This Instrument
Prepared By:

Joshua L. Hunter,
Attorney At Law
1104 Fatherland St
Nashville, TN 37206
(615) 440-0545

QUITCLAIM DEED

FOR AND IN CONSIDERATION of Ten Dollars ($10.00), cash in hand paid by the hereinafter named Grantees, and other good and valuable considerations, the receipt of which is hereby acknowledged, **JAMES B. DERRYBERRY**, hereinafter called the Grantor, has bargained and sold, and by these presents does transfer and convey unto **JAMES B. DERRYBERRY and KATHLEEN G. DERRYBERRY**, hereinafter called the Grantee, his/her heirs and assigns. A certain tract or parcel of land in Davidson County, State of Tennessee, described as follows, to-wit:

Being Lot No. 34 on the Plan of Hickory Bend, Section I, as of record in Book 3300, page 38, Register's Office for said County.

Beginning at a point on the northerly margin of Cloverwood Drive at the corner of Lots No. 34 and 35; thence with said Drive, easterly 75.2 feet to a monument; thence around a curve, in a northeasterly direction 39.3 feet to a monument in the west margin of Hickory Bend Drive; thence North along the Drive, 92 feet to the corner of Lots No. 33 and 34; thence west along the line of these lots,100.2 feet to a corner of Lots No. 34 and 35; thence South along the line of these lots, 117 feet to the point of beginning.

Being the same property conveyed to James B. Derryberry, with a life estate reserved for Reba M. Derryberry (since Deceased) and Norman Ellis (since Deceased) by Quitclaim Deed from Reba M. Derryberry of record as Instrument No. 20130308-0023148 in the Register's Office for Davidson County, Tennessee. *

Being the same property conveyed to Reba M. Derryberry by Warranty Deed, from William James Wood and Wilda Jane Wood Layne of record in Book 9104, page 903, Register's Office for Davidson County, Tennessee.

The above-described real property is known as improved real property located at 604 Hickory Bend Drive Nashville, Tennessee 37214. The maps number is 096-11-0, and the parcel number is 063.00.

IN WITNESS WHEREOF, we have hereunto set out hands on this 22nd day of September, 2015.

*Death certificates for Reba M. Derryberry and Norman Ellis are attached as exhibits hereto.

James B. Derryberry

James B. Derryberry

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Before me, the undersigned authority, a Notary Public of the State and County mentioned, personally appeared James B. Derryberry, with whom I am personally acquainted, and who, upon oath executed the foregoing instrument for the purposes therein contained.

Witness my hand and seal this 22nd day of September, 2015.

Julie Garside
Notary Public

LESLIE GARSIDE
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

My Commission Expires:
1/20/2019

BILL GARRETT, Davidson County
Trans:T20150080535 DEEDQC
Recvd: 09/22/15 10:25 4 pgs
Fees:22.00 Taxes:0.00
20150922-0096146

AFFIDAVIT OF CONSIDERATION

Name and Address of Property Owner:	Person or Entity Responsible For Payment of Property Taxes:	Map & Parcel Number of Property Transferred:
373 John Wright Rd Mount Juliet, TN 37122	New Owner	Davidson County 096-11-0-063.00

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

I hereby swear or affirm that the actual consideration for this transfer or the value of the property transferred, whichever is greater, is Ten Dollars ($10.00), which amount is equal to or greater than the amount which the property transferred would command at a fair voluntary sale.

Affiant

Sworn to and subscribed before me 22nd day of September, 2015.

LESLIE GARSIDE
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

Notary Public

My Commission Expires:

1/20/2019

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): Norman D. Ellis, Sr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): September 3, 2015
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 76
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): December 22, 1938
7. BIRTHPLACE (City and State or Foreign Country): Cowan, Georgia

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): 604 Hickory Bend Drive
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

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: Teacher
11b. KIND OF BUSINESS/INDUSTRY: Education

13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 604 Hickory Bend Drive
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37214
14. WAS DECEDENT EVER IN US ARMED FORCES? ☒ Yes ☐ No

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): William E. Ellis
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Carrie Lucille Edwards

DISPOSITION

20a. INFORMANT'S NAME: Norman D. Ellis, Jr
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 18 Weeping Elm Road, Mt. Juliet, TN 37122
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Mount Olivet Cemetery
21c. LOCATION - City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Billy Orange
22b. LICENSE NUMBER: 5846
22c. SIGNATURE OF EMBALMER: ▶ James R. Padgett
22d. LICENSE NUMBER: 5535
473va
23a. NAME AND ADDRESS OF FUNERAL HOME: Mount Olivet Funeral Home & Cemetery, 1101 Lebanon Road, Nashville, TN 37210
23b. LICENSE NUMBER OF FUNERAL HOME: 970

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Kristi Parrish DR
25. DATE FILED (Month, Day, Year): 9/8/15

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: ▶
27b. LICENSE NUMBER: 35503
27c. DATE SIGNED (Month, Day, Year): 9-8-15
27d. NAME AND ADDRESS

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. heart disease
Due to (or as a consequence of)
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

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 ☐ 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-1859 (Rev. 10/2011) RDA 1399

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8243139

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

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

8243139
Date Issued

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

130185 9

STATE FILE NUMBER

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Reba Madewell Derryberry
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): March 24, 2013
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 79
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): February 24, 1934
7. BIRTHPLACE (City and State or Foreign Country): Putnam County

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): Summit Medical Center
8c. CITY OR TOWN: Hermitage
8d. COUNTY OF DEATH: Davidson

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

12. [illegible]
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 604 Hickory Bend Drive
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37214
14. WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [X] 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
[X] 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

10

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): Albert Madewell
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Anna Smith

DISPOSITION

20a. INFORMANT'S NAME: James Barry Derryberry
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 373 John Right Rd, Mt. Juliet, TN. 37122
21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Mount Olivet Cemetery
21c. LOCATION - City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ John H. Smith II
22b. LICENSE NUMBER: 6422
22c. SIGNATURE OF EMBALMER: ▶
22d. LICENSE NUMBER:
23a. NAME AND ADDRESS OF FUNERAL HOME: Mount Olivet Funeral Home, 1101 Lebanon Rd, Nashville, Tennessee 37210
23b. LICENSE NUMBER OF FUNERAL HOME: 970

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Audrey Bowles, DR
25. DATE FILED (Month, Day, Year): MAR. 26, 2013

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: ▶ [signature]
27b. LICENSE NUMBER: MD 16944
27c. DATE SIGNED (Month, Day, Year): 3/26/13
27d. NAME AND ADDRESS

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.	Respiratory Failure	
Due to (or as a consequence of)		
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.	Hypoxemia	
Due to (or as a consequence of)		
c.	Emphysema	
Due to (or as a consequence of)		
d.	chronic Asthma	

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 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [ ] No

30. MANNER OF DEATH: [X] 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 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.

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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

MAR 26 2013
Date Issued

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD