Davidson County DEEDQC
Recvd: 12/10/15 16:14 5 pgs
Fees:27.00 Taxes:0.00
20151210-0124591

Commitment Number: 15-04-269fst

After Recording, Send To:
First Source Title
12000 Snow Rd. Suite 8
Parma, OH 44130

This instrument prepared by:
Jay A. Rosenberg, Esq., Rosenberg LPA, Attorneys At Law, 3805 Edwards Road, Suite 550, Cincinnati, Ohio 45209 (513) 247-9605 Fax: (866) 611-0170 and Thomas Granville McCroskey, Esq., Tennessee Bar Number: 015569.

New Property Owner/Mail Tax Statements To:
Dorothy Freeman, 549 Rural Hill Drive, Nashville, TN 37217

EXEMPT: Quitclaim deed given for no monetary consideration Section 67-4-409(A)(4)

PROPERTY APPRAISAL (TAX/APN) PARCEL IDENTIFICATION NUMBER . 13613002300

QUITCLAIM DEED

Ronald W. Freeman Sr. and **Dorothy Freeman**, surviving spouse, **Ronald W. Freeman Sr.** having died on November 8, 1990, a copy of his death certificate is attached, hereinafter grantors, of **Davidson County, Tennessee**, for $0.00 and the correction of the public record as to the vesting of title in consideration paid, grant and quitclaim to **Dorothy Freeman,** hereinafter grantee, whose tax mailing address is **549 Rural Hill Drive, Nashville, TN 37217**, with quitclaim covenants, all right, title, interest and claim to the following land in the following real property:

A certain tract or parcel of land in Davidson County, State of Tennessee, described as follows to: wit: LAND in Davidson County, Tennessee, being Lot No. 59 on the plan of Section Four, Edge-O-Lake Estates, of record in Book 3600, pages 87 and 88, Register's Office for said County. SAID Lot No. 59, which is a corner lot, fronts 64.94 feet on the southerly margin of watersview Drive and fronts 97.81 feet on the westerly margin of Rural Hill Road, said frontages being joined by a curve having a length of 39.27 feet. and extends back 89.94 feet on the southerly line and 122.81 feet on the westerly line to a point of

intersection.

Being all the premises conveyed to Ronald W. Freeman Sr., and wife Dorothy Freeman, from Gary R. Gordon, unmarried, by deed dated May 07, 1985, recorded May 10, 1985, in Book 6553, Page 782, in the Official Public Records of Davidson County, State of Tennessee. Tax ID No. 13613002300
Property Address is: 549 Rural Hill Drive, Nashville, TN 37217

The real property described above is conveyed subject to and with the benefit of: All easements, covenants, conditions and restrictions of record; in so far as in force applicable.

The real property described above is conveyed subject to the following: All easements, covenants, conditions and restrictions of record; All legal highways; Zoning, building and other laws, ordinances and regulations; Real estate taxes and assessments not yet due and payable; Rights of tenants in possession.

Prior instrument reference: **Official Records Book 6553, Page 782**

Executed by the undersigned on 5-22, 2015:

Dorothy Freeman
Dorothy Freeman

STATE OF Tennessee
COUNTY OF Davidson

The foregoing instrument was acknowledged before me on 5-22, 2015 by **Dorothy Freeman** who is personally known to me or has produced TN DRIVLic as identification, and furthermore, the aforementioned person has acknowledged that her signature was her free and voluntary act for the purposes set forth in this instrument.

Carol DiGiore
Notary Public

CAROL DIGIORE
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 7-2-2018

Maximum principal indebtedness for Tennessee recording tax purposes is 0.
(On amendments or modifications, enter ONLY the amount of INCREASE, if any.)

State of TENNESSEE
County of DAVIDSON

I/we hereby swear or affirm that the actual consideration for this transfer or the value of the property transferred, whichever is greater, is 0, which amount is equal to or greater than that which the property would command at a fair and voluntary sale.

Subscribed and sworn to before me

This 22 day of May, 2015.

Dorothy Freeman
Affiant

DOROTHY FREEMAN
Print Name

CAROL DIGIORE
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 7-2-2018

(Seal)

Carol DiGiore
Notary Public

My commission expires:
July 2, 2018

Carol DiGiore
Print Name

True Copy Certification

I, Megan McNamara, 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.

Megan McNamara
Signature

State of Ohio

County of Lake

Personally appeared before me, Christian R. Leonhardt [Name of Notary], a notary public for this county and state, ~~[name of person making certification]~~ Megan McNamara who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

C. R. Leonhardt
Notary's Signature

NOTARIAL SEAL
STATE OF OHIO

CHRISTIAN R. LEONHARDT
Notary Public
In and for the State of Ohio
My Commission Expires
March 6, 2016

~~My Commission Expires~~
~~Notary Public~~ (Seal on paper)

Metropolitan Government of Nashville and Davidson County

Bill Boner, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

MAR 20 1991

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.

Linda S. Wadley, M.D.
LOCAL REGISTRAR

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK — FOR INSTRUCTIONS SEE HANDBOOK

9005647 836

DECEDENT
1. DECEDENT'S NAME (First, Middle, Last): Ronald Watha Freeman
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): November 8, 1990
4. SOCIAL SECURITY NUMBER: 0617
5. AGE-LAST BIRTHDAY: 53
6. DATE OF BIRTH: Jan 4, 1937
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH: 2 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [ ] Residence 6 [X] Other (Specify) Scene
9b. FACILITY NAME (If not institution, give street and number): 549 Rural Hill Rd.
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): Dorothy Tansil
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use term retired): 5
12b. KIND OF BUSINESS/INDUSTRY: None
13a. RESIDENCE—STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 549 Rural Hill Rd.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37217
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [ ] No
15. RACE—American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): [ ] College (1-4 or 5+): X

PARENTS
17. FATHER'S NAME (First, Middle, Last): Henry Freeman
18. MOTHER'S NAME (First, Middle, Maiden Surname): Elsie Woods

INFORMANT
19a. INFORMANT'S NAME (Type/Print): Dorothy Freeman
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 549 Rural Hill Rd., Nashville, Tn. 37217

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):
20c. LOCATION—City or Town, State:
21a. SIGNATURE OF FUNERAL DIRECTOR: W. R. Davis
21b. LICENSE NUMBER OF FUNERAL DIRECTOR:
21c. SIGNATURE OF EMBALMER:
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: Davis-Campbell-McClain 1404 Jefferson Nashville, Tenn
22b. LICENSE NUMBER OF FUNERAL HOME:

REGISTRAR
23. REGISTRAR'S SIGNATURE: Mary C. Pentecost
24. DATE FILED (Month, Day, Year): November 28, 1990

CERTIFIER
25. 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
25b. LICENSE NUMBER
25c. DATE SIGNED (Month, Day, Year)
26. 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 [X] SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER: 16308
26c. DATE SIGNED (Month, Day, Year): 11/26/90
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN) OR MEDICAL EXAMINER (Type/Print): Julia C. Goodin, M.D., 84 Hermitage Ave., Nashville, TN 37210-2110

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

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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. SMOKE AND SOOT INHALATION AND THERMAL INJURY
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.
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.
Approximate Interval Between Onset and Death

SEE INSTRUCTIONS ON OTHER SIDE

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 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [ ] Natural 5 [ ] Pending Investigation 2 [X] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide
31a. DATE OF INJURY (Month, Day, Year): 11/08/90
31b. TIME OF INJURY: A.M.
31c. INJURY AT WORK? 1 [ ] Yes 2 [X] No
31d. DESCRIBE HOW INJURY OCCURRED: House Fire
31e. PLACE OF INJURY—At Home, Farm, Street, Factory, Office Building, etc. (Specify): Residence
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State): 549 Rural Hill Rd., Nashville, TN