z. WILSON II REGISTER DAVIDSON COUNTY, TENN.

STATE OF TENNESSEE }
COUNTY OF DAVIDSON }

THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $35,963.32 Alfred H. Wenz Affiant

SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 26 DAY OF July 1971

[signature] Notary Public

MY COMMISSION EXPIRES: 10-24-72

(AFFIX SEAL)

For and in Consideration of the sum of ------Ten and 00/100------------------- -------------------------($10.00)---------------------------- DOLLARS cash in hand paid, the receipt of which is hereby acknowledged, and other good and valuable consideration, a part of which is the assumption of one certain trust deed dated July 24, 1970 and filed for record in the office of the recorder of deeds of Davidson County, Tennessee in Book 4433, Page 902, and note of even date thereby secured, in the original principal amount of $33,000.00 payable to- - - - - -

- -

Fidelity Federal Savings and Loan Association of Nashville, which

debt the grantee herein assumes and agrees to pay as part payment of the purchase price. The grantee further hereby assumes the obligations of Alfred H. Wenz and Shirley G. Wenz under the terms of the instruments creating the loan to indemnify the Veterans Administration to the extent of any claim payment arising from the guaranty or insurance of the indebtedness above mentioned.

Alfred H. Wenz and wife, Shirley G. Wenz have bargained and sold and by these presents do transfer and convey unto the said John A. Graff and wife, Barbara Luise Graff--------------- -- heirs and assigns, a certain tract or parcel of land in Davidson County, Tennessee described as follows, to wit:

Lot No. 106 on the plan of Priest Lake Park Subdivision, Section II as of record in Book 4175, Pages 56, 57 and 58, Register's Office for said county.

Being the same property conveyed to Trustee Vaden Lackey, Jr. of record in Book 4433, Page 902, Register's Office for Davidson County, Tennessee.

User: VIJOHNSON Print Date: 10/15/2009 12:28:16 PM Instr. No.: 197108044526183 Page No: 1 of 2

WD-2

This is ( ) unimproved (XX) improved property, known as 3815 LakeAire Drive, Nashville, Tennessee 37214
(House Number) (Street) P. O. Address: (City or Town) (Postal Zone)

To Have and to Hold the said tract or parcel of land, with the appurtenances, estate, title and interest thereto belonging to the said _____ heirs and assigns, forever.

And we do covenant with the said _____ that we are lawfully seized and possessed of said land in fee simple; have a good right to convey it, and the same is unencumbered., except for aforementioned note and deed of trust.

And Alfred H. Wenz and wife, Shirley G. Wenz do further covenant and bind their heirs and representatives, to warrant and forever defend the title to the said land to the said _____ heirs and assigns against the lawful claims of all persons whomsoever.

Witness our hand S this 26 day of July, 19 71

Alfred H Wenz

Shirley G Wenz

STATE OF TENNESSEE }
COUNTY OF DAVIDSON }

Personally appeared before me, Charles C Moore, a Notary Public in and for said County and State, the within named Alfred H. Wenz + wife, Shirley G Wenz the bargainor, with whom I am personally acquainted, and who acknowledged that they executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville Tennessee, this 26 day of July, 1971.

Charles C Moore, Notary Public.

Commission expires 10-24-72

STATE OF TENNESSEE }
COUNTY OF DAVIDSON }

Before me, _____, a Notary Public of the State and County aforesaid, personally appeared _____ with whom I am personally acquainted, and who, upon oath, acknowledged _____ self to be _____ of the _____ the within named bargainor, a corporation, and that _____ be as such _____ being authorized so to do, executed the foregoing instrument for the purpose therein contained, by signing the name of the corporation by _____ self as _____.

AUG-4-75 TAX A* 93.60
AUG-4-75 PRFEE A* .50
35 863.32
A* 4.00 * 98.10

Witness my hand and seal, at office in _____, this _____ day of _____, 19____.

_____, Notary Public.

Commission expires _____

User: VIJOHNSON Print Date: 10/15/2009 12:28:16 PM Instr. No: 197108044526183 Page No: 2 of 2

CERTIFICATE OF DEATH/STATE OF GEORGIA

Birth Number | Local File Number 869 | State File Number 018656

NOTICE TO FUNERAL DIRECTOR AND CERTIFYING PHYSICIAN
(1) WAS THIS DEATH THE RESULT OF VIOLENCE, SUICIDE, OR CASUALTY; (2) WAS THE DECEASED IN APPARENT GOOD HEALTH; (3) WAS THE DECEASED UNATTENDED BY A PHYSICIAN; OR (4) WAS ANY SUSPICIOUS OR UNUSUAL MANNER ASSOCIATED WITH THIS DEATH? ☐ YES ☐ NO
IF "YES" TO EITHER 1, 2, 3, OR 4, PLEASE NOTIFY THE CORONER IN THE COUNTY WHERE THE BODY WAS FOUND OR THE DEATH OCCURRED.

TYPE OR PRINT IN PERMANENT BLACK OR BLUE-BLACK INK

DECEASED

1a. DECEDENT'S NAME (First, Middle, Last): JOHN A. GRAFF
1b. IF DECEDENT IS FEMALE, ENTER MAIDEN LAST NAME:
2. SEX: Male
3. DATE OF DEATH (Mo., Day, Year): October 11, 1999
4. RACE (White, Black, Amer. Indian, etc.) (Specify): White
5. ORIGIN OF DECEDENT (Italian, Mex., French, English, etc.): AMERICAN
6. DATE OF BIRTH (Mo., Day, Year): Dec 27 1932
7a. AGE (Last Birthday) (Years): 66
7b. UNDER 1 YEAR: Mos. / Days
7c. UNDER 1 DAY: Hours / Mins.
8a. COUNTY OF DEATH: CLARKE
8b. CITY, TOWN or LOCATION OF DEATH: ATHENS
8c. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and No.): ATHENS REGIONAL MEDICAL CENTER
8d. IF HOSPITAL OR INST. (Indicate DOA, OP/EMER Rm., Inpatient) (Specify): Inpatient
9a. STATE AND COUNTY OF BIRTH (If not in USA, name Country): MONTGOMERY
9b. CITIZEN OF WHAT COUNTRY?: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SPOUSE (If married or widowed, give spouse's name—if wife, give maiden name): BARBARA HAASE
12. WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes or No): Yes
13. SOCIAL SECURITY NUMBER: [redacted]-3881
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALES
15. KIND OF INDUSTRY or BUSINESS: GRAPHIC DESIGN

Usual Residence Where Deceased Lived. If Death Occurred in Institution, See Handbook Regarding Completion of Residence Items.

16a. RESIDENCE – STATE: TN
16b. COUNTY: DAVIDSON
16c. CITY, TOWN or LOCATION: NASHVILLE
16d. STREET and NUMBER: 3815 LAKE AIRE
16e. INSIDE CITY LIMITS? (Yes or No): Yes

PARENTS

17. FATHER'S NAME First / Middle / Last: JOHN R GRAFF
18. MOTHER'S MAIDEN NAME First / Middle / Last: ELEANOR ELEANOR WILLIAMS

INFORMANT

19a. INFORMANT'S NAME First / Middle / Last: BARBARA GRAFF
19b. MAILING ADDRESS (Street, R.F.D. No., City or Town, State, Zip): NASHVILLE, TN 37217
19c. RELATIONSHIP: Wife

DISPOSITION

20a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
20b. DISPOSITION DATE (Mo., Day, Year): Oct 13, 1999
20c. CEMETERY OR CREMATORY NAME: National Cremation Soc.
20d. LOCATION (City, Town, State, Zip): GWINNETT GA 30047
21a. FUNERAL DIRECTOR (Signature): Steven D Beals
21b. FUN. DIR. LICENSE NO.: 3339
21c. NAME AND ADDRESS OF FACILITY (Street, R.F.D. No., City or Town, State, Zip): National Cremation Society, 500 Harbins Rd. at Hwy. 29, Lilburn, GA 30047
21d. EST. LICENSE NO.: 0957
21e. EMBALMER (Signature):
21f. EMBALMER LICENSE NO.: NONE

CAUSE OF DEATH

Conditions, If Any, Which Gave Rise To Immediate Cause Stating The Underlying Cause Last.

22. IMMEDIATE CAUSE (Enter only one cause per line for A, B, and C)
PART I
a. Cardiorespiratory arrest — Approximate interval between onset and death:
Due to, or as a consequence of:
b. Multiple metastatic leiomyosarcoma — Approximate interval between onset and death:
Due to, or as a consequence of:
c. Intestinal infarction — Approximate interval between onset and death:

PART II
23. OTHER SIGNIFICANT CONDITIONS - conditions contributing to death but not related to cause given in Part I.A. (If female, indicate if pregnant or birth occurred within 90 days of death.)
24. AUTOPSY (Yes or No): No
25. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (Yes or No)

If Infant Death, Indicate Birth Certificate No. of Mother

26a. WAS OPERATION PERFORMED? (Yes or No): no
26b. DATE OF OPERATION (Mo., Day, Year)
26c. CONDITIONS FOR WHICH OPERATION WAS PERFORMED (Specify)
27. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify)
28a. DATE OF INJURY (Mo., Day, Year)
28b. DESCRIBE HOW INJURY OCCURRED
28c. HOUR OF INJURY
28d. INJURY AT WORK? (Yes or No)
28e. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify)
28f. LOCATION (Street & R.F.D. No., City or Town, State, Zip, County)

NOV 05 1999

CERTIFIER

29a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)
29b. DATE SIGNED (Mo., Day, Year): 10/24/99
29c. HOUR OF DEATH: 9:17AM
29d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER

To Be Completed By CERTIFYING PHYSICIAN ONLY

30a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)
30b. DATE SIGNED (Mo., Day, Year)
30c. HOUR OF DEATH
30d. DATE PRONOUNCED DEAD (Mo., Day, Year): October 11, 1999
30e. HOUR PRONOUNCED DEAD: AT
30f. ON

To Be Completed By MEDICAL EXAMINER OR CORONER ONLY

TYPE OR PRINT

31a. NAME, TITLE, AND LICENSE NO. OF CERTIFIER (Physician, Medical Examiner, or Coroner): FARRIS T. JOHNSON, JR., M.D., F.A.A.F.P.
31b. ADDRESS OF CERTIFIER (Street, R.F.D. No., City or Town, State, Zip): 610 OGLETHORPE AVENUE SUITES C AND D ATHENS, GEORGIA 30606

REGISTRAR

22a. REGISTRAR (Signature): Elaine Thackeray
22b. DATE RECEIVED BY REGISTRAR (Mo., Day, Year): 10/25/99

Form 3903 (Rev. 9-91) GEORGIA DEPARTMENT OF HUMAN RESOURCES/VITAL RECORDS SERVICE — DO NOT FOLD THIS CERTIFICATE

ow

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE REPRODUCTION OF THE ORIGINAL RECORD ON FILE WITH VITAL RECORDS SERVICE, GEORGIA DEPARTMENT OF HUMAN RESOURCES. THIS CERTIFIED COPY IS ISSUED UNDER THE AUTHORITY OF CHAPTER 31-10, VITAL RECORDS, CODE OF GEORGIA.

DATE DEC 22 1999

STATE REGISTRAR & CUSTODIAN
DIRECTOR, VITAL RECORDS SERVICE

(VOID WITHOUT IMPRESSED SEAL OR IF ALTERED OR COPIED)

DEPARTMENT OF HUMAN RESOURCES * GEORGIA * VITAL RECORDS