BILL GARRETT, Davidson County
Trans:T20120044707 DEEDQC
Recvd: 06/18/12 10:35 4 pgs
Fees:22.00 Taxes:0.00
20120618-0053098

STATE OF TENNESSEE
COUNTY OF DAVIDSON
The actual consideration or true value, whichever is greater for this transfer is $ [signature], Affiant
Subscribed and sworn before me this the 18 Day of June, 2012.
Brandi Cullum, Deputy Register

Recording requested by: James H. McKissack
When recorded, mail to:
Name: James H. McKissack
Address: 2314 Scott Avenue
City/State/Zip: Nashville, TN. 37216

Space above reserved for use by Recorder's Office
Document prepared by:
Name James H. McKissack
Address 2314 SCOTT AC
City/State/Zip NASH TN. 37216

Property Tax Parcel/Account Number: 072-10-0023.00

Quitclaim Deed

This Quitclaim Deed is made on June 18, 2012, between James H. McKissack, Grantor, of 2314 Scott Avenue, City of Nashville, State of Tennessee, and James H. McKissack, Grantee, of 2314 Scott Avenue, 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 2314 Scott Avenue, City of Nashville, State of Tennessee:

See Exhibit

Subject to all easements, rights of way, protective covenants, and mineral reservations of record, if any. Taxes for the tax year of 2012 shall be prorated between the Grantor and Grantee as of the date of recording of this deed.

Subject to all easements, rights of way, protective covenants, and mineral reservations of record, if any. Taxes for the tax year of 2012 shall be prorated between the Grantor and Grantee as of the date of recording of this deed.

Dated: 6-18-12

James H. McKissack
Signature of Grantor

Signature of Grantor

James H. McKissack
Name of Grantor

Name of Grantor

State of ~~California~~ Tennessee

County of Davidson } S.S.

On June 18, 2012, before me, Katherine Harrison (name and title of notary), personally appeared James H McKissack, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the above instrument and acknowledged to me that they/he/she executed the instrument in their/his/her authorized capacity. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Witness my hand and official seal.

Katherine Harrison
Notary Signature

KATHERINE HARRISON
STATE OF TENNESSEE NOTARY PUBLIC
Seal
DAVIDSON COUNTY
My Commission Expires January 6, 2015

Land located in Davidson County, Tennessee, described as follows to-wit:

Being a certain tract or parcel of land on the Westerly margin of Scott Avenue; being all of the property described in Deed Book 7976, Page 196, Register's Office, Davidson County, Tennessee, and further described according to a survey by Campbell Surveying Co., Inc., dated 01/31/90, as follows:

Beginning on the westerly margin of Scott Avenue at a point 50 feet south of the southerly margin of Litton Avenue; thence with the westerly margin of Scott Avenue, southwardly 50 feet; thence westwardly 150 feet to a point; thence northwardly 50 feet to a point; thence eastwardly 150 feet to the point of beginning.

Being the same property conveyed to James H. McKissack and wife, Deborah A. Mckissack, (as tenants by the entirety) by Deed from Robert B. Beck and wife, Martha Lu Beck, dated 02/07/1990 and recorded in Book 8044, Page 544, said Register's Office.

Deborah McKissack is now deceased.

STATE OF TENNESSEE
Office of Vital Records

I 0069 05

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): Deborah Ann McKissack
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): November 12, 2010
4. SOCIAL SECURITY NUMBER: [redacted]4253
5a. AGE-LAST BIRTHDAY (Years): 55
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Oct 31, 1955
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 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): 2314 Scott Ave.
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): James K. McKissack
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Factory Worker
12b. KIND OF BUSINESS/INDUSTRY: Nissan
13a. RESIDENCE-STATE: Tn
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2314 Scott Ave.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 Yes 2 No
13f. ZIP CODE: 37216
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes No. Specify, if yes:
15. RACE-American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): ; College (1-4 or 5+): 2

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Willam Charles Shaw
18. MOTHER'S NAME (First, Middle, Maiden Surname): Glenetta Harrison

INFORMANT

19a. INFORMANT'S NAME (Type/Print): James H. McKissack
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2314 Scott Ave. Nashville, Tn 37216

DISPOSITION

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 TN. State Veterans Cemetery
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Terrell A Broady
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4009
21c. SIGNATURE OF EMBALMER: Terrell A Broady
21d. LICENSE NUMBER OF EMBALMER: 4117
22a. NAME AND ADDRESS OF FUNERAL HOME: Terrell Broady Funeral Home, INc. 3855 Clarksville Pike Nashville, TN. 37218
22b. LICENSE NUMBER OF FUNERAL HOME: 1137

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda K. Bowling RR
24. DATE FILED (Month, Day, Year): December 02, 2010

CERTIFIER

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: 44186
25c. DATE SIGNED (Month, Day, Year): 12-01-2010
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 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): David B Tribble M.D. 1718 Patterson St. Nashville, TN 37203

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

SEE INSTRUCTIONS ON OTHER SIDE

Immediate Cause (Final disease or condition resulting in death): a. Breast Cancer Metastatic to Liver
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.
DUE TO (OR AS A CONSEQUENCE OF):
c.
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.

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 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-1055 (REV. 6/99)

BIRTH NO. _____ RRA Use

4508064

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.

Tonya Y. Foreman

Tonya Y Foreman, Local Registrar
Davidson County, Tennessee

DEC 2 2010
Date Issued

Teresa S. Hendricks
STATE REGISTRAR

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

DEPARTMENT OF HEALTH AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD