113-3800

PREPARED BY:
STEPHEN D. COLLINS
8161 DUFFIELD RD.
PEGRAM, TN. 37143

(CHESTER E DUFFIELD JR. DECEASED ON 11-14-09)

General Warranty Deed

(CHESTER E. DUFFIELD JR) & WIFE, PATRICIA J. DUFFIELD

This Deed is made on this day of AUGUST 27, 2012, between the Grantor _____ (632 FRAZIER PL. NASHVILLE, TN 37209 of address _____ and the Grantee ~~STEPHEN D. COLLINS & CHRISTY B. COLLINS~~ of address 8161 DUFFIELD RD. PEGRAM, TN. 37143

STEPHEN D. COLLINS & WIFE CHRISTY BROWN COLLINS

NEW OWNERS & TAX BILLS

For consideration of the sum of $ 22,000.00, the Grantor hereby bargain, deed and convey the following described real property to the Grantee forever, free and clear with WARRANTY COVENANTS:

Property Address: 8156 DUFFIELD RD. PEGRAM, TN. 37143

Legal Description: SEE EXHIBIT "A" ATTACHED SOURCE OF TITLE FROM BOOK _____ PAGE _____
(MAP-113.00 PARCEL 03800)

Grantor, for itself and its heirs, hereby covenants with Grantee, its heirs and assigns, that Grantor is lawfully seized in fee simple of the above described property; that it has a good right to convey, that the property is free from all encumbrances; that the Grantors and its heirs, and all persons acquiring any interest in the property granted, through or for Grantor, will, on demand of Grantee, or its heirs or assigns, and at the expense of Grantee, its heirs or assigns, execute and instrument necessary for the further assurance of the title to the property that may be reasonably required; and that Grantor and its heirs will forever warrant and defend all of the property so granted to Grantee, its heirs, against every person lawfully claiming the same or any part thereof.

EXECUTED this day of AUGUST 28, 2012

Grantor Name: X PATRICIA J. DUFFIELD (CHESTER E. DUFFIELD JR. DECEASED 11-14-09)

Grantor Signature: X Patricia J Duffield

Witness Name: Sarah E Toulin Witness Name: Sammy Huddleston

Witness Signature: Sarah E Toulin Witness Signature: Sammy Huddleston

STATE OF TENNESSEE

COUNTY OF DAVIDSON

On this day, personally appeared before me, PATRICIA J DUFFIELD, to me known to be the person(s) described in and who executed the within instrument, and acknowledged that he/she signed the same as his/her voluntary act and deed, for the uses and purposes therein mentioned.

Witness my hand and official seal hereto affixed on this day of August 28, 2012

Notary's Public Signature: _____

My commission expires _____

RITA L. HOLLEMAN
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY, TENN.
My Commission Expires JULY 6, 2015

STATE OF TENNESSEE
COUNTY OF DAVIDSON
THE ACTUAL CONSIDERATION OR TRUE VALUE, WHICHEVER IS GREATER FOR THIS TRANSFER IS
$ 22,000.00
AFFIANT
SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 20 DAY OF Feb, 2013
Deputy Register

BILL GARRETT, Davidson County
Trans: T20130014293 DEEDWARR
Recvd: 02/20/13 14:59 3 pgs
Fees: 18.00 Taxes: 81.40

20130220-0017087

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 990648

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Chester Earl Duffield Jr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): November 14, 2009
4. SOCIAL SECURITY NUMBER: [redacted]5615
5a. AGE-LAST BIRTHDAY (Years): 69
5b. UNDER 1 YEAR (Months)
5c. UNDER 1 DAY (Hours, Min.)
6. DATE OF BIRTH (Month, Day, Year): February 6, 1940
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA; Other: 4 Nursing Home 5 [X] Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 632 Freedom Place
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): Patricia Brewer
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Policeman
12b. KIND OF BUSINESS/INDUSTRY: Metro - Nashville City
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 632 Freedom Place
CENSUS TRACT
13e. INSIDE CITY LIMITS? [X] Yes 2 No
13f. ZIP CODE: 37209
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Yes [X] No
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Chester Earl Duffield Sr.
18. MOTHER'S NAME (First, Middle, Maiden Surname): Sadie Irene Jeanette

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Patricia Duffield
19b. RELATIONSHIP TO DECEASED: Spouse
19c. MAILING ADDRESS (Street and Number, or Rural Route Number, City or Town, State, Zip Code): 632 Freedom Place, Nashville, TN 37209

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): Harpeth Hills Memory Gardens
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Wade, Sarah
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5884
21c. SIGNATURE OF EMBALMER: Randolph R. Nash, Jr.
21d. LICENSE NUMBER OF EMBALMER: 6178
22a. NAME AND ADDRESS OF FUNERAL HOME: West Harpeth Funeral Home, 6962 Charlotte Pike, Nashville, TN 37209
22b. LICENSE NUMBER OF FUNERAL HOME: 1016

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda R. Bowers PE
24. DATE FILED (Month, Day, Year): November 17, 2009

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the time and date, and due to the cause(s) and manner as stated.
1 [ ] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: 42577
25c. DATE SIGNED (Month, Day, Year): 11/17/09
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)

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. Sharon Gren, 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)

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Metastatic adenocarcinoma of unknown primary
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 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 [X] 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
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)

SEE INSTRUCTIONS ON OTHER SIDE

TR 1858 (REV. 8/09)
BIRTH NO.
RDA 1396

3568435

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.

Sharon M. Leinbach
STATE REGISTRAR

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

NOV 17 2009
Date Issued

CERTIFICATION OF VITAL RECORD

EXHIBIT "A"

8156 Duffield Rd
M.113 P. 3800

This Instrument prepared by: Brenda Crossno - 630 Freedom Place. Nashville, Tn 37209

QUIT CLAIM DEED

KNOW ALL MEN BY THESE PRESENTS, that I Irene Duffield on this the 3rd day of October, 2008 for and in consideration of the sum of One and no/100 Dollars and the love and affection, in and for the expressed purpose of making a re-conveyance to create a fee simple title in and to Chester E. Duffield, Jr. and wife, Patricia June Duffield. I, Irene Duffield, by these presence do hereby quit claim and convey unto Chester E. Duffield Jr. and wife, Patricia June Duffield their successors and assigns, the following described tract or parcel of land, to wit;

Being land formerly in the 8th Civil District of said County, on Sullivan's Ridge and being part of the lands formerly of C.S. Duffield, as surveyed by H. Hutchinson, January 18, 1955 as follows:

Beginning at an iron stake at the road, running thence West 350.67 feet to and iron stake on the W.. A. Crouch line; thence South 306.13 feet to an iron stake, thence East to a stake at the toad 327.05 feet, thence North 305 feet to and iron stake at the beginning , containing 2.37 acres, more or less.

Being the same property conveyed to Mrs. Victoria Duffield by deed from Marion Walter Duffield and wife, Martha Duffield, of record in Book 4245, page 756, Register's Office for Davidson County, Tennessee, and being the same property conveyed to Chester E. Duffield and wife Irene Duffield, et ux, by deed from Victoria Duffield as recorded in Book 4313, page 833, R.O.D.C., Tennessee. This property is known as ~~8158~~ Duffield Road, Pegram, Tennessee 37143. 8156

To have and to hold the said tract or parcel of land, with the appurtenances, estate, title and interest thereto belonging to Irene Duffield, her heirs and assigns, forever. And she does covenant with the said Chester E. Duffield, Jr. and wife, Patricia J. Duffield lawfully seized and possessed of said land in fee simple; have a good right to convey it, subject to such limitations, restrictions, and encumbrances as may offset the premises. And she does further covenant and bind her heirs and representatives to warrant and forever defend the title to the said land to the said Chester E. Duffield, Jr. and wife, Patricia J. Duffield their heirs and assigns against the lawful claims of all persons, whomsoever.

Chester Duffield Jr is deceased and Irene Duffield is the surviving B.C. 10-8-08

IN TESTIMONY WHEREOF I/~~we~~ have hereunto set my/~~our~~ hand(~~s~~) this 3rd day of October, 2008

x Mrs. Irene Duffield spouse.
Mrs. Irene Duffield (Surviving Spouse)

STATE OF TENNESSEE
COUNTY OF Davidson

Before me, the undersigned Notary Public in and for the County and State aforesaid, personally appeared Mrs. Irene Duffield with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged to be person(s) within named and that she executed the foregoing instrument for the purpose therein contained.

Witness my hand and seal this 3rd day of October, 2008.

Parcel I.D. # 113000 03800

Brenda G. Crossno
Notary Public

My commission expires:
May 8, 2112

BRENDA G. CROSSNO
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

Newowner and send tax bills to:
Chester E. Duffield, Jr and Patricia J. Duffield
632 Freedom Place
Nashville, Tn 37209

Davidson County DEEDQC
Recvd: 10/08/08 13:32 2 pgs
Fees: 12.00 Taxes: 0.00
[redacted]
20081008-0102153