BILL GARRETT, Davidson County
Trans:T20100032241 DEEDWARR
Recvd: 05/28/10 10:23 3 pgs
Fees:17.00 Taxes:0.00
20100528-0041292

(HENDERSON, Walter)
This instrument prepared by:
J. PHILLIP JONES
ATTORNEY AT LAW
SUITE C-205, NASHVILLE HOUSE
ONE VANTAGE WAY
NASHVILLE, TN 37228
2106 CRYSTAL DR.
NASHVILLE, TN 37210
PARCEL ID 095 14 0 005.00

NO MORTGAGE
New Owner - Send Tax Bills:
SECRETARY OF HOUSING
AND URBAN DEVELOPMENT
c/o PYRAMID REAL ESTATE SERVICES
616 MARRIOTT DRIVE, SUITE 300
NASHVILLE, TN 37214

DEED IN LIEU OF FORECLOSURE

THIS INDENTURE, made this 3 day of March, 2010 between **WALTER T. HENDERSON, A MARRIED MAN AND MARY E. HENDERSON HIS WIFE**, hereinafter called GRANTOR, and **SECRETARY OF HOUSING AND URBAN DEVELOPMENT**, its successors and assigns, hereinafter called GRANTEE.

W I T N E S S E T H:

THAT FOR AND IN CONSIDERATION of the sum of One Dollar ($1.00) cash in hand paid, the receipt of which is hereby acknowledged, and other valuable consideration, the GRANTOR has bargained and sold, and by these presents does transfer and convey unto the said GRANTEE, its successors and assigns, a certain tract or parcel of land in **DAVIDSON** County, Tennessee, described as follows, to wit:

LOT 142, ELM HILL ACRES, SECTION NUMBER 1, AS SHOWN ON PLAT OF RECORD IN PLAT BOOK 2331, PAGE 67, IN THE REGISTER'S OFFICE, DAVIDSON COUNTY, TENNESSEE, TO WHICH PLAT REFERENCE IS HEREBY MADE FOR A MORE PARTICULAR DESCRIPTION OF SAID PROPERTY.

BEING THE SAME PROPERTY CONVEYED TO WALTER T. HENDERSON AND WIFE MARY E. HENDERSON BY WARRANTY DEED DATED AUGUST 1, 1972 OF RECORD IN BOOK 4624 PAGE 812, REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE.

THIS IS IMPROVED PROPERTY KNOWN AS 2106 CRYSTAL DR., NASHVILLE, TN 37210

TO HAVE AND TO HOLD the said parcel of land, with the appurtenances, estate, title and interest thereto belonging to the said GRANTEE, its successors and assigns forever. We covenant with the said GRANTEE that we are lawfully seized and possessed of said land in fee simple, have a good right to convey it, and that the same is unencumbered except as otherwise herein set out.

We further covenant and bind ourselves, our heirs and representatives to warrant and forever defend the title to the said land to the said GRANTEE, its successors and assigns, against the lawful claims of all persons whomsoever.

THIS DEED is an absolute conveyance of title in effect as well as in form, and is not intended as a mortgage, trust conveyance, or security of any kind. The consideration therefore in addition to that herein above set forth is the full release of all debts, obligations, and charges heretofore existing on account of and by the terms of a Deed of Trust on the property herein conveyed. Said Deed of Trust is dated **AUGUST 26, 2004** executed by the GRANTOR herein, recorded in **INSTRUMENT NO. 20040901-0105754** in the Register's Office for

DAVIDSON County, Tennessee, and this conveyance is for the purpose of completely satisfying said obligation and terminating said Deed of Trust and note secured thereby, and any effect thereof in all respects.

THE GRANTOR further warrants that, as of the date of execution of this instrument, they do not own any other property subject to a mortgage held by **SECRETARY OF HOUSING AND URBAN DEVELOPMENT AND/OR CITIMORTGAGE, INC.**, and further that they have not filed a petition in bankruptcy within three (3) months prior to the execution of this deed.

X Walter T Henderson
WALTER T. HENDERSON

X Deceased 9-27-09
MARY E. HENDERSON

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 **WALTER T. HENDERSON**, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that they executed the within instrument for the purposes therein contained.

Witness my hand and official seal at NASHVILLE, ~~2106 Crystal Dr~~ TN, this 3rd day of MARCH, 2010.

Debbie Bourne
Notary Public

My Commission Expires: September 25, 2010

[AFFIX SEAL]

DEBBIE BOURNE
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON
MY COMMISSION EXPIRES: September 25, 2010

STATE OF TENNESSEE
COUNTY OF Davidson

The actual value or consideration, whichever is greater for this transfer is $149,432.17.

X Walter T Henderson
Affiant

Subscribed and sworn to before me, this the 4th day of MARCH, 2010.

My Commission Expires:
September 25, 2010

Debbie Bourne
Notary Public

[AFFIX SEAL]

THIS IS IMPROVED PROPERTY KNOWN AS 2106 CRYSTAL DR., NASHVILLE, TN 37210
PARCEL ID 095 14 0 005.00

DEBBIE BOURNE
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON
MY COMMISSION EXPIRES: September 25, 2010

STATE OF TENNESSEE
Office of Vital Records

F085671

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): Mary Elizabeth Henderson
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): September 27,2009
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-3905
5a. AGE-LAST BIRTHDAY (Years): 76
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): April 11,1933
7. BIRTHPLACE (City and State or Foreign Country): Cheatham County, 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): 8216 B Gordon Lane
9c. CITY, TOWN, OR LOCATION OF DEATH: Hermitage
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Walter Henderson
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Nurse
12b. KIND OF BUSINESS/INDUSTRY: McKendree Village
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Hermitage
13d. STREET AND NUMBER OR RURAL LOCATION: 8216 B Gordon Lane
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): 11; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Brasker Dewey Shearron
18. MOTHER'S NAME (First, Middle, Maiden Surname): Laura May Carrigan

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Walter Henderson
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 8216 B Gordon Lane 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: Old Hickory, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Charles H Teague
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5845
21c. SIGNATURE OF EMBALMER: Mary Katherine Moore
21d. LICENSE NUMBER OF EMBALMER: 5995
22a. NAME AND ADDRESS OF FUNERAL HOME: Hibbett & Hailey Funeral Home 429 Donelson Pike Nashville, Tennessee 37214
22b. LICENSE NUMBER OF FUNERAL HOME: 492

REGISTRAR

23. REGISTRAR'S SIGNATURE: Jonya Y. Foreman DR
24. DATE FILED (Month, Day, Year): October 9 2009

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 [X] SIGNATURE AND TITLE OF PHYSICIAN:
25b. LICENSE NUMBER: 16439
25c. DATE SIGNED (Month, Day, Year): 10/5/09
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 24HOUR CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Mitchell Looney 5253 Fmit Blvd #434 Hermitage TN 37076

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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Lung Cancer — DUE TO (OR AS A CONSEQUENCE OF): — Approximate Interval Between Onset and Death: ~2 months
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 [ ] 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):

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 Department of Health. Alteration or erasure voids this certification.

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

3560941

Sharon M. Leinbach
STATE REGISTRAR

Jonya Y. Foreman
Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

OCT 09 2009
Date Issued

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD