PICK-UP

BILL GARRETT, Davidson County
Trans: T20110028623 DEEDQC
Recvd: 05/13/11 09:23 2 pgs
Fees: 12.00 Taxes: 0.00
20110513-0036752

STATE OF TENNESSEE
COUNTY OF DAVIDSON
THE ACTUAL CONSIDERATION OR TRUE VALUE, WHICHEVER IS GREATER FOR THIS TRANSFER IS
$ 0
Joyce Sullivan
AFFIANT
SUBSCRIBED AND SWORN TO BEFORE ME, THIS
THE 13 DAY OF May 20 11
Brandi Weeks
Deputy Register

Prepared By:
Joyce S. Sullivan
115 Lorraine Avenue
Nashville, TN. 37207

Parcel ID #: 06016001200

Responsible for Property Taxes:
Joyce S. Sullivan, an unmarried woman and James J. Sullivan, an unmarried man
115 Lorraine Ave
Nashville, TN 37207

QUIT CLAIM DEED (INDIVIDUAL)

This QUIT CLAIM DEED, dated by Joyce S. Sullivan, whose post office address is 115 Lorraine Avenue, Nashville, TN 37207, hereinafter called the GRANTOR, to Joyce S. Sullivan, an unmarried woman and James J. Sullivan, an unmarried man, joint tenants with right of survivorship, whose post office address is 115 Lorraine Ave, Nashville, TN 37207 hereinafter called the GRANTEE: (Wherever used herein the terms "Grantor" and "Grantee" shall include all parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations.)

WITNESSETH: That the GRANTOR, for and in consideration of the sum of $10.00 and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the GRANTEE, all that certain land situate in Davidson County, Tennessee, viz:

BEING Lot 11, on the plan of CAPITAL VIEW SUBDIVISION as of record in Book 974, Page 52 and 53, Register's Office of Davidson County, Tennessee.

The Source of the borrower's interest in the foregoing described property was a Warranty Deed, dated 2/25/1999, recorded in Book 11359, Page 300, of the Register's Office of Davidson, Tennessee.

Commonly known as: 115 Lorraine Ave., Nashville, TN 37207
Date Acquired: 2/25/1999

However, by showing this address no additional coverage is provided.

Deed conveying property from mother to mother and son

TO HAVE AND TO HOLD, the same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity and claim whatsoever of the said GRANTOR, either in law or equity, to the only proper use, benefit and behalf of the said GRANTEE forever.

IN WITNESS WHEREOF, GRANTOR has signed and sealed these presents the date set forth above.

SIGNED IN THE PRESENCE OF THE FOLLOWING WITNESSES:

Edward B. Mitchell Jr.
Edward B. Mitchell, Sr
Witness
Printed Name:

Candice L. Mitchell
Witness
Printed Name: Candice L. Mitchell

Joyce S. Sullivan
Joyce S. Sullivan

STATE OF TENNESSEE
COUNTY OF Sumner Cty

The foregoing instrument was acknowledged before me this 12th day of May, 2011, by Joyce S. Sullivan, an unmarried woman, who (✓) is personally known to me or (_) has produced _____ as identification.

(SEAL)

LOIS HARDY LEAL
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

Lois Hardy Leal Notary
Notary Public Lois Hardy Leal Notary
My Commission Expires: 08-21-2012

Signed in Sumner Cty.

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0403481

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): Larry E. Sullivan
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): June 16, 2004
4. SOCIAL SECURITY NUMBER (or Decedent): [redacted]3799
5a. AGE - LAST BIRTHDAY (Years): 58
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Mar 28, 1946
7. BIRTHPLACE (City and State or Foreign Country): Three Rivers, MI
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): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Joyce Saunders
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Self-Employed
12b. KIND OF BUSINESS/INDUSTRY: Construction Worker
13a. RESIDENCE—STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 115 Lorraine Ave
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37207
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): 12; College (1-4 or 5+): 2

NAME OF DECEDENT For use by Physician or Medical Examiner

PARENTS

17. FATHER'S NAME (First, Middle, Last): James Sullivan
18. MOTHER'S NAME (First, Middle, Maiden Surname): Hazel Dentler

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Joyce Sullivan
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 115 Lorraine Ave, Nashville, TN 37207

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [X] Removal from State 4 [ ] Donation 5 [ ] Other (Specify) _____
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Parkville Cemetery
20c. LOCATION—City or Town, State: Park Township, MI
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Dale Cameron
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5456
21c. SIGNATURE OF EMBALMER: ▶ Eugene Quigley
21d. LICENSE NUMBER OF EMBALMER: 2200
22a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Company, 2707 Gallatin Road, Nashville, TN 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 331

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ [signature]
24. DATE FILED (Month, Day, Year): July 1, 2004

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: ▶ Orlando Jimenez Jr MD
25b. LICENSE NUMBER: 35567
25c. DATE SIGNED (Month, Day, Year): 6-03-04
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 IDENTIFYING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

SEE INSTRUCTIONS ON OTHER SIDE.

CAUSE OF DEATH

28. PART I. Enter the disease, 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.	Cardiogenic Shock / Acute Myocardial Infarction	
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):	Acute Aortic Edema	
c. DUE TO (OR AS A CONSEQUENCE OF):	Congestive Heart Failure	
d. DUE TO (OR AS A CONSEQUENCE OF):	Acute Respiratory Failure	

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 [X] 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-1659
REV. 2-93

BIRTH NO. _____

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.

Tonya Y. Ruttlen
Local Registrar

JUL 01 2004
Date Issued

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

CERTIFICATION OF VITAL RECORD