FROM: MARIE E. STEWART

TO: STANLEY D. STEWART

BILL GARRETT, Davidson County
Trans:T20140007870 DEEDQC
Recvd: 02/04/14 08:29 3 pgs
Fees:17.00 Taxes:0.00
20140204-0009608

QUITCLAIM DEED

ADDRESS NEW OWNER AS FOLLOWS: **SEND TAX BILLS TO:** **MAP-PARCEL NUMBERS**

Stanley D. Stewart
1421 Aaronwood Drive
Old Hickory, Tennessee 37138

Same

Map 081-15-0
Parcel 219.00

This instrument prepared by:

Larry D. Craig
Attorney at Law
305 Fourteenth Avenue, North
Nashville, Tennessee 37203

Upon information furnished by the parties and without benefit of title examination or title insurance and no closing thereupon.

LARRY D. CRAIG NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENN.

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration or value, whichever is greater, for this transfer is $0.00.

Marie E. Stewart, Affiant

Sworn to and subscribed before me this 31st day of January, 2014.

NOTARY PUBLIC

My Commission Expires: 10-28-2015

I, Marie E. Stewart, remainder man, unmarried, do hereby quitclaim to Stanley D. Stewart, all of my interest in the following land:

Land in Davidson County, Tennessee, described as follows, to-wit:

Being the easterly part of the westerly one-half of Lot No. 410 in McGavock & Wetmore Addition to Nashville called the Town of McGavock, a plan of which is of record in Book 21, Page 41, Register's Office for Davidson County, Tennessee.

Being the same property conveyed to Carrie H. Stewart, for and during her natural life and the remainder fee simple interest unto Marie E. Stewart by deed from Beverly M. Hobbs, Trustee, of record in Book 7958, Page 150, Register's Office for Davidson County, Tennessee. The said Carrie H. Stewart, life estate holder, by virtue of the deed from Andrew Stewart to Beverly M. Hobbs, Trustee, was extinguished upon the death of the said Carrie H. Stewart who died on July 19, 1994. Exhibited hereto is a copy of the death certificate to substantiate the vesting into Marie E. Stewart, surviving remainder man. Andrew Stewart and wife, Mamie Stewart, acquired title to the aforedescribed tract of land in an installment deed in Book 815, Page 43, Register's Office for Davidson County, Tennessee, which vested into the said Andrew Stewart at the time of the death of his wife, Mamie Stewart, as surviving tenant by the entireties.

This is the same legal description as set forth on the previous deed of record.

Prepared upon information furnished by the parties and without the benefit of title examination, title insurance or closing.

Subject to all easements, restrictions and covenants of record.

The aforedescribed tract of land is not the principal place of residence of Marie E. Stewart.

This is improved property known as 1716 Underwood Street, Nashville, Tennessee 37206.

Witness my hand this 3rd day of ~~January~~ February, 2014.

Marie E. Stewart
MARIE E. STEWART

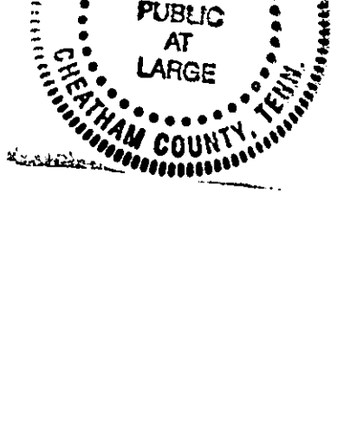
STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a notary public in and for said County and State, the within named Marie E. Stewart, the bargainor, with whom I am personally acquainted, and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee this 3rd day of ~~January~~ February, 2014.

NOTARY PUBLIC

My commission expires: 10-28-2015



STATE OF TENNESSEE
Office of Vital Records

9404095

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): CARRIE N. L. HULL STEWART
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): JULY 19, 1994
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]5902
5a. AGE – LAST BIRTHDAY (Years): 89
5b. UNDER 1 YEAR – MONTHS
5c. UNDER 1 DAY – HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): [redacted]/1904
7. BIRTHPLACE (City and State or Foreign Country): SEGUIN, TEXAS
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [XX] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [XX] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 1716 - UNDERWOOD STREET
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE, TENNESSEE
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): WIDOWED
11. SURVIVING SPOUSE (If wife, give maiden name): N/A
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): HOUSEWIFE
12b. KIND OF BUSINESS/INDUSTRY: HOMEMAKER
13a. RESIDENCE – STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE, TENNESSEE
13d. STREET AND NUMBER OR RURAL LOCATION: 1716 - UNDERWOOD STREET
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37208
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No, Yes-not Spanish/Cuban/Mexican/Puerto Rican, etc.) [ ] Yes 0 [XX] No. Specify, if yes:
15. RACE – American Indian, Black, White, etc. (Specify): BLACK
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12); College (1-4 or 5+): XXXXXXXXXXXXXXXXXXXXXX

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): DAVID JAMES HULL
18. MOTHER'S NAME (First, Middle, Maiden Surname): MARY LANGFORD

INFORMANT

19a. INFORMANT'S NAME (Type/Print): MARIE E. STEWART
19b. RELATIONSHIP TO DECEASED: DAUGHTER
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 37208 1716 - UNDERWOOD STREET-NASHVILLE TN

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): NASHVILLE NATIONAL CEMETERY
20c. LOCATION – City or Town, State: MADISON, TENNESSEE

FUNERAL DIRECTOR

21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ MARY KATHRYN PATTON
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3379
21c. SIGNATURE OF EMBALMER: ▶ RONALD STEWART
21d. LICENSE NUMBER OF EMBALMER: 3272
22a. NAME AND ADDRESS OF FUNERAL HOME: 37212 PATTON BROTHERS FUNERAL DIRECTORS-1306-SOUTH ST., NASHVILLE, TN.
22b. LICENSE NUMBER OF FUNERAL HOME: 185

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Patricia Davis
24. DATE FILED (Month, Day, Year): August 15, 1994

PHYSICIAN

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: ▶ Kenneth Hulsey
25b. LICENSE NUMBER: 17486
25c. DATE SIGNED (Month, Day, Year): 8-08-94

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)

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. Myocardial Infarction — <3 mo
DUE TO (OR AS A CONSEQUENCE OF): b. NON-INSULIN DEPENDENT DIABETES — >5 yr
DUE TO (OR AS A CONSEQUENCE OF): c. AS CVD — >20 yr
DUE TO (OR AS A CONSEQUENCE OF): d. ADVANCED DJD — >20 yr

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

SEE INSTRUCTIONS ON OTHER SIDE

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

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 5 [ ] Pending Investigation
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
31c. INJURY AT WORK? 1 [ ] Yes
31d. DESCRIBE HOW INJURY OCCURRED

4625248

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.

Teresa S. Hendricks
STATE REGISTRAR

[redacted] Local Registrar
Davidson County, Tennessee

Date Issued

CERTIFICATION OF VITAL RECORD