THIS INSTRUMENT PREPARED BY:
BELL TITLE & ESCROW, INC.
117 TWO MILE PIKE
GOODLETTSVILLE, TN 37072

BILL GARRETT, Davidson County
Trans:T20110042463 DEEDQC
Recvd: 07/14/11 13:01 3 pgs
Fees:17.00 Taxes:0.00
20110714-0053957

QUITCLAIM DEED

THIS DEED WAS PREPARED WITHOUT THE BENEFIT OF A TITLE EXAMINATION OR SURVEY AND NO LIABILITY IS ASSUMED FOR ANY STATUS IN TITLE, SURVEY, OR MATTER, WHICH WOULD BE DISCLOSED, BY SUCH TITLE EXAMINATION OR SURVEY.

Address New Owner:	Send Tax Bills To:	Map and Parcel:
Betty Appleton Lynn	same	03900021400
3508 A Huntland Drive		
Whites Creek, TN 37189		

THIS QUITCLAIM DEED made and entered into on the day and date last written by and between, Betty Appleton Lynn, widowed, hereinafter referred to as the "GRANTOR" and Betty Appleton Lynn, widowed and Shelley Sutton, married, as tenants with right of survivorship, hereinafter referred to as the "GRANTEES":

WITNESSETH

FOR AND IN CONSIDERATION of the sum of Twelve and No/100 ($12.00) Dollars cash in hand paid, the receipt of which is hereby acknowledged, and other good and valuable considerations, GRANTOR has this day quitclaimed unto GRANTEES, their heirs and assigns, as tenants with right of survivorship, all her right, title, and interest in and to certain real property located in Davidson County, Tennessee being more particularly described as follows, to wit:

LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT NO. 20 ON THE PLAN OF HICKORY HOLLOW SUBDIVISION, AS OF RECORD IN BOOK 4675, PAGE 86, REGISTER'S OFFICE FOR SAID COUNTY.

SAID LOT NO. 20 FRONTS 330 FEET ON THE WESTERLY SIDE OF HUNTLAND DRIVE AND RUNS BACK BETWEEN LINES 279.57 FEET ON THE NORTHERLY SIDE AND 270 FEET ON THE SOUTHEASTERLY SIDE TO A LINE IN THE REAR MEASURING 330.14 FEET THEREON.

BEING THE SAME PROPERTY CONVEYED TO BOBBY R LYNN AND WIFE, BETTY APPLETON LYNN FROM WALTER R WILLIAMS AND WIFE, MARGIE L WILLIAMS BY WARRANTY DEED DATED 10/31/1975, AND RECORDED 11/11/1975 IN BOOK 4970, PAGE 53, SAID REGISTER'S OFFICE.

BOBBY R LYNN HAVING SINCE PASSED AWAY ON 8/3/1989 LEAVING BETTY APPLETON LYNN, AS HIS SPOUSE AND SURVIVING TENANT BY THE ENTIRETY.

This is improved property known as: **3508 A Huntland Drive, Whites Creek, TN 37189**

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

In Witness Whereof, the undersigned has hereunto set their hands on this the 12th day of July, 2011.

Betty Lynn
Betty Appleton Lynn

STATE OF TENNESSEE
COUNTY OF Davidson)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, BETTY APPLETON LYNN, with whom I am personally acquainted (or proved to be on the basis of satisfactory evidence) that he executed the within instrument for the purposes contained therein.

Witness my hand and official seal this 12th day of July, 2011.

Jessica Kimbro
NOTARY PUBLIC

My commission expires: 12-23-14

JESSICA KIMBRO
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration or value, whichever is greater, for this transfer is $0.00

AFFIANT

Subscribed and sworn to before me this 12th day of July, 2011.

Jessica Kimbro
NOTARY PUBLIC

My commission expires: 12-23-14

JESSICA KIMBRO
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

STATE OF TENNESSEE
Office of Vital Records

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

890371O — STATE FILE NUMBER 89-027345

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Bobby Ray Lynn
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): August 3, 1989
4. SOCIAL SECURITY NUMBER (for Decedent): 410-60-7828
5a. AGE – LAST BIRTHDAY (Years): 50
5b. – 5c. UNDER 1 YEAR / UNDER 1 DAY: MOS. / DAYS / HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 4/2/39
7. BIRTHPLACE (City and State or Foreign County): Gainesboro, TN
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 [X] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Nashville Memorial Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Madison
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Betty Appleton
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Supervisor
12b. KIND OF BUSINESS/INDUSTRY: Water Plant
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Whites Creek
13d. STREET AND NUMBER OR RURAL LOCATION: 3508 Huntland Dr.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37189
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No. Specify, if yes:
15. RACE – American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12th Grade; College (1-4 or 5+): 1+

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): David Thomas Lynn
18. MOTHER'S NAME (First, Middle, Maiden Surname): Hazel Moss

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Kenneth Lynn
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 604 May Dr., Madison, TN 37115

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): National Cemetery
20c. LOCATION – City or Town, State: Madison, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Robb Robinson
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 346
21c. SIGNATURE OF EMBALMER: ▶ Jeff Croy
21d. LICENSE NUMBER OF EMBALMER: 3867
22a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Co., 2707 Gallatin Rd., Nashville, TN 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 331

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Mary C. Pentecost
24. DATE FILED (Month, Day, Year): August 15, 1989

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 [X] SIGNATURE AND TITLE OF PHYSICIAN: ▶ James Seeley MD
25b. LICENSE NUMBER: MD 1586
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):

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): Dr. James Seeley 620 Gallatin Rd., Madison, TN 37115

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Cardiopulmonary arrest
DUE TO (OR AS A CONSEQUENCE OF): b. 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
DUE TO (OR AS A CONSEQUENCE OF): c.
DUE TO (OR AS A CONSEQUENCE OF): d.

SEE INSTRUCTIONS ON OTHER SIDE

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 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide
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

Paula Taylor
Paula Taylor
State Registrar

JUN 15 1998
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