BILL GARRETT, Davidson County
Trans:T20130055107 DEEDQC
Recvd: 06/28/13 13:39 3 pgs
Fees:17.00 Taxes:0.00
20130628-0066856

THIS DOCUMENT PREPARED BY: B.I. JOHNSON, ESQ.
1899 Blair Hunt Drive
Memphis,Tenness 38109

# QUIT CLAIM DEED

**KNOW ALL MEN BY THESE PRESENTS,** that on this 28 day of June, 2013, for and in consideration of the sum of Ten dollars and no/100ths cents, the undersigned **George E. Dauberman ( A widow person )** do hereby bargain, sell, release, remise , quit claim and convey unto **Robert L. Pollard or Patsy D. Pollard** all my right, title, and interest in and to the following real estate, to wit:

**Land in Davidson County, Tennessee, being lot No. 151 on the Plan of Abby Hall, Section II, of record in book 2331, page 38, in Registers Office of said County.**

**Said lot No. 151fronts 78.6 feet on the northerly side of Ballingrath Drive and runs between lines, 220.2 feet on the easterly line and 222 feet on the westerly line to a dead line in the rear, measuring 78.6 feet thereon.**

**Being the same property Conveyed to George E. Dauberman and wife Anne Marie Dauberman by Warranty Deed No. K 2542 instrument A 6823, in said Registers Office.**
Book 2542 Page 125

**Tax Parcel Number: 14702002400**

**IN TESTIMONY WHEREOF,** I have hereunto set my hand this 28 day of June 2013.

George E Dauberman

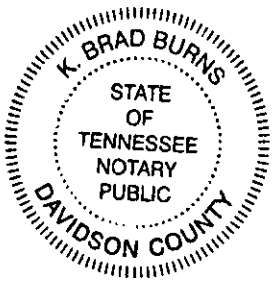
STATE OF TENNESSEE

COUNTY OF DAVIDSON

BEFORE ME, the undersigned Notary Public in and for the County and State aforesaid, personally appeared **George E. Dauberman,** with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged to be the

person within named and the he executed the foregoing instrument for the purpose therein contained.

WITNESS my hand and seal this 28th day of June, 2013.




K. Brad Burns
Notary Public
My commission expires: 5/8/2017

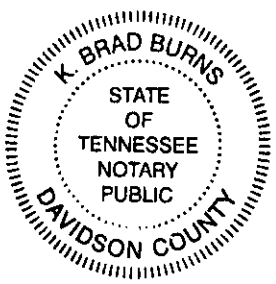
I, hereby swear and affirm that to the best of affiant's knowledge, information, and belief, the actual consideration for this transfer is $10.00.

George E. Pavlakis
Affiant

STATE OF TENNESSEE

COUNTY OF SHELBY

SUBSCRIBED and sworn to before me this 28th day of June, 2013.




K. Brad Burns
Notary Public
My commission expires: 5/8/2017

The following information is not a part of this Deed:

| | |
|---|---|
| **PROPERTY ADDRESS:** | **430 Bellingrath Drive, Nashville, TN 37211** |
| **Owner's information** | **Attn: Robert L or Patsy D. Pollard 717 S. Mclean Memphis, TN 38104** |
| **Parcel Number:** | **14702002400** |

**Mail tax bill to the owner at the address listed above.**

# STATE OF TENNESSEE
## Office of Vital Records

I001300

TENNESSEE DEPARTMENT OF HEALTH
## CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

| | | | |
|---|---|---|---|
| 1. DECEDENT'S NAME (First, Middle, Last): Anna Mae Dauberman | | 2. SEX: Female | 3. DATE OF DEATH (Month, Day, Year): March 02, 2010 |
| 4. SOCIAL SECURITY NUMBER: [redacted]-8145 | 5a. AGE-LAST BIRTHDAY (Years): 88 | 6. DATE OF BIRTH (Month, Day, Year): Aug.28,1921 | 7. BIRTHPLACE (City and State or Foreign Country): Smith County, Tennessee |

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ Yes 2 ☒ No

9. PLACE OF DEATH (Check only one): 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☒ Other (Specify): Hospice

| 9b. FACILITY NAME (If not institution, give street and number) | 9c. CITY, TOWN, OR LOCATION OF DEATH | 9d. COUNTY OF DEATH |
|---|---|---|
| Alive Hospice Residence | Nashville | Davidson |

| 10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify) | 11. SURVIVING SPOUSE (If wife, give maiden name) | 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) | 12b. KIND OF BUSINESS/INDUSTRY |
|---|---|---|---|
| Married | George Dauberman | Secretary | Veteran's Administration |

| 13a. RESIDENCE-STATE | 13b. COUNTY | 13c. CITY, TOWN OR LOCATION | 13d. STREET AND NUMBER OR RURAL LOCATION |
|---|---|---|---|
| Tennessee | Davidson | Nashville | 430 Bellengrath |

CENSUS TRACT

| 13e. INSIDE CITY LIMITS? | 13f. ZIP CODE | 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) | 15. RACE-American Indian, Black, White, etc. (Specify) | 16. DECEDENT'S EDUCATION (Specify only highest grade completed) | |
|---|---|---|---|---|---|
| 1 ☒ Yes 2 ☐ No | 37211 | ☐ Yes ☒ No | White | Elementary/Secondary (0-12): 12 | College (1-4 or 5+) |

PARENTS

| 17. FATHER'S NAME (First, Middle, Last) | 18. MOTHER'S NAME (First, Middle, Maiden Surname) |
|---|---|
| James Bennett Holladay | Anna Mae Petty |

INFORMANT

| 19a. INFORMANT'S NAME (Type/Print) | 19b. RELATIONSHIP TO DECEASED | 19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) |
|---|---|---|
| Patsy Pollard | Daughter | 510 Gay Street, Apt. 508 Nashville, TN 37219 |

| 20a. METHOD OF DISPOSITION | 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) | 20c. LOCATION-City or Town, State |
|---|---|---|
| 1 ☒ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) | Woodlawn Memorial Park | Nashville, Tennessee |

FUNERAL DIR.

| 21a. SIGNATURE OF FUNERAL DIRECTOR | 21b. LICENSE NUMBER OF FUNERAL DIRECTOR | 21c. SIGNATURE OF EMBALMER | 21d. LICENSE NUMBER OF EMBALMER |
|---|---|---|---|
| ▷ Robert E. Fuqua | 6060 | ▷ Todd Lee Yates | 4558 |

| 22a. NAME AND ADDRESS OF FUNERAL HOME | 22b. LICENSE NUMBER OF FUNERAL HOME |
|---|---|
| Woodlawn-Roesch-Patton Funeral Home and Memorial Park 660 Thompson Lane, Nashville, TN 37204 | 933 |

REGISTRAR

| 23. REGISTRAR'S SIGNATURE | 24. DATE FILED (Month, Day, Year) |
|---|---|
| ▷ Linda L. Bowers, RR | March 8, 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.

| 25a. 1 ☒ SIGNATURE AND TITLE OF PHYSICIAN | 25b. LICENSE NUMBER | 25c. DATE SIGNED (Month, Day, Year) |
|---|---|---|
| ▷ [signature] M.D. | 42577 | 3/5/10 |

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.

| 26a. 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): Shari Green M.D. 1710 Patterson Street, 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. | idiopathic cirrhosis of the liver | |
| DUE TO (OR AS A CONSEQUENCE OF): b. | progressive obstructive jaundice | |
| DUE TO (OR AS A CONSEQUENCE OF): c. | | |
| DUE TO (OR AS A CONSEQUENCE OF): d. | | |

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

diabetes mellitus, hypertension, gastroesophageal reflux disease

| 29a. WAS AN AUTOPSY PERFORMED? | 29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
|---|---|
| 1 ☐ Yes 2 ☒ No | 1 ☐ Yes 2 ☒ No |

| 30. MANNER OF DEATH | 31a. DATE OF INJURY (Month, Day, Year) | 31b. TIME OF INJURY | 31c. INJURY AT WORK? | 31d. DESCRIBE HOW INJURY OCCURRED |
|---|---|---|---|---|
| 1 ☒ Natural 9 ☐ Pending Investigation 2 ☐ Accident 3 ☐ Suicide 6 ☐ Could not be Determined 4 ☐ Homicide | | | 1 ☐ Yes 2 ☐ No | |

| 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

PH-1659 (REV. 6/98)

BIRTH NO

RDA 1339

3796912

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

Date Issued

CERTIFICATION OF VITAL RECORD