THIS INSTRUMENT PREPARED BY:
BECK & BECK, Attorneys at Law, PLLC
4205 Gallatin Road
Nashville, TN 37216

BILL GARRETT, Davidson County
Trans:T20150074679 DEEDQC
Recvd: 09/02/15 08:38 5 pgs
Fees:27.00 Taxes:0.00
20150902-0089113

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The actual consideration or value, whichever is greater, for this transfer is One ($1.00) Dollar.

Charlene Lyle
AFFIANT

Subscribed and sworn to before me, this 13th day of August, 2015.

Notary Public
My Commission Expires: 11-5-2015

AARON J HARRIS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

ADDRESS NEW OWNERS:
Charlene Lyle
3362 Mimosa Drive
Nashville, TN

SEND TAX BILLS TO:
SAME

MAP AND PARCEL: 133-07-0-156.00

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ADMINISTRATOR'S DEED

==========

KNOW ALL MEN BY THESE PRESENTS that I, **CHARLENE LYLE**, am the Administrator for the Estate of **Ruth B. Cammuse**, being one and the same person, am affecting this quitclaim as a means of clarifying the title to this property. Under the laws of Probate of the State of Tennessee, **Ruth B. Cammuse** died Intestate; a Petition for Letters of Administration was filed and granted in the Probate Court of Davidson County, Tennessee under Docket No. **15P-316** on March 12, 2015. **Ruth B. Cammuse** died December 14, 2014. **CHARLENE LYLE** was appointed as the Administratrix for the Estate of **Ruth B. Cammuse**. (See attached Order of Probate and Letters of Administration.) For and in consideration of the sum of One dollar ($1.00), cash in hand paid, the receipt of which is hereby acknowledged, Administrator for the Estate **Ruth B. Cammuse**, has bargained and sold and hereby [convey,] remise, release and forever quitclaims equally to **CHARLENE LYLE and CAROL CLARK,** as heirs at law, and to their heirs and assigns, all rights, title and interest in and to a certain tract [parcel] of land in Davidson County, Tennessee, as will create an estate in and to said tract [parcel] of land, which is described as follows:

Being land in Davidson County, Tennessee, being Lot No. 119 on the subdivision of Glencoe Acres, a plan of which is recorded in Book 1835, Pages 136, 137 and 138, Register's Office for Davidson County, Tennessee, more particularly described as follows:

Beginning at a point in the westerly margin of Marcus Drive, said point being the common corner of Lots Nos. 119 and 128; thence with the line between Lots Nos. 119 and 128 in a southwesterly direction 124 feet to a point, said point being the common corner of Lots Nos. 119, 120, 128; thence in a southeasterly direction with the common line of Lots Nos. 119 and 120, 132.6 feet to a point in the northerly margin of Mimosa Drive; thence with the northerly margin of Mimosa Drive in a northeasterly direction 92 feet to a point; thence with the curve having a radius of 25 feet along the margin of the intersection of Mimosa Drive; thence with the westerly margin of Marcus Drive in a northwesterly direction 105.5 feet to the point of beginning.

Being the same property conveyed to Charles O.Cammuse and wife, Ruby Ruth Cammuse as tenants by the entirety from Lewis Gaines and Joe Gaines by deed from Southern Trust Company of Nashville, Inc., of record in Book 2093, Page 45, Register's Office for Davidson County, Tennessee. Charles O. Cammuse having since died October 7th, 1994 vesting the property entirely to Ruby Ruth Cammuse, who died December 14th, 2014. A copy of the death certificates of Charles O. Cammuse and Ruby Ruth Cammuse are attached.

Property known as: **3362 Mimosa Drive Nashville, TN 37211**

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

WITNESS my hand this 13 day of Aug, 2015

Charlene Lyle

CHARLENE LYLE

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

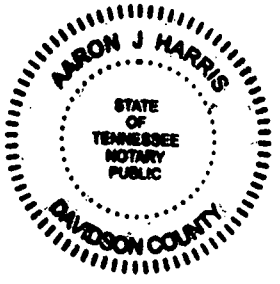
Personally appeared before me, Aaron Harris, a Notary Public, in and for said County and State, **CHARLENE LYLE**, the within named bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory

evidence), and who acknowledged that they executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at office this the 13th day of August, 2015.

NOTARY PUBLIC

MY COMMISSION EXPIRES: 11-5-2018



Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

OCT 17 1994

9405211

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT: For use by physician or institution

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): CHARLES OSCAR CAMMUSE
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): OCTOBER 7, 1994
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-1170
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): MAY 21, 1923
7. BIRTHPLACE (City and State or Foreign Country): SPRING HILL, TENN.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 3362 MIMOSA DRIVE
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): RUTH BARKSDALE
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): ASSIGNMENT OFFICE
12b. KIND OF BUSINESS/INDUSTRY: SOUTH CENTRAL BELL
13a. RESIDENCE – STATE: TENN.
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 3362 MIMOSA DRIVE
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37211
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): 12; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): LUTHER JACK CAMMUSE
18. MOTHER'S NAME (First, Middle, Maiden Surname): MUSSIE JOHNSON

INFORMANT

19a. INFORMANT'S NAME (Type/Print): RUTH CAMMUSE
19b. RELATIONSHIP TO DECEASED: WIFE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3362 MIMOSA DR., NASHVILLE, TN 37211

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): WOODLAWN CEMETERY
20c. LOCATION – City or Town, State: NASHVILLE, TENN.
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ William R. Appleton
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2700
21c. SIGNATURE OF EMBALMER: ▶ William R. Appleton
21d. LICENSE NUMBER OF EMBALMER: 3310
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODBINE FUNERAL HOME, INC. 3620 NOLENSVILLE ROAD, NASHVILLE, TENN. 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 396

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Patricia Sauer
24. DATE FILED (Month, Day, Year): October 17, 1994

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: ▶ Lee Arnold
25b. LICENSE NUMBER: 11222
25c. DATE SIGNED (Month, Day, Year): 10-17-94
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):

SEE INSTRUCTIONS ON OTHER SIDE

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. Cardiopulmonary arrest 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. metastatic lung cancer to brain DUE TO (OR AS A CONSEQUENCE OF):	
	c. DUE TO (OR AS A CONSEQUENCE OF):	
	d.	

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 [✓] 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 M
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 2-93

RDA 1399

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Ruby Ruth Cammuse
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): December 14, 2014
4. TIME OF DEATH (Approx.): 8:45 am
5a. AGE-Last Birthday (Years): 92
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): January 23, 1922
7. BIRTHPLACE (City and State or Foreign Country): Spring Place, GA

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: ☐ 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): 3362 Mimosa Drive
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: ☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Homemaker
11b. KIND OF BUSINESS/INDUSTRY: Own Home

12. SOCIAL SECURITY NUMBER: [redacted]-4705
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 3362 Mimosa Drive
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37211
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

NAME OF DECEDENT (For use by Physician or Institution)

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
☐ 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)
☒ 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)
☒ 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): Joseph Ezart Barksdale
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Laura Lucile Jones

INFORMANT

20a. INFORMANT'S NAME: Charlene C. Lyle
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 3362 Mimosa Drive, Nashville, TN 37211

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Woodlawn Memorial Park
21c. LOCATION - City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ William R. Appleton
22b. LICENSE NUMBER: 2700
22c. SIGNATURE OF EMBALMER: ▶ Nickless Lafayette Keith, Jr.
22d. LICENSE NUMBER: 6544
23a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Hickory Chapel, 5852 Nolensville Road, Nashville, TN 37211
23b. LICENSE NUMBER OF FUNERAL HOME: 760

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Deceah Charles
25. DATE FILED (Month, Day, Year): December 19 2014

CERTIFIER

26. CERTIFIER (Check only one):
26a. ☒ 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 48 HOURS.

27a. SIGNATURE OF CERTIFIER: ▶ Lisa Bond
27b. LICENSE NUMBER: TN 50297
27c. DATE SIGNED (Month, Day, Year): 12.18.14
27d. NAME AND ADDRESS: L. Bond 1718 Patterson St., Nashville, TN 37203

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.

		Approximate Interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Alzheimer's Dementia	
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)	
	c. Due to (or as a consequence of):	
	d. Due to (or as a consequence of):	

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

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

30. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown
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
33. 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. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

PH-1659 (Rev. 10/2011) RDA 1399

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.

7475608

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

Teresa S. Hendricks
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

7475608

Date Issued: DEC 19 2014

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD