BILL GARRETT, Davidson County
Trans:T20140065715 DEEDQC
Recvd: 09/04/14 09:43 3 pgs
Fees:17.00 Taxes:0.00
20140904-0080821

THIS INSTRUMENT PREPARED BY
And Return to:
Clarity Title, LLC
100 Hazel Path Suite C
Hendersonville, TN 37075

The legal description has been furnished to the preparer by the Grantor, by third party, or has been obtained from the record title. The prepared assumes no liability as to the accuracy or content thereof. This deed was prepared without a title search. Therefore no representation is made by the preparer as to the status of the title to the property conveyed or compliance with subdivision regulations. Preparer assumes no liability as to the state of title of the property, unless a separate title opinion is furnished to the Grantee, and then only to the extent of the state of title to the property as set forth in the title opinion.

QUITCLAIM DEED

Address New Owner:	Send Tax Bills To:	Map and Parcel:
Al L. Condrey	Al L. Condrey	06016031600
2613 Jones View Dr.	2613 Jones View Dr.	
Nashville, TN 37206	Nashville, TN 37206	

THIS QUITCLAIM DEED made and entered into on the day and date last written by and between, Al L. Condrey, hereinafter referred to as the "GRANTOR" and Al L. Condrey and Linda A. Webb as joint tenants with rights of survivorship, hereinafter referred to as the "GRANTEE":

WITNESSETH

FOR AND IN CONSIDERATION of the sum of One and No/100 ($1.00) Dollars cash in hand paid, the receipt of which is hereby acknowledged, and other good and valuable consideration, Al L. Condrey, has this day quitclaimed unto Al L. Condrey and Linda A. Webb as joint tenants with rights of survivorship, any right, title and interest in and to certain real property located in Davidson County, being more particularly described as follows, to wit:

Land in Davidson County, Tennessee, being Lot No. 14 on the Plan of Jones Village, of record in Plat Book 6250, page 861, Register's Office for said County, to which plan reference is hereby made for a more complete and accurate description.

Being the same property conveyed to Al L. Condrey and wife, Delores Condrey by deed from Jack Kemp, Secretary of Housing and Urban Development, of Washington, D.C. of record in Book 8718, Page 209. Delores Condrey having since died thereby vesting title in Al L. Condrey as the surviving tenant by the entirety. (see exhibit A- Death Cert)

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

In Witness Whereof, the undersigned has hereunto set his hand on this the 19th day of August, 2014.

Al Lee Condrey

Al L. Condrey

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and State Al L. Condrey, 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.

Witness my hand and official seal this 19th day of August, 2014.

Notary Public

JAKE CRUM STATE OF TENNESSEE NOTARY PUBLIC SUMNER COUNTY

Commission Expiration

My Commission Expires
March 20, 2018

State of Tennessee

County of Davidson

The Actual Consideration of this transfer is $ 0

Affiant

Subscribed and sworn before me this 19th day of August, 2014.

Notary public

My commission expires:

My Commission Expires
March 20, 2018

JAKE CRUM STATE OF TENNESSEE NOTARY PUBLIC SUMNER COUNTY

Exhibit A

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0105457

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): Delores Condrey
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): October 1, 2001
4. SOCIAL SECURITY NUMBER (If Deceased): [redacted]-5566
5a. AGE - LAST BIRTHDAY (Years): 65
5b. UNDER 1 YEAR - MONTH
5c. UNDER 1 DAY - HOURS
5d. UNDER 1 DAY - MIN.
6. DATE OF BIRTH (Month, Day, Year): Aug 16, 1936
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ Yes 2 ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 ☐ Inpatient 2 ☒ ER/Outpatient 3 ☐ DOA; OTHER: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Skyline Medical Center
9c. CITY, TOWN OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Al Condrey
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Food Service
12b. KIND OF BUSINESS/INDUSTRY: David Lipscomb College
13a. RESIDENCE - STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 714 Crockett Street
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 ☒ Yes 2 ☐ No
13f. ZIP CODE: 37207
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - if yes, specify Cuban, Mexican, Puerto Rican, etc.): ☐ Yes 0 ☒ 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): 12; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Robert Clark
18. MOTHER'S NAME (First, Middle, Maiden Surname): Thelma Johnson

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Al Condrey
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 714 Crockett Street Nashville, TN 37207

DISPOSITION

20a. METHOD OF DISPOSITION: 1 ☒ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) _____
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Middle TN State Veterans Cem.
20c. LOCATION - City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Linda Johnson
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4063
21c. SIGNATURE OF EMBALMER: ▶ Eric Johnson
21d. LICENSE NUMBER OF EMBALMER: 3829
22a. NAME AND ADDRESS OF FUNERAL HOME: Johnson's House of Atena 1107 Buchanan Street Nashville TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 704

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Robert W. Rhodes
24. DATE FILED (Month, Day, Year): October 10, 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 ☒ SIGNATURE AND TITLE OF PHYSICIAN: ▶ James O. Gekas MD
25b. LICENSE NUMBER: MD 09469
25c. DATE SIGNED (Month, Day, Year): 10/8/01
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: MD 09469
26c. DATE SIGNED (Month, Day, Year):

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

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr. James Gekas M.D., Suite 423, Nashville, TN 37203

CAUSE OF DEATH

29. 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. Congestive Heart Failure
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. Cardiomyopathy
DUE TO (OR AS A CONSEQUENCE OF):
c. Hypertension
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. Ventricular arrhythmias

28a. WAS AN AUTOPSY PERFORMED? 1 ☐ Yes 2 ☒ No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ Yes 2 ☐ No

30. MANNER OF DEATH: 1 ☒ Natural 2 ☐ Accident 3 ☐ Suicide 4 ☐ Homicide 5 ☐ Pending Investigation 6 ☐ Could not be Determined
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-1058 REV. 2-93

RDA 1299

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

12/18/01
Date Issued

CERTIFICATION OF VITAL RECORD