BILL GARRETT, Davidson County
Trans:T20140053805 DEEDWARR
Recvd: 07/25/14 10:19 3 pgs
Fees:18.00 Taxes:129.50
20140725-0066188

THIS INSTRUMENT PREPARED BY:

Robert H. Waldschmidt, Attorney
7003 Chadwick Drive, Suite 211
P.O. Box 2828
Brentwood, TN 37024-2828
(615) 468-1020

ADDRESS OF NEW OWNER:	SEND TAX BILLS TO:	MAP/PARCEL:
Jerry L. Shrum **709 N. Dupont Ave** **PO Box 468** **Madison TN 37116-0468**	**Same**	**043 06 0 302.00**

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE MIDDLE DISTRICT OF TENNESSEE

IN RE:	)	
	)	CASE NO. 14-03174-RM3-7
MARY BICE LAVENDER,	)	CHAPTER 7
aka Mary Belle Lavender	)	JUDGE RANDAL S MASHBURN
	)	
Debtor	)	

TRUSTEE'S DEED

For and in consideration of the sum of Thirty-five Thousand and No/100 Dollars ($35,000.00), I, Robert H. Waldschmidt, Trustee in Bankruptcy for Mary Bice Lavender, do hereby bargain, sell, and convey to Jerry L. Shrum, all of the debtor's right, title and interest in the following described real property in Davidson County, Tennessee:

LAND in Davidson County, Tennessee, being Lot No. 207 on the Plan of Madison Park, Section 8, as of record in Book 4300, page 117, Register's Office for said County.

SAID Lot fronts 62.5 feet on the northerly margin of Becklea Drive and runs back 146.3 feet on the easterly line and 163.2 feet on the westerly line to a dead line in the rear on which it measures 64.7 feet.

BEING the same property conveyed to R.D. Lavender and wife, Mary Belle Lavender, (the aforementioned R.D. Lavender being deceased-death certificate attached as Exhibit 1 hereto), as tenants by the entirety by deed from Billy N. Fisher and wife, Paulette F. Fisher of record in Book 4768, page 844, said Register's Office.

ALSO BEING the same property vested in Robert H. Waldschmidt, Trustee for Mary Bice Lavender (aka Mary Belle Lavender), of record in Document No. 20140714-0061543, said Register's Office.

Together with the appurtenances and all the estate which the aforesaid Mary Bice Lavender had at the time of the filing of the petition in bankruptcy in the Middle District of Tennessee, Bankruptcy Case No. 14-03174-RM3-7, and all the estate therein which Robert H. Waldschmidt, Trustee, has or has power to convey or dispose of as such trustee, but no further or otherwise.

IN WITNESS WHEREOF, I, ROBERT H. WALDSCHMIDT, have set my hand on this the 23rd day of July 2014.

RHW Trustee
ROBERT H. WALDSCHMIDT, TRUSTEE

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 H. WALDSCHMIDT, TRUSTEE, the bargainor, with whom I am personally acquainted, and who acknowledged that he executed the within instrument for the purposes contained therein.

WITNESS my hand and official seal at Nashville, Tennessee, this the 23rd day of July 2014.

Kim L. Turner
NOTARY PUBLIC

My Commission Expires: 9-17-2017

KIM L. TURNER
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY
My Commission Expires SEPT. 17, 2017

STATE OF TENNESSEE)
COUNTY OF WILLIAMSON)

The actual consideration or value, whichever is greater, for this transfer is $35,000.00

R.H.W. Trustee
ROBERT H. WALDSCHMIDT, TRUSTEE

Sworn to and subscribed before me this 23rd day of July 2014.

Kim L. Turner
Notary Public

Commission Expires: 9-17-2017

KIM L. TURNER
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY
My Commission Expires SEPT. 17, 2017

Please Record and Return To:
SIGNATURE TITLE SERVICES, LLC
1517 Hunt Club Blvd.
Ste 200
Gallatin, TN 37066

STATE OF TENNESSEE
Office of Vital Records

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

78 003806

1-40
28
19094-

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

1089

TYPE OR PRINT IN PERMANENT BLACK INK.

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS AND FORMANT

DISPOSITION

CERTIFIER

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE. ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST

1. DECEASED—NAME (First, Middle, Last)	RODERICK DEXTER LAVENDER JR.			2. DATE OF DEATH (Month, Day, Year)	2/13/1978
3. AGE—Last Birthday (Years)	46	4. DATE OF BIRTH (Month, Day, Year)	11/6/1931	5. RACE (White, Black, American Indian, etc.)	WHITE
6. SEX	MALE				
7. COUNTY OF DEATH	DAVIDSON	8. CITY, TOWN OR LOCATION	NASHVILLE	9. INSIDE CITY LIMITS (Specify Yes or No)	YES
10. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)	VANDERBILT HOSPITAL			11. If dead on arrival, inpatient, clinic patient, or emergency room?	INPATIENT
12. STATE OF BIRTH (If not in U.S.A., name country)	TENNESSEE 43	13. CITIZEN OF WHAT COUNTRY	USA	14. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	MARRIED
15. SURVIVING SPOUSE (If wife, give maiden name)	MARY BELLE BICE				
16. SOCIAL SECURITY NUMBER	[redacted]-1324	17. WAS DECEASED EVER IN U.S. ARMED FORCES?	NO	18. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OFFICE WORKER
19. KIND OF BUSINESS OR INDUSTRY	HAVATAMPA CORP. CIGAR				
20. RESIDENCE—STATE	TENNESSEE	21. COUNTY	DAVIDSON	22. CITY, TOWN OR LOCATION	MADISON
23. STREET AND NUMBER	210 BECKLEA DRIVE	24. INSIDE CITY LIMITS (Yes or No)	YES	25. CENSUS TRACT NO.	104
26. FATHER—NAME	SR. RODERICK DEXTER LAVENDER	27. MOTHER—MAIDEN NAME	RUBY LOUISE COLEMAN	28. INFORMANT—NAME, MAILING ADDRESS	MARY BELLE LAVENDER 210 BECKLEA DRIVE MADISON TENN. 37115
29. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	BURIAL	30. DATE (Month, Day, Year)	2/16/1978	31. CEMETERY OR CREMATORY—NAME	WOODLAWN
32. LOCATION (City or Town, State)	NASHVILLE, TENNESSEE				
33. FUNERAL DIRECTOR	Henry C. Hunter	LICENSE NO.	2198	34. EMBALMER	Henry C. Hunter
LICENSE NO.	3002				
35. FUNERAL HOME—NAME AND ADDRESS	WOODLAWN THOMPSON LA. NASH. TENN. 37204	36. DECEASED—SIGNATURE	Luther D. Groh	DATE SIGNED	Mar 7 1978
37. PHYSICIAN—CERTIFY THAT THIS DEATH OCCURRED AT THE TIME, ON THE DATE, AND DUE TO THE CAUSES STATED	Sol Rosenblum	TITLE		DATE SIGNED	3-1-78
38. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY ONLY THE OTHER FACTUAL STATED OCCURRED ON THE DATE AND DUE TO THE CAUSES STATED	SIGNATURE	TITLE		DATE SIGNED	
39. CERTIFIER—NAME (Type or Print)	Sol Rosenblum, M. D.	40. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, ZIP)	Medical Arts Bldg., Nashville, Tennessee 37212		

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

7273617

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977

7273617

Teresa S. Hendricks
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued: Jun-19-2014

CERTIFICATION OF VITAL RECORD