BILL GARRETT, Davidson County
Trans:T20140051037 DEEDQC
Recvd: 07/16/14 12:57 3 pgs
Fees:17.00 Taxes:0.00
20140716-0062882

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

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 Sherry Diane Resha Crystal Lynn Resha 204 Appletree Road Goodlettsville, TN 37072	Same	Map 33-7 Parcel 3

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 **SHERRY DIANE RESHA and CRYSTAL LYNN RESHA,** and their heirs, successors and assigns, one-half (1/2) of all right, title and interest, with **BETTY JO RESHA** retaining a life estate, in and to the following described tract of land in Davidson County, Tennessee:

> Being Lot No. 39 on the Plan of Blair Manor, of record in Book 3300, Page 32, Register's Office for said County, described as follows:
>
> Beginning at a point in the southerly margin of Agee Road, the common corner of Lots 39 and 44; thence with the line between said lots, southeastwardly 138.8 feet to a point, a common corner with Lot 40; thence with the line between Lots 39 and 40, eastwardly 214.53 feet to a point in the westerly margin of Appletree Road; thence with the margin of the same northwardly 205.08 feet to a point, the beginning of a curve; thence northwesterly around said curve 40.29 feet to a point the southerly margin of Agee Road; thence with the margin of said westwardly 256.05 feet to the point of beginning.
>
> Being the same property conveyed to Frank L. Resha and wife, Betty J. Resha, by Warranty Deed from Roger B. Anderson and wife, Patsy M. Anderson, dated November 6th, 1971, and of record in Deed Book 4551, Page 958, 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 204 Appletree Road, Goodlettsville, TN 37072.

Witness my hand this 11 day of July, 2014.

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. MORELLI STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON

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.

AFFIANT

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

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

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER

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: [redacted]-2289
5a. AGE – LAST BIRTHDAY (Years): 71
5b. UNDER 1 YEAR: months / 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. 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: ▶ Morris 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: 30046
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, 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):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr. Robert Lim, 900 Conference Dr. Suite 8, Goodlettsville, TN 37072

PHYSICIAN OR MEDICAL EXAMINER: EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

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. (See instructions on other side.)
Immediate cause (Final disease or condition resulting in death): a. prostate cancer – met. to bone
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.
Approximate Interval Between Onset and Death:
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: Hour / Min.
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.

PH-1659
REV. 1/99

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.

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

John P. Dunn
John P. Dunn
Local Registrar

10/29/01
Date Issued

CERTIFICATION OF VITAL RECORD