PICK-UP

BILL GARRETT, Davidson County
Trans:T20110014732 DEEDQC
Recvd: 03/11/11 12:38 3 pgs
Fees:17.00 Taxes:0.00

20110311-0019524

This Instrument Prepared By and Return to:
Sherry Lynn Kuykendall Fey
1410 Clarke Street
Old Hickory, TN 37138

QUITCLAIM DEED

Address New Owner(s) as Follows:	*Send Tax Bills To*
Sherry Lynn Kuykendall Fey, and husband, John Terral Fey 1410 Clarke Street Old Hickory, TN 37138	Same
Map & Parcel No.: 026-09-0 / 63.00	

I, SHERRY LYNN KUYKENDALL, a married woman, the GRANTOR herein, by these presents do transfer, Quitclaim and convey unto:

SHERRY LYNN KUYKENDALL FEY, and husband, JOHN TERRAL FEY, (collectively and individually, "GRANTEE"), their heirs, successors and assigns, all of her right, title and interest in and to a certain tract or parcel of land described as follows (the "Property"):

BEING Lot No. 62 on the Goodlettsville Heights Subdivision, Section No. 2, a Plat of which is of record in Book 1424, page 121, Register's Office for Davidson County, Tennessee.

Said Lot No. 62 fronts 115 feet on the South side of Moss Trail Road and runs back 350 feet on the West line and 340 feet on the East line and shows 120.03 feet on the rear line.

Being all the same property conveyed to E. Gerald Webb, for life, Remainder to Sherry Lynn Kuykendall, by Quitclaim Deed as of record in instrument number 20070501-0051516, Register's Office for Davidson County, Tennessee. The said E. Gerald Webb having since died.

The above description is the same as in the previous deed of record.

The property conveyed herein is transferred subject to such easements, limitations, encumbrances and restrictions as may affect the property, including:

Easement of record in Book 4363, page 135, R.O.D.C., TN.

Whenever used, the singular shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

This is improved property known as 407 Moss Trail, Goodlettsville, Tennessee 37072

Witness our hands this 11th day of March, 2011.

Sherry Lynn Kuykendall

N SLK 812631 v1
0-0 03/11/2011

STATE OF Tennessee)
)
COUNTY OF Davidson)

Personally appeared before me, Beth A. Campbell, a Notary Public in and for said County and State, the within named Sherry Lynn Kuykendall, the bargainor, 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.

WITNESS my hand, at office, this 11th day of March, 2011.

Beth A. Campbell
NOTARY PUBLIC

BETH CAMPBELL STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY, TENN.

My Commission Expires: May 8, 2012

STATE OF Tennessee)
)
COUNTY OF Davidson)

The actual consideration or value, whichever is greater, for this transfer is $ - 0 - .

Sherry Lynn Kuykendall
AFFIANT

Subscribed and sworn to before me this 11th day of March, 2011.

Beth A. Campbell
NOTARY PUBLIC

BETH CAMPBELL STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY, TENN.

My Commission Expires: May 6, 2012

N SLK 812631 v1
0-0 03/11/2011

STATE OF TENNESSEE
Office of Vital Records

1100950

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): Ewell Gerald Webb
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): February 13, 2011
4. SOCIAL SECURITY NUMBER (of Decedent): [redacted]5953
5a. AGE-LAST BIRTHDAY (Years): 93
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): September 07, 1917
7. BIRTHPLACE (City and State or Foreign Country): Newbern, Tennessee
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; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Skyline Medical Center
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):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Sales
12b. KIND OF BUSINESS/INDUSTRY: Tom's Foods
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Goodlettsville
13d. STREET AND NUMBER OR RURAL LOCATION: 407 Moss Trail
CENSUS TRACT: 5×3114
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37072
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): White
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 institution
17. FATHER'S NAME (First, Middle, Last): Ewell W. Webb
18. MOTHER'S NAME (First, Middle, Maiden Surname): Hettie Lanier
19a. INFORMANT'S NAME (Type/Print): Sherry Kuykendall-Fey
19b. RELATIONSHIP TO DECEASED: Niece
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1410 Clarke St., Old Hickory, TN 37138
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): Spring Hill Cemetery
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Wayne Slyter
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5243
21c. SIGNATURE OF EMBALMER: Heather Sharpe
21d. LICENSE NUMBER OF EMBALMER: 5955
22a. NAME AND ADDRESS OF FUNERAL HOME: Cole & Garrett Funeral Home and Cremation Sevices 127 N. Main St., Goodlettsville, Tennessee 37072
22b. LICENSE NUMBER OF FUNERAL HOME: 718
23. REGISTRAR'S SIGNATURE: Tonya Y. Forman
24. DATE FILED (Month, Day, Year): February 23, 2011
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:
25b. LICENSE NUMBER: 24707
25c. DATE SIGNED (Month, Day, Year): 2-17-2011
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): Murray M Arms, MD 3443 Dickerson Pike Ste 680 Nashville, TN 37207
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.
SEE INSTRUCTIONS ON OTHER SIDE
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Severe Sepsis
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. Pneumonia
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.
Approximate Interval Between Onset and Death: 48
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.: Chronic Renal Failure
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 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-1656 (REV. 6/99)
BIRTH NO.
RDA 1299

4625435

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.

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Forman, Local Registrar
Davidson County, Tennessee

FEB 23 2011
Date Issued

CERTIFICATION OF VITAL RECORD