File No.

QUITCLAIM DEED

Davidson County DEEDQC
Recvd: 09/25/14 15:34 3 pgs
Fees:17.00 Taxes:0.00
20140925-0088584

STATE OF Tennessee
COUNTY OF Davidson
THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $0.00

Affiant

SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 19 day of September, 2014.

Notary Public

MY COMMISSION EXPIRES: 3.3.15
(AFFIX SEAL)

JAMES C. SMITH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

THIS INSTRUMENT WAS PREPARED BY
Michael J. Mills, Attorney
Athens Title & Escrow LLC
5115 Maryland Way
Brentwood, Tennessee 37027
This instrument was prepared by information furnished by the parties herein.

No Warranty of Title either expressed or implied

ADDRESS NEW OWNER(S) AS FOLLOWS:	SEND TAX BILLS TO:	MAP-PARCEL NUMBERS
Waurine Winters	Same	02616003800
(NAME)	(NAME)	
2410 Mansker Drive		
(ADDRESS)	(ADDRESS)	
Madison, TN 37115		
(CITY) (STATE) (ZIP)	(CITY) (STATE) (ZIP)	

FOR AND IN CONSIDERATION OF THE SUM OF TEN DOLLARS, CASH IN HAND PAID BY THE HEREINAFTER NAMED GRANTEE(S), AND OTHER GOOD AND VALUABLE CONSIDERATIONS, THE RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED, I,

Waurine Winters, a widow unmarried

HEREINAFTER CALLED THE GRANTOR(S), DO (ES) HEREBY **QUITCLAIM** , AND BY THESE PRESENTS DO TRANSFER AND CONVEY UNTO

Waurine Winters, an unmarried woman,

HEREINAFTER CALLED THE GRANTEE(S), HER HEIRS AND ASSIGNS, A CERTAIN TRACT OR PARCEL OF LAND IN DAVIDSON COUNTY, STATE OF TENNESSEE, DESCRIBED AS FOLLOWS, TO-WIT:

Land in the 10th Civil District of Davidson County, Tennessee, being Lot No. 52 on the Plan of Mansker Meadows, Section 2, as of record in Plan Book 2663, Pages 15 and 16, Register's Office for said county.
Said Lot No. 52 fronts 155 feet on the Southwesterly side of Mansker Drive and extends back 358.8 feet on the Northwesterly line and 350 feet on the Southeasterly line to a dead line, measuring 74 feet thereon.

Being the same property conveyed to Herman L Winters and wife, Waurine Winters by deed from E.R. Phillips amd Louise T. Phillips, dated June 10, 1960, of record in Book 3096, page473, Register's Office for said County.

Herman L. Winters having predeceased his wife on February 18, 2013, leaving her sole owner by operation of law. (see Exhibit "A" attached)

This conveyance is further subject to (1) all applicable zoning ordinances (2) utility, sewer, drainage and other easements of record, (3) all subdivision/condominium assessments, covenants, bylaws, restrictions, declarations and easements of record, (4) building restrictions, and (5) other matters of public record.

unimproved ☐

This is improved ☒ property, known as 2410 Mansker Drive Madison, TN 37115
(House Number) (Street) (P.O. Address) (City or Town) (Postal Zip)

Wherever used, the singular number shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

Witness my hands this 19 th day of Sept, 2014

Waurine Winters

Waurine Winters

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 Waurine Winters the bargainor(s), with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person(s) described herein, and who acknowledge that he/she/they executed the within instrument for the purposes therein contained.

Witness my hand at office this 19 day of Sept, 2014

Commission expires: 3·3·15

Notary Public

JAMES C. SMITH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

CERTIFIED FOR REMOTE FILING:

I, Michael J. Mills, do hereby make oath that I am a licensed attorney and/or the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

Michael J. Mills, attorney at law

State of Tennessee:
County of Davidson

Before me, the undersigned, a Notary Public of the State and County aforesaid, personally appeared Michael J. Mills, with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence) and who, upon oath, acknowledged himself/herself to be the named person, and that he/she executed the foregoing instrument for the purposes therein contained.

Witness my hand and official seal, on 3·3·15

Notary Public James C. Smith

My Commission Expires: March 3, 2015

JAMES C. SMITH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

File Number: _____

RETURN TO:
Athens Title & Escrow LLC
5115 Maryland Way
Brentwood, Tennessee 37027

STATE OF TENNESSEE
Office of Vital Records

Exhibit "A"

13011121

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): HERMAN LESLIE WINTERS
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): February 18, 2013
4. TIME OF DEATH (Using 24 hours): 2:15 am
5a. AGE-Last Birthday (Years): 89
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): August 15, 1923
7. BIRTHPLACE (City and State or Foreign Country): Erin, TN

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: [ ] Hospice facility [ ] Nursing home/Long term care facility [ ] Decedent's home [ ] Other residence [ ] Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): Skyline Medical Center
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: [X] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Waurine Jared
11a. DECEDENT'S USUAL OCCUPATION: Cashier
11b. KIND OF BUSINESS/INDUSTRY: Metro Transit
12. SOCIAL SECURITY NUMBER: [redacted]0839
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Madison
13d. STREET AND NUMBER: 2410 Mansker Drive
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37115
14. WAS DECEDENT EVER IN US ARMED FORCES? [X] Yes [ ] No

NAME OF DECEDENT (For use by Physician or Medical Examiner)

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
[ ] 8th grade or less
[X] 9th – 12th grade; no diploma
[ ] High school graduate or GED completed
[ ] Some college credit, but no degree
[ ] Associate degree (e.g., AA, AS)
[ ] Bachelor's degree (e.g., BA, AB, BS)
[ ] Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
[ ] Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
[ ] Unknown

16. DECEDENT OF HISPANIC ORIGIN (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
[X] No, not Spanish/Hispanic/Latino
[ ] Yes, Mexican, Mexican American, Chicano
[ ] Yes, Puerto Rican
[ ] Yes, Cuban
[ ] Yes, other Spanish/Hispanic/Latino (Specify)
[ ] Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
[X] White
[ ] Black or African American
[ ] American Indian or Alaska Native (Name of the enrolled or principal tribe)
[ ] Asian Indian
[ ] Chinese
[ ] Filipino
[ ] Japanese
[ ] Korean
[ ] Vietnamese
[ ] Other Asian (Specify)
[ ] Native Hawaiian
[ ] Guamanian or Chamorro
[ ] Samoan
[ ] Other Pacific Islander (Specify)
[ ] Other (Specify)
[ ] Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): George T. Winters
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Beulah L. Tuberville

DISPOSITION

20a. INFORMANT'S NAME: Waurine Winters
20b. RELATIONSHIP TO DECEDENT: Spouse
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 2410 Mansker Dr., Madison, TN 37115
21a. METHOD OF DISPOSITION: [ ] Burial [ ] Cremation [ ] Donation [X] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Spring Hill Mausoleum
21c. LOCATION - City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: Wayne A. Slighter
22b. LICENSE NUMBER: 5243
22c. SIGNATURE OF EMBALMER: Wayne A. Slighter
22d. LICENSE NUMBER: 5244
23a. NAME AND ADDRESS OF FUNERAL HOME: Cole&GarrettFuneralHomeandCremationServ., 182 W.MainSt.,Hendersonville,TN37075
23b. LICENSE NUMBER OF FUNERAL HOME: 755

REGISTRAR

24. REGISTRAR'S SIGNATURE: Tonya L Foreman
25. DATE RECEIVED (Month, Day, Year): Feb 22, 2013

CERTIFIER

26. CERTIFIER (Check only one):
26a. [X] PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.
26b. [ ] MEDICAL EXAMINER - On the basis of examination, and/or investigation, in my opinion, death occurred at the date, and place, and due to the cause(s) and manner stated.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 24 HOURS.

27a. SIGNATURE OF CERTIFIER: Eduardo Antonio Chavez-Gomez
27b. LICENSE NUMBER: 355167
27c. DATE SIGNED (Month, Day, Year): 2-18-2013
27d. NAME AND ADDRESS: Eduardo Rodriguez MD 3043 Dickerson Pike Ste 160 Nashville, TN

MEDICAL CERTIFICATION

28. PART I. Enter the chain of events (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Sepsis
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST:
b. Due to (or as a consequence of): Pneumonia
c. Due to (or as a consequence of):
d. Due to (or as a consequence of):
Approximate Interval: Onset to death: 3 wks

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

29a. WAS AN AUTOPSY PERFORMED? [ ] Yes [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [X] No

32. IF FEMALE: [ ] Not pregnant within past year [ ] Pregnant at time of death [ ] Not pregnant, but pregnant within 42 days of death [ ] Not pregnant, but pregnant 43 days to 1 year before death [ ] Unknown if pregnant within the past year

31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [ ] No [X] Unknown

33. MANNER OF DEATH: [X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [X] Suicide [ ] Could not be determined

35. IF TRANSPORTATION INJURY, SPECIFY: [ ] Driver/Operator [ ] Passenger [ ] Pedestrian [ ] Other (Specify)
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? [ ] Yes [ ] No
34d. PLACE OF INJURY (At home, farm, street, factory, office, building, etc.)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

PH-1659 (Rev. 10/2011)
RDA 1389

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.

5660534

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

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Foreman Local Registrar
Davidson County Tennessee

Date Issued: FEB 22 2013

CERTIFICATION OF VITAL RECORD