This Instrument Prepared by:
FRANK E. MONDELLI, SR.
Attorney at Law
603 Woodland Street
Nashville, TN 37206-4211
(615) 259-1214

BILL GARRETT, Davidson County
Trans:T20140051037 DEEDQC
Recvd: 07/16/14 12:57 3 pgs
Fees:17.00 Taxes:0.00
20140716-0062881

This firm did not conduct a title search, issue a title opinion letter, or issue the title insurance regarding the sale of this property.

QUIT CLAIM DEED

ADDRESS OF NEW OWNER:	SEND TAX BILLS TO:	MAP & PARCEL NO.
Betty Jo Resha Frank Louis Resha, Jr. 916 Main St. Nashville, TN 37206	Same	Map 82-12 Parcel 315 18W 370

FOR AND IN CONSIDERATION of $0.00 and other good and valuable consideration, **BETTY JO RESHA,** by these presents does hereby quitclaim and convey unto **FRANK LOUIS RESHA, JR.,** and his heirs, successors and assigns, one-half (1/2) of all right, title and interest in and to the following described tract of land in Davidson County, Tennessee:

> Being Lot No. 4 and part of Lot No. 5 on the Plan of R. W. Brown's Addition to Edgefield, now East Nashville, as of record in Book 21, Page 69, Register's Office for said County, described according to a survey made by Norris H. Hickerson, Surveyor, August 29, 1952, as follows:
>
> Beginning on the southerly margin of Main Street at the corner of Lots 3 and 4; thence with the line between said two lots south 31 deg. east 170 feet to the northerly margin of an alley; thence with said alley north 59 deg. east 50 feet; thence north 31 deg. west 33 feet; thence north 44 deg. 15' east 42.9 feet; thence north 48 deg. west 98.5 feet to the southerly margin of Main Street; thence with said street, south 59 deg. west 52.8 feet to the beginning.
>
> Being the same property conveyed to Frank L. Resha and wife, Betty Joe Resha, by Installment Deed from Lillian C. Pratt, a single person, dated December 29th, 1983, and of record in Deed Book 6209, Page 86, Register's Office for Davidson County, Tennessee. The said Frank L. Resha died on October 12th, 2001. A copy of his death certificate is attached hereto as Exhibit A.
>
> This conveyance is subject to any and all existing easements and restrictions or record.
>
> This is improved property, known as 916 Main Street, Nashville, TN 37206.

Witness my hand this 11 day of July, 2014.

Betty Jo Resha

BETTY JO RESHA

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 bargainor, **BETTY JO RESHA**, with whom I am personally acquainted, or proved to me based upon satisfactory information, and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this 11th day of July, 2014.

FRANK E. MONDELLO, JR. STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

NOTARY PUBLIC

My Commission Expires: 11-3-15

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

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

Betty Jo Resha

AFFIANT

Sworn to and subscribed before me this 11th day of July, 2014.

FRANK E. MONDELLO, JR. STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

NOTARY PUBLIC

My Commission Expires: 11-3-15

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0105790

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): Frank Louis Resha
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): October 12, 2001
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]89
5a. AGE—LAST BIRTHDAY (Years): 71
5b. UNDER 1 YEAR — MOS. / DAYS
5c. UNDER 1 DAY — HOURS / MIN.
6. DATE OF BIRTH (month, day, year): 10-30-1929
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] 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 institution, give street and number): 204 Apple Tree Rd.
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): Betty Lackley
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Plumber
12b. KIND OF BUSINESS/INDUSTRY: Self-employed
13a. RESIDENCE—STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Goodlettsville
13d. STREET AND NUMBER OR RURAL LOCATION: 204 Apple Tree Rd.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37072
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No — Specify, if yes
15. RACE—American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 9; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Harry Resha
18. MOTHER'S NAME (First, Middle, Maiden Surname): Francis Page

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Betty Resha
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 204 Apple Tree Rd. Goodlettsville, TN

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 Memorial Garden
20c. LOCATION—City or Town, State: Goodlettsville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Norris Jarrell
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 999
21c. SIGNATURE OF EMBALMER: ▶ Carol Ann Manley
21d. LICENSE NUMBER OF EMBALMER: 5133
22a. NAME AND ADDRESS OF FUNERAL HOME: Cole & Garrett Funeral Home 127 N. Main St. Goodlettsville, TN 37072
22b. LICENSE NUMBER OF FUNERAL HOME: 718

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Robert W. Rhodes Jr
24. DATE FILED (Month, Day, Year): October 25, 2001

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: ▶ [signature]
25b. LICENSE NUMBER: 30045
25c. DATE SIGNED (Month, Day, Year): 10/19/01
26a. MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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): Dr. Robert Lim, 900 Conference Dr. Suite 8, Goodlettsville, TN 37072

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. prostate cancer - met. to bone — 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 [X] Natural 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide
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)

BIRTH NO.

FH-1658
REV. 1/88

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.

John P. Dunn
John P. Dunn
Local Registrar

10/29/01
Date Issued

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

CERTIFICATION OF VITAL RECORD