File No.

QUITCLAIM DEED

Davidson County DEEDQC
Recvd: 09/05/13 15:13 3 pgs
Fees:17.00 Taxes:0.00
20130905-0094004

STATE OF Tennessee
COUNTY OF Davidson
THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $0.00

Nancy S. Pride
Affiant

SUBSCRIBED AND SWORN TO BEFORE ME THIS THE 28 day of August, 2013.

Notary Public

MY COMMISSION EXPIRES: 3-3-15
(AFFIX SEAL)

JAMES C. SMITH STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

THIS INSTRUMENT WAS PREPARED BY
Michael J. Mills, Attorney
Athens Title & Escrow LLC
5115 Maryland Way
Brentwood, Tennessee 37027
This instrument was prepared by information furnished by the parties herein.

No Warranty of Title either expressed or implied

ADDRESS NEW OWNER(S) AS FOLLOWS:	SEND TAX BILLS TO:	MAP-PARCEL NUMBERS
Nancy Pride	Same	033-11-0-027.00
(NAME)	(NAME)	
203 Edgebrook Road		
(ADDRESS)	(ADDRESS)	
Goodlettsville, TN 37072		
(CITY) (STATE) (ZIP)	(CITY) (STATE) (ZIP)	

FOR AND IN CONSIDERATION OF THE SUM OF TEN DOLLARS, CASH IN HAND PAID BY THE HEREINAFTER NAMED GRANTEE(S), AND OTHER GOOD AND VALUABLE CONSIDERATIONS, THE RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED, I,

Nancy L. Pride, a widow

HEREINAFTER CALLED THE GRANTOR(S), DO (ES) HEREBY **QUITCLAIM** , AND BY THESE PRESENTS DO TRANSFER AND CONVEY UNTO

Nancy S. Pride, an unmarried woman,

HEREINAFTER CALLED THE GRANTEE(S), HER HEIRS AND ASSIGNS, A CERTAIN TRACT OR PARCEL OF LAND IN DAVIDSON COUNTY, STATE OF TENNESSEE, DESCRIBED AS FOLLOWS, TO-WIT:

Land in Davidson County, Tennessee, being Lot No. 8 on the Plan of Blair Manor, as of record in Plat Book 3300, page 32, Register's Office for Davidson County, Tennessee.

Said Lot No. 8 fronts 128 feet on the southerly side of Edgebrook Road and extends back 350.5 feet on the westerly line and 380 feet on the easterly line to a dead line, measuring 102.61 feet thereon.

Being the same property conveyed to CARL F. PRIDE AND WIFE, NANCY L. PRIDE, by deed from GAINES HOME BUILDING CORPORATION, of record in Book 3530, page 513, dated March 25, 1963, said Register's Office.

The said Carl F. Pride having since predeaced his wife on October 20, 2004, Certificate of Death No 0405701, Davidson County Tennessee, Vital Records, causing her to be sole owner by operation of law.

Nancy L. Pride and Nancy S. Pride being one in the same person.

This conveyance is further subject to (1) all applicable zoning ordinances (2) utility, sewer, drainage and other easements of record, (3) all subdivision/condominium assessments, covenants, bylaws, restrictions, declarations and easements of record, (4) building restrictions, and (5) other matters of public record.

unimproved ☐

This is improved ☒ property, known as 203 Edgebrook Road, Goodlettsville, TN 37072
(House Number) (Street) (P.O. Address) (City or Town) (Postal Zip)

Wherever used, the singular number shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

Witness my hands this 28 th day of Aug, 2013.

Nancy L. Pride

STATE OF Tennessee

COUNTY OF Davidson

Personally appeared before me; the undersigned, a Notary Public in and for said County and State, the within named Nancy L. Pride the bargainor(s), with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person(s) described herein, and who acknowledge that he/she/they executed the within instrument for the purposes therein contained.

Witness my hand at office this 28 day of Aug, 2013.

Commission expires: 3-3-15

Notary Public

JAMES C. SMITH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

CERTIFIED FOR REMOTE FILING:

I, Michael J. Mills, do hereby make oath that I am a licensed attorney and/or the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

Michael J. Mills, attorney at law

State of Tennessee:
County of Davidson

Before me, the undersigned, a Notary Public of the State and County aforesaid, personally appeared Michael J. Mills, with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence) and who, upon oath, acknowledged himself/herself to be the named person, and that he/she executed the foregoing instrument for the purposes therein contained.

Witness my hand and official seal, on 8-29-13.

Notary Public James C. Smith

My Commission Expires: March 3, 2015

JAMES C. SMITH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

File Number: _____

RETURN TO:
Athens Title & Escrow LLC
5115 Maryland Way
Brentwood, Tennessee 37027

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

Exhibit "A"

0405701

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): Carl F. Pride
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): October 20, 2004
4. SOCIAL SECURITY NUMBER (of Decedent): [redacted]-8354
4a. AGE LAST BIRTHDAY (Years): 66
4b. UNDER 1 YEAR: MOS. / DAYS
4c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Dec. 29, 1937
7. BIRTHPLACE (City and State or Foreign Country): Davidson, Co.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
8a. PLACE OF DEATH (Check only one): Hospital: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; Other: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
8b. FACILITY NAME (If not hospital, give street and number): 203 Edgebrook Road
8c. CITY, TOWN, OR LOCATION OF DEATH: Goodlettsville
8d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
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.): Inspector
12b. KIND OF BUSINESS/INDUSTRY: Ford Glass Co
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN, OR LOCATION: Goodlettsville
13d. STREET AND NUMBER OR RURAL LOCATION: 203 Edgebrook Rd.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [ ] Yes 2 [X] No
13f. ZIP CODE: 37072
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): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 1; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Ory W. Pride
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mila J. Shoemake

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Nancy Pride
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 203 Edgebrook Road Goodlettsville, Tn. 37072

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): Forest Lawn Cemetery
20c. LOCATION (City or Town, State): Goodlettsville, Tn
21a. SIGNATURE OF FUNERAL DIRECTOR: Linda Maddox
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5507
21c. SIGNATURE OF EMBALMER: T Adkins
21d. LICENSE NUMBER OF EMBALMER: 4622
22a. NAME AND ADDRESS OF FUNERAL HOME: Forest Lawn Funeral Home, 1150 Dickerson Road, Goodlettsville, Tn. 37072
22b. LICENSE NUMBER OF FUNERAL HOME: 927

REGISTRAR

23. REGISTRAR SIGNATURE: Tonya W. Ruttlen
24. DATE FILED (Month, Day, Year): October 26, 2004

CERTIFIER

25. PHYSICIAN - To the best of my knowledge, death occurred at the time and place, and due to the cause(s) and manner as stated.
1 [X] SIGNATURE AND TITLE OF PHYSICIAN: T Cox ONCOLOGY
25b. LICENSE NUMBER: MD23820
25c. DATE SIGNED (Month, Day, Year): 10/25/04
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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	Pancreatic Adenocarcinoma	9 months
DUE TO (OR AS A CONSEQUENCE OF): b.		
DUE TO (OR AS A CONSEQUENCE OF): c.		
DUE TO (OR AS A CONSEQUENCE OF): d.		

SEE INSTRUCTIONS ON OTHER SIDE

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

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)

TH-1656 (REV. 6/00)
BIRTH NO.
ROA 1399

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 Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Tonya W Ruttlen
Tonya W Ruttlen
Local Registrar

Date Issued
OCT 26 2004

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

CERTIFICATION OF VITAL RECORD