BILL GARRETT, Davidson County
Trans:T20130106192 DEEDQC
Recvd: 12/20/13 14:01 4 pgs
Fees:22.00 Taxes:0.00
20131220-0128829

THIS INSTRUMENT WAS PREPARED AT THE REQUEST OF GRANTOR WITHOUT THE BENEFIT OF TITLE SEARCH OR SURVEY BY:
LARRY B. HOOVER
ATTORNEY AT LAW
1222 16th Avenue South, Suite 12
NASHVILLE, TENNESSEE 37212

ADDRESS NEW OWNER:
Jeanette W. Crowder
3619 Fairmeade Drive
Nashville, TN 37218-1602

SENT TAX BILLS:
Same as above

MORTGAGE: NONE

MAP-PARCEL:
104-8-0-383.00

QUITCLAIM DEED

This improved property known as 1045 Villa Place, Nashville, Davidson County, TN was held by Russelltaze H. Crowder, Sr. and Jeanette W. Crowder, a married couple. Russelltaze H. Crowder, Sr. died on September 18, 2012 in Davidson County TN, as evidenced by the death certificate attached as Exhibit A.

FOR AND IN CONSIDERATION of the sole purpose of clearing title I, Jeanette W. Crowder, wife of Russelltaze H. Crowder, Sr., do hereby transfer, quitclaim and convey, unto Jeanette W. Crowder, wife all of Russelltaze H. Crowder, Sr., right, title and interest in and to the following described tract or parcel of land, lying the County of Davidson State of Tennessee;

Being part of lot No. 41 on the Plan of O.B. Hayes Rokeby Addition, as of record in Book 21, page 87, Register's Office for said County, **and being lot No. 3 in an unrecorded resubdivision of said lot.**

BEGINNING at a point on the westerly margin of Villa Place 100 feet **south of the southwest corner of said Place and Western Avenue;** thence at right angles to Villa Place, westerly 144 feet to an alley; **thence to the common corner of lots 3 and 4 of said unrecorded plan;** thence with the line between said lots, easterly 144 feet to the **westerly margin of Villa Place; thence with the margin of said Street**

northerly 60 feet to the beginning.

Being the same real property conveyed to Clarence T. Glover and wife, Mamie T. Glover by deed from Russelltaze H. Crowder and wife, Jeanette W. Crowder by deed of record in Book 5401, page 5, Register's Office **of Davidson county, Tennessee.**

Being the same property conveyed to Russelltaze H. Crowder and wife, Jeanette W. Crowder by deed from Clarence T. Glover and wife, Mamie T. Glover by deed of record in Book 5604, page 367, Register's Office of Davidson County, Tennessee.

Said property is conveyed subject to such limitations, restrictions, and encumbrances as may affect the premises.

IN WITNESS WHEREOF, I have hereunto set my hand this the 20 day of December, 2013.

Jeanette W. Crowder

Jeanette W. Crowder, wife of Russelltaze H. Crowder, Sr.

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, Larry Hoover, Notary Public, the within named Jeanette Crowder, the bargainor with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, and who acknowledged that he executed the within instrument for the purposes therein contained.

SWORN and SUBSCRIBED to before me on this the 20 day of December 2013.

Larry B Hoover

NOTARY PUBLIC
MY COMMISSION EXPIRES: 9-9-2014

LARRY B. HOOVER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The actual consideration or value, whichever is greater, for this transfer is Zero Dollars ($0).

Jeanette W. Crowder
AFFIANT

SWORN and SUBSCRIBED to before me on this the 20 day of December, 2013.

LB Hoover
NOTARY PUBLIC
MY COMMISSION EXPIRES: 9-9-2014

LARRY B. HOOVER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

1205621

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER

2+3/14

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Russelltaze Hildard Crowder, Sr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): September 18, 2012
4. TIME OF DEATH (Asterisk): 10:30 am
5a. AGE-Last Birthday (Years): 78
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): November 9, 1933
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☒ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other residence ☐ Other (Specify) _____

NAME OF DECEDENT (For use by Physician or Institution)

8b. FACILITY NAME (If not institution, give street and number): Alive Hospice @ St. Thomas
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Jeanette Walker
11a. DECEDENT'S USUAL OCCUPATION: Musician
11b. KIND OF BUSINESS/INDUSTRY: Teacher

12. SOCIAL SECURITY NUMBER: [redacted]784
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET ADDRESS NUMBER: 3619 Fairmeade Drive
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37218
14. WAS DECEDENT EVER IN US ARMED FORCES? ☒ Yes ☐ No

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
☐ 8th grade or less
☐ 9th – 12th grade; no diploma
☐ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☒ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
☐ Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
☒ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino (Specify) _____
☐ Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
☐ White
☒ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (Specify) _____
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify) _____
☐ Other (Specify) _____
☐ Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): Harry Russell Crowder
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Mamie Barnes

DISPOSITION

20a. INFORMANT'S NAME: Jeanette W. Crowder
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 3619 Fairmeade Drive

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Middle TN Veterans Cemetery
21c. LOCATION - City or Town and State: Nashville, TN

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Richard A. Lewis
22b. LICENSE NUMBER: 3633
22c. SIGNATURE OF EMBALMER: ▶ Delmas Bogus
22d. LICENSE NUMBER: 3687
23a. NAME AND ADDRESS OF FUNERAL HOME: Lewis & Wright Funeral Directors 2500 Clarksville Pk., Nashville, TN 37208
23b. LICENSE NUMBER OF FUNERAL HOME: 0812

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Linda R Bowersox
25. DATE FILED (Month, Day, Year): Sept. 25, 2012

CERTIFIER

26. CERTIFIER (Check only one):
26a ☐ PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.
26b ☐ 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 stated.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

27a. SIGNATURE OF CERTIFIER: ▶ Tiffany Hines
27b. LICENSE NUMBER: 29591
27c. DATE SIGNED (Month, Day, Year):
27d. NAME AND ADDRESS: Tiffany Hines MD 1718 Patterson Street, Nashville, TN 37203

MEDICAL CERTIFICATION

28. PART I. Enter the chain of events (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Vascular dementia
Due to (or as a consequence of):
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST
b. _____ Due to (or as a consequence of):
c. _____ Due to (or as a consequence of):
d. _____

Approximate interval Onset to death

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

29a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

30. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☐ Unknown
32. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

33. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? ☐ Yes ☐ No
34d. PLACE OF INJURY (Home, farm, street, factory, office, building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

PH-1659 (Rev. 10/2011) RDA 1389

5278886

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.

Tonya Y. Foreman

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

SEP 25 2012
Date Issued

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD