**RECORDING LEGEND**

PLEASE RECORD IN THE
APPROPRIATE REAL ESTATE RECORDS

**GRANTOR(s)**
**Joyce J. Hummel**

**GRANTEE(s)**
**Federal National Mortgage Association**

This Instrument Prepared By:

*WILSON & ASSOCIATES, P.L.L.C.*
5050 Poplar Avenue, Suite 115
Memphis, TN 38157
(901) 578-9914

BILL GARRETT, Davidson County
Trans:T20120022822 DEEDWARR
Recvd: 03/29/12 11:05 3 pgs
Fees:17.00 Taxes:0.00
20120329-0026717

# WARRANTY DEED

KNOW ALL MEN BY THESE PRESENTS:

That, Joyce J. Hummel ("Grantors"), for and in consideration of the sum of One Dollar ($1.00), in hand paid by Federal National Mortgage Association ("Grantee"), the receipt of which is hereby acknowledged, do hereby grant, bargain, sell, and convey unto the said Grantee, and unto its successors and assigns forever, the following-described lands, situated in Davidson County, Tennessee, to wit:

Being Lot Number 138, on the Plan of Winfield Park, Phase 1, Section 2, Revision 2, of record in Instrument Number 200103130024087, Register's Office for Davidson County, Tennessee, to which plan reference is made for a more complete description.

More commonly known as: 5117 Ravens Glen, Nashville, Tennessee 37211.

Tax Parcel No.: 172140B13800CO

Being the same property conveyed to Don N. Hummel and Joyce J. Hummel by Warranty Deed recorded July 7, 2000, as Instrument No. 200007070067365.

Don N. Hummel is deceased pursuant to the attached death certificate.

TO HAVE AND TO HOLD the same unto the said Grantee, and unto its successors and assigns, forever with all appurtenances thereunto belonging. And I, Joyce J. Hummel, hereby covenant with the said Grantee that we will forever warrant and defend the title to said lands against any and all claims whatsoever.

WITNESS my hand and seal this 6th day of February, 2012.

Joyce J. Hummel
Joyce J. Hummel

ACKNOWLEDGMENT

STATE OF Tennessee

COUNTY OF Davidson

Before me, the undersigned notary public of the state and county aforesaid, personally appeared Joyce J. Hummel, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and known to be the person (or persons) described in and who executed the foregoing instrument, and acknowledged that such person (or persons) executed the same as such person's (or persons') free act and deed for the purposes therein contained.

Witness my hand and seal at office in Nashville, TN this 6th day of February, 2012.

RITA F. WILSON
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY

Rita F. Wilson
Notary Public
My Commission Expires: 13 JULY 2014

FORM FOR OATH

I hereby swear and affirm that the actual consideration for this transfer or value of the property transferred, whichever is greater, is $ -0- which amount is equal to or greater than the amount which the property transferred would command at a fair and voluntary sale.

Joyce J. Hummel

Joyce J. Hummel

ACKNOWLEDGMENT

STATE OF Tennessee

COUNTY OF Davidson

Before me, the undersigned notary public of the state and county aforesaid, personally appeared Joyce J. Hummel, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and known to be the person (or persons) described in and who executed the foregoing instrument, and acknowledged that such person (or persons) executed the same as such person's (or persons') free act and deed for the purposes therein contained.

Witness my hand and seal at office in Nashville, TN this 6th day of February, 2012.

Rita F. Wilson

Notary Public

My Commission Expires: 13 JULY 2014

**PROPERTY OWNER AND AGENCY RESPONSIBLE FOR PAYMENT OF TAXES:**

Wells Fargo Home Mortgage
3476 Stateview Blvd
Fort Mill, SC 29715
ATTENTION: AnnMarie Morrison

RITA F. WILSON
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY

# STATE OF TENNESSEE
## Office of Vital Records

100604

TENNESSEE DEPARTMENT OF HEALTH
## CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last): Don Nelson Hummel
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): September 18, 2010
4. SOCIAL SECURITY NUMBER: [redacted]-1587
5. AGE-Last Birthday (Years): 81
6. DATE OF BIRTH (Month, Day, Year): Oct. 12, 1928
7. BIRTHPLACE (City and State or Foreign Country): Greenfield, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9. MARITAL STATUS: 1 [ ] Never Married 2 [X] Married 3 [ ] Married, But Separated 4 [ ] Widowed 5 [ ] Divorced
10. SPOUSE'S NAME (If wife, give maiden name): Jean Hicks
11. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Lt. Col.
12. KIND OF BUSINESS/INDUSTRY: United States Army
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN, OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 5117 Ravena Glen
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37211
14. WAS DECEDENT OF SPANISH/HISPANIC ORIGIN? 1 [ ] Yes 2 [X] No
15. RACE: White
16. DECEDENT'S EDUCATION: 5+
17. FATHER'S NAME (First, Middle, Last): Gordon Barnett Hummel
18. MOTHER'S NAME (First, Middle, Maiden Surname): Ollie May Campbell
19a. INFORMANT'S NAME: Jean Hummel
19b. RELATIONSHIP TO DECEDENT: Wife
19c. MAILING ADDRESS: 5117 Ravena Glen, Nashville, TN 37211
20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [X] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other
20b. PLACE OF DISPOSITION: Nashville Cremation Service
20c. LOCATION: City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Robert E. Fuqua
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 6060
21c. SIGNATURE OF EMBALMER: James Ryan Padgett
21d. LICENSE NUMBER OF EMBALMER: 5535
22a. NAME AND ADDRESS OF FUNERAL HOME: Brentwood-Roesch-Patton Funeral Home and Memorial Park, 660 Thompson Lane, Nashville, TN 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933
23. REGISTRAR SIGNATURE: [signature]
24. DATE FILED (Month, Day, Year): September 23, 2010
25a. PERSON TO BE CONTACTED FOR ADDITIONAL INFORMATION
25b. LICENSE NUMBER: 24306
25c. DATE SIGNED (Month, Day, Year): 9/22/10
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.
1 [ ] 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): Dr. David Heusinkveld, 4230 Harding Road, Ste 530, Nashville, TN 37205
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.
a. IMMEDIATE CAUSE (Final disease or condition resulting in death): Cardiac Arrest
DUE TO (OR AS A CONSEQUENCE OF): CHF
b. DUE TO (OR AS A CONSEQUENCE OF): ASCVD
c. DUE TO (OR AS A CONSEQUENCE OF): HTN, Hyperlipidemia
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 [X] Natural 2 [ ] Pending Investigation 3 [ ] Accident 4 [ ] Suicide 5 [ ] Could not be Determined 6 [ ] Homicide
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)

RDA 1390

4370925

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

Deputy Local Registrar
Davidson County, Tennessee

10/13/2010
Date Issued

CERTIFICATION OF VITAL RECORD

09/12/2011 10:17AM (GMT-05:00)