Recording requested by: _____
When recorded, mail to:
Name: Willie Nettles
Address: 3944 Hydesdale Lane
City: Nashville
State/Zip: Tennessee/ 37218

Space above reserved for use by Recorder's Office
Document prepared by:
Name: Willie Nettles
Address: 3944 Hydesdale Lane
City/State/Zip: Nashville/ Tennessee/ 37218

Property Tax Parcel/Account Number: #06903010000

BILL GARRETT, Davidson County
Trans:T20120057264 DEEDQC
Recvd: 08/02/12 15:31 3 pgs
Fees:17.00 Taxes:0.00
20120802-0068750

Quitclaim Deed

This Quitclaim Deed is made on July 26th 2012, between Harriette Nettles & Willie Nettles, Grantor, of 3944 Hydesdale Lane, City of Nashville, State of Tennessee, and Willie Nettles, Evelyn Nettles, Michael Nettles, Francine Lane, Grantee, of 3944 Hydesdale Lane, 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 3944 Hydesdale Lane,
City of Nashville, State of Tennessee:

"Land in Davidson County, Tennessee, being Lot No. 46 on the Plan of Enchanted Hills Subdivision, Section 1, of record in Book 3300, page 96, Register's Office for Davidson County, Tennessee.

Being the same property conveyed to Willie Nettles and wife, Harriette E. Nettles by deed from N.H. Barker and H.H. Chitwood, which deed has been recorded in the Register's Office for Davidson County, Tennessee, prior to the recording of this instrument." SOT Book 3766 Page 547

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.

STATE OF TENNESSEE
COUNTY OF DAVIDSON
THE ACTUAL CONSIDERATION OR TRUE VALUE, WHICHEVER IS GREATER FOR THIS TRANSFER IS
$ 0

AFFIANT

SUBSCRIBED AND SWORN TO BEFORE ME, THIS
THE 2nd DAY OF Aug 2012

Deputy Register

Dated: July 26th, 2012

Willie Nettles
Signature of Grantor

Willie Nettles
Name of Grantor

Linnett S. Mumphery
Signature of Witness #1

LINNETTS MUMPHERY
Printed Name of Witness #1

Clinton C. Boyd
Signature of Witness #2

Clinton C. Boyd
Printed Name of Witness #2

State of TN County of DAVIDSON
On JULY 26, 2012 the Grantor, WILLIE NETTLES,
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.

Terrell A. Broady
Notary Signature

TERRELL A. BROADY, SR. STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

My Commission Expires January 6, 2014

Notary Public,
In and for the County of DAVIDSON State of TENNESSEE
My commission expires: 1.6.2014
Seal

Send all tax statements to Grantee.

STATE OF TENNESSEE
Office of Vital Records

1000925

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): Harriette Eva Nettles
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): July 1, 2010
4. SOCIAL SECURITY NUMBER: [redacted]-0019
5a. AGE-LAST BIRTHDAY (Years): 78
5b. UNDER 1 YEAR (Months / Days): —
5c. UNDER 1 DAY (Hours / Min.): —
6. DATE OF BIRTH (Month, Day, Year): Sep 25, 1931
7. BIRTHPLACE (City and State or Foreign Country): Moss Point, Mississippi
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Baptist Hospital
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): Willie Nettles
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Nurse
12b. KIND OF BUSINESS/INDUSTRY: Healthcare/Medical
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 3944 Hydesdale Lane
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37218
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): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+): 1

NAME OF DECEDENT: For use by physician or medical examiner.

PARENTS

17. FATHER'S NAME (First, Middle, Last): Howard Addison
18. MOTHER'S NAME (First, Middle, Maiden Surname): Eva V. Wilson

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Michael Nettles
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 605 Bouting Ave Nashville, TN 37215

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): Middle TN Veterans
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Richard A Lewis
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3633
21c. SIGNATURE OF EMBALMER: Delmas C. Bogus
21d. LICENSE NUMBER OF EMBALMER: 3687
22a. NAME AND ADDRESS OF FUNERAL HOME: Lewis & Wright Funeral Home, 2500 Clarksville Highway, Nashville, Tennessee 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 0812

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda L. Bowers DR
24. DATE FILED (Month, Day, Year): July 9, 2010

CERTIFIER

25. 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: John W Pollock MD
25b. LICENSE NUMBER: MD 27303
25c. DATE SIGNED (Month, Day, Year): 7-7-10
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.
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)

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.

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Colon cancer
DUE TO (OR AS A CONSEQUENCE OF):
Approximate Interval Between Onset and Death: 6 months

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

Ph-1659 (REV. 6-03) BIRTH NO. HSA 1389

4359282

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. Foreman
Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

JUL 09 2010
Date Issued

GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796 1936

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD