BILL GARRETT, Davidson County
Trans:T20130102153 DEEDWARR
Recvd: 12/05/13 09:46 3 pgs
Fees:18.00 Taxes:204.43
20131205-0123879

Prepared by:
Tennessee Title & Escrow Affiliates, LLC
7105 Crossroads Blvd., Suite 101
Brentwood, TN 37027

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

The actual consideration or value, whichever is greater, for this transfer is $55,250.00

Affiant

Subscribed and sworn to before me, this 11th day of November, 2013

Notary Public
My commission expires: 9-9-2014

ANNETTE J. SCUTELLA
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.
My Commission Expires SEPT 9, 2014

Address of New Owner:	Send Tax Bills to:	Tax Information
Cruz A. Mancia or Berta E. Fuentes 22 Valentine Place Hempstead, NY 11550	New Owner	04405015900

WARRANTY DEED

For and in consideration of the sum of ten dollars & no/100 ($10.00), cash in hand paid by the hereinafter named Grantee(s), and other good and valuable considerations, the receipt of which is hereby acknowledged, **Robert Lamar Kelley,** hereinafter referred to as Grantor(s), have bargained and sold, and do hereby transfer and convey to **Cruz A. Mancia and Berta E. Fuentes, as joint tenants with right of survivorship,** hereinafter called the Grantee(s), their heirs and assigns, a certain tract or parcel of land in Davidson County, State of Tennessee, described as follows:

A certain tract or parcel of land located in Davidson County, Tennessee, described as follows, to-wit:

BEING Lot No. 27 on the Plan of Hadley Subdivision, Old Hickory, Tennessee, as of record in Book 547, Page 125, Register's Office for said County.

SAID Lot No. 27 fronts 50 feet on the easterly side of Newell Avenue, and runs back between parallel lines 141 feet to an alley.

Another tract of land being a triangular portion of Lot No. 26 on the Map of Hadley Subdivision, Old Hickory, Tennessee, as of record in Book 547, Page 125, Register's Office for said County.

SAID triangular tract or portion of said Lot No. 26 begins at a point at the common line between Lots Nos. 26 and 27, as shown on said plan, at the easterly margin of Newell Avenue; thence east along the common dividing line between said Lots Nos. 26 and 27, 141 feet to an alley as shown on said Plan; thence along the westerly line of said alley a distance of 9 feet more or less, to a point, thence in a southwesterly direction a distance of 142 feet, more or less, to the easterly margin of Newell Avenue at said common lines between said Lots Nos. 26 and 27, being the point of beginning.

Being the same property conveyed to Robert L. Kelley, retaining unto Mari M. Steward a life estate for and during my natural life in and to the above described property in Davidson County, Tennessee, from Mari M. Steward, by Quitclaim Deed recorded August 24, 2005 in Instrument Number 20050824-0101156, Register's Office for Davidson County, Tennessee. The said Mari M. Steward having since died on 9/10/2007, a copy of death certificate attached hereto as Exhibit "A", to show conveyance of said life estate.

To have and to hold the said tract or parcel of land, with the appurtenances, estate, title and interest thereto belonging to the said Grantee(s), their heirs and assigns, forever. Grantors covenant with Grantee(s) that Grantor(s) are lawfully seized and possessed of said land in fee simple, has a good right to convey it, and the same is unencumbered, unless otherwise herein set out. Grantor(s) do further covenant and bind themselves, their heirs, assigns and representatives, to warrant and forever defend the title to said land to said Grantee(s), their heirs and assigns, against the lawful claims of all persons whomsoever.

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 hand this the 11th day of November, 2013.

Robert Lamar Kelley

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named **Robert Lamar Kelley** the bargainor(s), with whom I am personally acquainted or proved to me on the basis of satisfactory evidence and who acknowledged that they executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Franklin, Tennessee, this the 11th day of November, 2013.

Notary Public

My Commission expires: 11/3/15

ETTA CARTER
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON

FILE NO: 2013112822

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

Exhibit "A"

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 0705391

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Mari Martha Steward
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): September 10, 2007
4. SOCIAL SECURITY NUMBER: [redacted]-7357
5a. AGE-LAST BIRTHDAY (Years): 63
6. DATE OF BIRTH: June 14, 1944
7. BIRTHPLACE (City and State or Foreign Country): Southbury, Connecticut
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [X] 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): 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): Joey D. Steward
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Advertising
12b. KIND OF BUSINESS/INDUSTRY: Kelley Green
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Wilson
13c. CITY, TOWN OR LOCATION: Alexandria
13d. STREET AND NUMBER OR RURAL LOCATION: 4655 Liberty Hill Rd.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 Yes 2 [X] No
13f. ZIP CODE: 37012-
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes No [X]
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+): 4

NAME OF DECEDENT FOR USE BY PHYSICIAN OR MEDICAL EXAMINER

PARENTS

17. FATHER'S NAME (First, Middle, Last): Samuel Green
18. MOTHER'S NAME (First, Middle, Maiden Surname): Dorothy Effrige

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Joey D. Steward
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4655 Liberty Hill Rd. Alexandria, Tennessee 37012-

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): Hermitage Memorial Gardens
20c. LOCATION—City or Town, State: Hermitage, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Michael E. Hunter
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2428
21c. SIGNATURE OF EMBALMER
21d. LICENSE NUMBER OF EMBALMER: 5971
22a. NAME AND ADDRESS OF FUNERAL HOME: Hunter Funeral Home 208 West Main St., Watertown, Tennessee 37184
22b. LICENSE NUMBER OF FUNERAL HOME: 673

REGISTRAR

23. REGISTRAR'S SIGNATURE
24. DATE FILED (Month, Day, Year): September 28, 2007

CERTIFIER

25a. PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated
1 [X] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: 022044
25c. DATE SIGNED (Month, Day, Year): 9/24/07
26a. MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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): Dr. Dana S. Thompson 250 25th Ave. N., Suite 100, Nashville, TN 37203

CAUSE OF DEATH

28. PART I. Enter the disease, 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 Breast Cancer	11 years
	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.	

SEE INSTRUCTIONS ON OTHER SIDE

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 [X] 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-1650 (REV. 6/00)

BIRTH NO

RDA 1399

I hereby certify the above to be a true and correct copy of the original certificate of death on file with the Tennessee Dept.of Public Health, Division of Vital Statistics, Nashville, Tennessee

[redacted]
Local Registrar

Tonya Y Foreman
Tonya Y Foreman
Local Registrar

Signed Michael E. Hunter
Date 9/29/2007

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

CERTIFICATION OF VITAL RECORD