THIS INSTRUMENT WAS PREPARED AT THE REQUEST OF
GRANTOR WITHOUT THE BENEFIT OF
TITLE SEARCH OR SURVEY BY:
LARRY B. HOOVER
ATTORNEY AT LAW
ONE VANTAGE WAY, SUITE B-105
NASHVILLE, TENNESSEE 37228

ADDRESS NEW OWNER:
Russell Crowder
3619 Fairmeade Drive
Nashville, Tennessee 37218

SEND TAX BILLS:
Russell Crowder
3619 Fairmeade Drive
Nashville, Tennessee 37218

MORTGAGE:
none

MAP-PARCEL
105-09
379.00

BILL GARRETT, Davidson County
Trans:T20090080211 DEEDQC
Recvd: 11/25/09 13:14 7 pgs
Fees:37.00 Taxes:0.00
20091125-0108563

QUITCLAIM DEED

The property known as 906 Acklen, Nashville, Tennessee 37203 was held by Tenants in Common by Jacqueline P Johnson and Russelltaze Crowder. Callie M. Crowder held a life estate in the above property pursuant to "Affidavit of Inheritance of Real Estate", Book 8485 Page 661. Callie M. Crowder died on December 17, 2001 as evidenced by the death certificate attached as Exhibit A, leaving Russelltaze Crowder and Jacqueline Pauline Johnson as sole owners of the property. Jacqueline Pauline Johnson died on August 27, 2006 in Cuyahoga County, Cleveland, Ohio as evidenced by the death certificate attached as Exhibit B, and as such her interest and her half of the property passes to her daughter Tiffeni Johnson Fontno and her son Jimmy Todd Johnson.

FOR AND IN CONSIDERATION of the sole purpose of clearing title we, Russelltaze Crowder, Tiffeni Johnson Fontno and Jimmy Todd Johnson, heirs of Harry Russelltaze Crowder, Callie M. Crowder, and Jacqueline Pauline Johnson has this day bargained and sold and do hereby transfer, quitclaim and convey, unto Russelltaze Crowder, Tiffeni Johnson Fontno and Jimmy Todd Johnson, heirs, all of Harry Russell Crowder, Callie M. Crowder and Jacqueline Pauline Johnson's right, title and interest in and to the following

described tract or parcel of land, lying the County of Davidson, State of Tennessee;

Being the easterly 50 feet of the westerly 105 feet, more or less, of lot No. 30 on the map of the Waverly Land Company's Plan, called Waverly Place, as of record in Book 57, page 95, Register's Office for said County, described as follows:

BEGINNING at a point on the northerly side of Acklen Avenue, formerly Prospect Avenue, 55 feet northeast of the line between lots Nos. 30 and 31, a post now standing; thence in a northeasterly direction with Acklen Avenue as now established by sidewalk and curb line 50 feet to a stake; thence in a northwesterly direction 235-1/2 feet, more or less, to the southerly margin of Grove Street; thence westwardly with Grover Street 3-1/2 feet to the southeasterly margin of a 20 foot alley; thence in a southwesterly direction with said alley; 48-1/2 feet, more or less, to a point 55 feet northeast of said original line of lots Nos. 30 and 31; thence southeastwardly 230 feet, more or less, to the beginning.

Being the same property conveyed to Harry R. Crowder by deed from Russelltaze H. Crowder, of record in Book 5099, Page 255, Register's Office for Davidson County, Tennessee.

This is improved property known as 906 Acklen Avenue, Nashville, Tennessee 37218.

Said property is conveyed subject to such limitations, restrictions, and encumbrances as may affect the premises.

There are no debts or encumbrances which might become a lien on this described real estate.

IN WITNESS WHEREOF, I have hereunto set my hand this the 31 day of October, 2009.

Russelltaze H. Crowder Jr.

RUSSELLTAZE CROWDER, heir of Harry Russell and Callie M. Crowder

TIFFENY JOHNSON FONTNO, heir of Harry Russell and Callie M. Crowder, and Jacqueline Pauline Johnson

Jimmy Todd Johnson Jimmy Todd Johnson

JIMMY TODD JOHNSON, heir of Harry Russell and Callie M. Crowder, and Jacqueline Pauline Johnson

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, **Russelltaze Crowder**, Notary Public, the within named Russell Crowder, Tiffeni Johnson Fontno, Jacqueline Pauline Johnson and Jimmy Todd Johnson, the bargainor's with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, and who acknowledged that she executed the within instrument for the purposes therein contained.

SWORN and SUBSCRIBED to before me on this the 25 day of Sept, 2009.

NOTARY PUBLIC
MY COMMISSION EXPIRES: 9-25-2010

LARRY B. HOOVER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

STATE OF OHIO)
COUNTY OF CUYAHOGA)

Personally appeared before me, **Tiffeni Johnson Fontno**, Notary Public, the within named Russell Crowder, Tiffeni Johnson Fontno, Jacqueline Pauline Johnson and Jimmy Todd Johnson, the bargainor's with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, and who acknowledged that she executed the within instrument for the purposes therein contained.

SWORN and SUBSCRIBED to before me on this the 31 day of OCTOBER, 2009.

Judith Jarzembak

NOTARY PUBLIC JUDITH JARZEMBAK
MY COMMISSION EXPIRES: 2-28-10

STATE OF OHIO)
COUNTY OF CUYAHOGA)

Personally appeared before me, **Jimmy Todd Johnson**, Notary Public, the within named Russell Crowder, Tiffeni Johnson Fontno, Jacqueline Pauline Johnson and Jimmy Todd Johnson, the bargainor's with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, and who acknowledged that she executed the within instrument for the purposes therein contained.

SWORN and SUBSCRIBED to before me on this the 31 day of OCTOBER, 2009.

NOTARY PUBLIC JUDITH JARZEMBAK
MY COMMISSION EXPIRES: 2-28-2010

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The actual consideration or value, whichever is greater, for this transfer is Zero Dollars ($0).

AFFIANT

SWORN and SUBSCRIBED to before me on this the 28 day of Sept, 2009.

NOTARY PUBLIC
MY COMMISSION EXPIRES: 9-25-2010

LARRY B. HOOVER STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0107441

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Callie Mattie Matthews Crowder
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): December 17,2001
4. SOCIAL SECURITY NUMBER: [redacted]-2628
5a. AGE-LAST BIRTHDAY (Years): 93
5b. UNDER 1 YEAR (Months / Days)
5c. UNDER 1 DAY (Hours / Min.)
6. DATE OF BIRTH (Month, Day, Year): June 7,1908
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 X 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): Centennial Medical Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name): None
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Teacher
12b. KIND OF BUSINESS/INDUSTRY: None
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 907 Wedgewood Ave
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37203
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes O X No. Specify, if yes:
15. RACE-American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): ; College (1-4 or 5+): X

NAME OF DECEDENT (To be completed by physician or funeral director)

PARENTS

17. FATHER'S NAME (First, Middle, Last): William Matthews
18. MOTHER'S NAME (First, Middle, Maiden Surname): Tula Maria Thomas

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Jeannette Crowder
19b. RELATIONSHIP TO DECEASED: Daughter-in Law
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3619 Fairmeade Nashville, tn 37218

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): Greenwood Cemetery
20c. LOCATION-City or Town, State: Nashville,Tenn
21a. SIGNATURE OF FUNERAL DIRECTOR: W.R.Davis
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2907
21c. SIGNATURE OF EMBALMER: James Studdard
21d. LICENSE NUMBER OF EMBALMER: 4070
22a. NAME AND ADDRESS OF FUNERAL HOME: Davis-Campbell McClain 1404 Jefferson St. Nashville, Tenn
22b. LICENSE NUMBER OF FUNERAL HOME: 403

REGISTRAR

23. REGISTRAR'S SIGNATURE: John P. Dunn
24. DATE FILED (Month, Day, Year): January 14, 2002

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: YOGA N. THATI M.D
25b. LICENSE NUMBER: 0000031806
25c. DATE SIGNED (Month, Day, Year)
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)
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

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)

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. ASPIRATION PNEUMONIA
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. SEIZURES
DUE TO (OR AS A CONSEQUENCE OF):
c. COPD
DUE TO (OR AS A CONSEQUENCE OF):
d. ARF

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 X 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
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. 2-93

BIRTH NO.

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.

John P. Dunn
John P. Dunn
Local Registrar

JAN 14 2002
Date Issued

CERTIFICATION OF VITAL RECORD

VOID

Reg. Dist. No. 18
Primary Reg. Dist. No. 1801
Registrar's No. 2006004211

DO NOT WRITE IN MARGIN RESERVED FOR ODH DATA CODING

Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF DEATH
State File No.
TYPE OR PRINT IN PERMANENT BLACK INK

a. b. c. d. e.

DECEDENT

1. Decedent's Name (First, Middle, LAST): JACQUELINE Pauline JOHNSON
2. Sex: F
3. Date of Death (Month, Day, Year): 08/27/2006
4. Social Security Number: [redacted]-6019
5a. Age-Last Birthday (Years): 70Y
5b. Under One Year: Months / Days
5c. Under 1 Day: Hours / Minutes
6. Date of Birth (Month, Day, Year): March 19, 1936
7. Birthplace (City, County and State or Foreign Country): Nashville, Tennessee
8. Was Decedent Ever in U.S. Armed Forces? ☐ Yes ☒ No
9a. Place of Death (Check Only One): Hospital ☐ Inpatient ☒ ER/Outpatient ☐ DOA; Other ☐ Nursing Home ☐ Residence ☐ Other (Specify)
9b. Facility Name (If Not Institution, Give Street and Number): Cleveland Clinic Foundation
9c. City, Village, Twp., or Location of Death: Cleveland, Ohio
9d. County of Death: Cuyahoga
10. Marital Status - Married, Never Married, Widowed, Divorced (Specify): Divorced
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): Physical Education Teacher
12b. Kind of Business/Industry: Education
IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION
13a. Residence-State: Ohio
13b. County: Cuyahoga
13c. City, Town, Twp., or Location: Beachwood
13d. Street and Number: 3666 Concord Drive
13e. Inside City Limits? ☒ Yes ☐ No
13f. ZIP Code: 44122
14. Was Decedent of Hispanic Origin? ☐ Yes ☒ No (If Yes, Specify Cuban, Mexican, Puerto Rican, etc.)
15. Race-American Indian, Black, White, etc. (Specify): Black
16. Decedent's Education (Specify Only Highest Grade Completed): Elementary/Secondary (0-12): 12th Grade; College (1-4 or 5+): 6 Years

PARENTS

17. Father's Name (First, Middle, Last): Harry Crowder
18. Mother's Name (First, Middle, Maiden Surname): Mamie Barnes

INFORMANT

19a. Informant's Name (Type/Print): Jimmy Johnson
19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, ZIP Code): 14601 Rochelle Drive, Maple Hts., Ohio 44137

DISPOSITION

20a. Method of Disposition: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. Place of Disposition (Name of Cemetery, Crematory, or Other Place): Knollwood Cemetery
20c. Location (City or Town, State): Mayfield Hts., Ohio
20d. Date of Disposition: September 1, 2006
21a. Name of Embalmer (First, Middle, Last): Mark Schwarzman
21b. License Number: #8652-A
22a. Signature of Funeral Director or Other Person: William F. Boyd Jr.
22b. License Number (of Licensee): #3162
23. Name and Address of Facility (Include City, State and ZIP code): E.F. Boyd and Son Funeral Home, 2165 East 89th Street, Cleveland, Ohio 44106

REGISTRAR

24. Registrar's Signature: Donna Pinkney
25. Date Filed (Month, Day, Year): SEP - 8 2006
26a. Signature of Person Issuing Permit: Donna Pinkney
Provisional / Donna Pinkney
26b. Dist. No.: #1801
27. Date Permit Issued: August 29, 2006

CERTIFIER

28a. Certifier (Check Only One): ☒ Certifying 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.
☐ Coroner — 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) and manner as stated.
28b. Time of Death: 1:00 AM
28c. Date Pronounced Dead (Month, Day, Year): AUGUST 27, 2006
28d. Was Case Referred to Coroner? ☐ Yes ☒ No
28e. Signature and Title of Certifier: Susan B. LeGrand MD
28f. License Number: 75194
28g. Date Signed (Month, Day, Year): August 31, 2006
29. (Type/Print) Name (First, Middle, Last) and Address of Person who Completed Cause of Death (Include City, State and ZIP code): SUSAN B. LeGrand MD 9500 Euclid Cleve. OH 44195

CAUSE OF DEATH

30. 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. Type or print in permanent black ink.

		Approximate Interval Between Onset and Death
Immediate Cause (Final disease or condition resulting in death) → a.	Subdural a sub arachnoid Hemorrhage	1 week
Sequentially list conditions, if any, leading to the immediate cause. Enter Underlying Cause Last (Disease or injury that initiated events resulting in death) b. Due to (or as a Consequence of)	Thrombocytopenia	5 yrs
c. Due to (or as a Consequence of)	Myelodysplastic syndrome	5 yrs
d. Due to (or as a Consequence of)		

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

31a. Was an Autopsy Performed? ☐ Yes ☒ No
31b. Were Autopsy Findings Available Prior to Completion of Cause of Death? ☐ Yes ☐ No

SEE INSTRUCTIONS ON REVERSE SIDE

32. Manner of Death: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could Not be Determined
33a. Date of Injury (Month, Day, Year)
33b. Time of Injury
33c. Injury at Work? ☐ Yes ☒ No
33d. Describe How Injury Occurred
33e. Place of Injury - At Home, Farm, Street Factory, Office Building, etc. (Specify)
33f. Location (Street and Number or Rural Route Number, City or Town, State)

3

HEA 2717
5152.06 Rev. 2/97

VOID

I HEREBY CERTIFY THIS DOCUMENT IS AN EXACT COPY OF THE RECORD ON FILE WITH THE OHIO DEPARTMENT OF HEALTH.
MY 12090101 70
LEVORNE DEAN, LOCAL REGISTRAR
OFFICE OF VITAL STATISTICS
WITNESS MY HAND AND SEAL

VOID VOID VOID