PICK-UP

BILL GARRETT, Davidson County
Trans:T20110036061 DEEDQC
Recvd: 06/16/11 10:32 5 pgs
Fees:27.00 Taxes:0.00
20110616-0046181

Recording requested by: ELLEN WISEMAN REYNOLDS Space above reserved for use by Recorder's Office

When recorded, mail to:
Name: ELLEN WISEMAN REYNOLDS
Address: 3019 VISTA DRIVE
City/State/Zip: NASHVILLE, TN 37218

Document prepared by:
Name ELLEN WISEMAN REYNOLDS
Address 3019 VISTA DRIVE
City/State/Zip NASHVILLE, TN 37218

Property Tax Parcel/Account Number: 59-01 009.00 Lot 169 on Plan of R.B. Beals Section I, as recorded in Book 3700 Pg 102, DAVIDSON County

Quitclaim Deed

This Quitclaim Deed is made on 6/15/11, between ELLEN WISEMAN REYNOLDS, Grantor, of 3019 VISTA DRIVE, City of NASHVILLE, State of TENNESSEE, and ELLEN WISEMAN REYNOLDS PATRICIA WISEMAN HUTCHINSON, Grantee, of 3019 VISTA DRIVE, TENNES EUGENE HUTCHINSON (TENNIES), City of NASHVILLE, State of TENNESSEE.

For valuable consideration, the Grantor hereby quitclaims and transfers all right, title, and interest held by the Grantor in the following described real estate and improvements to the Grantee, and his or her heirs and assigns, to have and hold forever, located at 3019 VISTA DRIVE, City of NASHVILLE, State of TENNESSEE:

SEE EXHIBIT A

Subject to all easements, rights of way, protective covenants, and mineral reservations of record, if any. Taxes for the tax year of 2011 shall be prorated between the Grantor and Grantee as of the date of recording of this deed.

Dated: 6/15/11

Ellen Kiseman Reynolds
Signature of Grantor

Ellen Kiseman Reynolds
Name of Grantor

Yolanda Dismukes
Signature of Witness #1

YOLANDA DISMUKES
Printed Name of Witness #1

Pamela Hutchinson
Signature of Witness #2

PAMELA HUTCHINSON
Printed Name of Witness #2

State of TENNESSEE County of DAVIDSON

On 6/15/11, the Grantor, Ellen Kiseman Reynolds personally came before me and, being duly sworn, did state and prove that he/she is the person described in the above document and that he/she signed the above document in my presence.

Monica M Jennings
Notary Signature

MONICA M. JENNINGS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

Notary Public,
In and for the County of Davidson State of Tennessee
My commission expires: July 10, 2011

Send all tax statements to Grantee.

STATE OF TENNESSEE
COUNTY OF DAVIDSON

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

Ellen Freeman Reynolds
Affiant

Subscribed and sworn to before me, this the 06 Day of 15th 2011

Notary

MONICA M. JENNINGS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

Exhibit A

WARRANTY DEED F-618

For and in consideration of the sum of TEN DOLLARS * DOLLARS ($ 10.00), and other good and valuable considerations, the receipt of all of which is hereby acknowledged,

MIP 59-1 9 PW

JAN 19	CONV	33,500.00			
JAN 19	S'TAX		A*	87.10	
JAN 19	PRFEE		A*	.50	
JAN 19	WDEED		A*	4.00	* 91.60

HOWARD B. MOORE and wife, MARGIE M. MOORE

hereinafter called the Grantor, has bargained and sold, and by these presents does transfer and convey unto MACK SAMUAL REYNOLDS and wife, ELLEN WISEMAN REYNOLDS

hereinafter called the Grantee, his heirs, successors and assigns, a certain tract or parcel of land in Davidson County, State of Tennessee, described as follows:

Being Lot No. 9, of Section One, R. B. Beal Subdivision, as of record in Book 3700, page 102, Register's Office for said County, to which plan reference is here made for a more complete and accurate description.

Being part of the property conveyed to Howard B. Moore and wife, Margie M. Moore, by deed from R. B. Beal and wife, Elizabeth Corder Beal, as of record in Book 4058, page 115, said Register's Office.

This conveyance is made subject to a Gas line easement of record in Book 1334, page 116, said Register's Office.'

This instrument was prepared by Reau E. Folk, Jr., Attorney, 3829 Cleghorn Avenue, Nashville, Tennessee, upon information furnished by the parties.

This is improved property located at ____ Vista Drive, Nashville, Tennessee, known as Field Book 13D-17450, Map Parcel No. ______.
Send Tax Bills to: Security Federal Savings & Loan Association, 5th & Union, Nashville, Tennessee 37219

To have and to hold the said tract or parcel of land, with the appurtenances, estate, title and interest thereto belonging to the Grantee, his heirs, successors and assigns, forever.
And the Grantor covenants with the Grantee that he is lawfully seized and possessed of said land in fee simple, possessing a good right to convey it, and that the said land is unencumbered.

The Grantor further covenants and binds himself, his heirs, successors and representatives to warrant and defend the title to the said land to the Grantee, his heirs, successors and assigns against the lawful claims of all persons whomsoever.
Whenever used, the singular number shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.
In witness whereof, the Grantor has hereunto set his hand on this, the 28th day of December, 1972

Howard B. Moore
Howard B. Moore
Margie M. Moore
Margie M. Moore

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Before me, Helen D. Scott, a Notary Public in and for the State and County aforesaid, personally appeared the within named Howard B. Moore and wife, Margie M. Moore the bargainor(s), 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 the 28th day of December, 1972

Helen D. Scott
Notary Public

My commission expires: May 25, 1975.

STATE OF TENNESSEE
Office of Vital Records

1008711

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last, Suffix): Mark Samuel Reynolds
2. STATE FILE NUMBER
3. SEX: Male
4. SOCIAL SECURITY NUMBER: [redacted]3154
5. DATE OF DEATH (Month, Day, Year): June 20, 2010
6a. AGE-LAST BIRTHDAY (Years): 66
6b. UNDER 1 YEAR (Months)
6c. UNDER 1 DAY (Hours)
6d. UNDER 1 DAY (Minutes)
6. DATE OF BIRTH (Month, Day, Year): Oct. 10, 1943
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? No
8a. PLACE OF DEATH (Check only one): 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
9a. FACILITY NAME (If not institution, give street and number): Skyline Medical Center
9b. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9c. COUNTY OF DEATH: Davidson
10. MARITAL STATUS: Married
11. SURVIVING SPOUSE (If wife, give maiden name): Ellen Anne Mayers
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mail Handler
12b. KIND OF BUSINESS/INDUSTRY: Post Office
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN, OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 3019 Vista Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? Yes
13f. ZIP CODE: 37218
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) No
15. RACE-American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12 College (1-4 or 5+): 2
17. FACTHER'S NAME (First, Middle, Last, Suffix): Claude Johnson
18. MOTHER'S NAME (First, Middle, Maiden Surname): Maudie Mae Johnson
19a. INFORMANT'S NAME (Type/Print): Ellen Anne Reynolds
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3019 Vista Drive, Nashville, TN. 37218
20a. METHOD OF DISPOSITION: 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Middle Tennessee State Veterans
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Henry L. Smith
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3167
21c. SIGNATURE OF EMBALMER: Patrick L. Tucker
21d. LICENSE NUMBER OF EMBALMER: 5072
22a. NAME AND ADDRESS OF FUNERAL HOME: Henry Louis Smith Funeral Directors, 1503 Buchanan St., Nashville TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 1206
23. REGISTRAR'S SIGNATURE: Tonya Y. Forman
24. DATE FILED (Month, Day, Year): June 29, 2010
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: Eugene Lemay Lam MD
25b. LICENSE NUMBER: TN 30590
25c. DATE SIGNED (Month, Day, Year): 06/24/2010
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(s) 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): Y. John, MD 3443 Dickerson Pike, G30, Nashville, TN 37207
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.
29. IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Acute Resp failure — Approximate Interval Between Onset and Death: 1 day
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. Aspiration Pneumonia — 1 day
DUE TO (OR AS A CONSEQUENCE OF):
c. Acute CVA — 2 days
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.
End Stage Renal disease
29a. WAS AN AUTOPSY PERFORMED? No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 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? 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-1850 (REV. 6/99)
BIRTH NO.
RDA 1389

4632505

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

1/31/2011
Date Issued

CERTIFICATION OF VITAL RECORD