BILL GARRETT, Davidson County
Trans:T20160035771 DEEDQC
Recvd: 05/02/16 09:10 4 pgs
Fees:22.00 Taxes:0.00
20160502-0042453

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

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

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

Bobby Taylor
AFFIANT

Subscribed and sworn to before me, this 28th day of April, 2016.

Melinda G. Rooker
Notary Public

MELINDA G. ROOKER
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires MAY 6, 2019

My Commission Expires: 05-06-2019

ADDRESS NEW OWNERS:
BOBBY TAYLOR & PEGGY ILER
568 Heritage Dr.
Madison, TN 37115

SEND TAX BILLS TO:
Same

MAP: 072.10.0.100.00

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EXECUTOR'S QUITCLAIM DEED

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KNOW ALL MEN BY THESE PRESENTS that I, **BOBBY TAYLOR**, 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, the estate of **BONNIE PEARL TAYLOR** was probated in the Probate Court of Davidson County, Nashville, TN, under Docket No. **16P-396** on March 24, 2016, **BOBBY TAYLOR** was appointed Executor of the Estate of **BONNIE PEARL TAYLOR**. For and in consideration of the sum of One dollar ($1.00), cash in hand paid, the receipt of which is hereby acknowledged, **BOBBY TAYLOR**, has bargained and sold and hereby [convey,] remise, release and forever quitclaims to **BOBBY TAYLOR AND PEGGY ILER,** all of their heirs and assigns, such of their right, 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:

Land in Davidson County, Tennessee, being the easterly 25 feet of Lot No. 6 and the westerly part of Lot No. 5 on the Map of East Hill Addition as of record in Book 332 , page 33, Register's office for said County.

Said parts of Lots No. 5 and 6 front 75-2/3 feet on the northerly side of Delmas Avenue and run back 191 feet to a dead line and measure 75-1/3 feet on said dead line.

Being the same property conveyed to W. B. Deadrick and wife, Pearl Deadrick by deed from Leonard L. Murrell and wife, of record in Book 1258, Page 280, Register's office for said County.

Being the same property conveyed to Glyn O. Taylor and wife Bonnie Taylor by deed from W. B. Deadrick and wife, Pearl Deadrick of record in Book 2960, Page 25, Register's office for said County. Glyn O. Taylor having since died on 02/25/1997 and Bonnie Taylor having since died on 01/29/2016 (copy of each death certificate attached to this document).

This is improved property known as 1023 Delmas Ave., Nashville, TN 37216.

This conveyance is made subject to all conditions, easements; and all other matters of record in the Registers Office for Davidson county.

WITNESS my hand this 28th day of April, 2016.

Bobby D Taylor
BOBBY TAYLOR, Executor

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, Melinda G. Rooker, a Notary Public, in and for said County and State, **BOBBY TAYLOR** the within named bargainor, 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 at office this the 28th day of April, 2016.

Melinda G. Rooker
NOTARY PUBLIC
MY COMMISSION EXPIRES: 05-06-2019

MELINDA G. ROOKER
NOTARY PUBLIC
STATE OF TENNESSEE
DAVIDSON COUNTY
My Commission Expires MAY 6, 2019

STATE OF TENNESSEE
Office of Vital Records

DUPLICATE COPY

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Bonnie Pearl Taylor
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): January 29, 2016
4. TIME OF DEATH (Approx.): 9:03 AM
5a. AGE-Last Birthday (Years): 93
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): November 2, 1922
7. BIRTHPLACE (City and State or Foreign Country): Wartrace Creek Community, Tennessee

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): 1023 Delmas Avenue
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): N/A
11a. DECEDENT'S USUAL OCCUPATION: Homemaker
11b. KIND OF BUSINESS/INDUSTRY: Homemaking
12. SOCIAL SECURITY NUMBER: [redacted]-4224
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 1023 Delmas Avenue
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37216
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): Fisher Doctor Draper
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Mallie Abilene Dixon

DISPOSITION

20a. INFORMANT'S NAME: Peggy Iler
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1023 Delmas Avenue Nashville, TN 37216
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Draper Cemetery
21c. LOCATION - City or Town and State: Whitleyville, TN 38588
22a. SIGNATURE OF FUNERAL DIRECTOR
22b. LICENSE NUMBER: 2448
22c. SIGNATURE OF EMBALMER
22d. LICENSE NUMBER: 4582
23a. NAME AND ADDRESS OF FUNERAL HOME: Hackett Chapel - Sanderson Funeral Homes, Inc., 169 Kempville Hwy., Kempville, Tennessee 37145
23b. LICENSE NUMBER OF FUNERAL HOME: 670

REGISTRAR

24. REGISTRAR'S SIGNATURE: Deloris Rhodes (DR)
25. DATE FILED (Month, Day, Year): February 9 2016

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

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.
27a. SIGNATURE OF CERTIFIER
27b. LICENSE NUMBER: 17891
27c. DATE SIGNED (Month, Day, Year): 2/4/16
27d. NAME AND ADDRESS: Robert Berkompas, M.D. 1718 Patterson Street, 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.
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 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.
Approximate interval: Onset to death

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-1659 (Rev. 10/2011) RDA 1399

8358141

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.

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

8358141
Date Issued FEB - 9 2016

CERTIFICATION OF VITAL RECORD

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TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Glyn Oscar Taylor
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): February 25, 1997
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-3576
5a. AGE - LAST BIRTHDAY (Years): 76
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Aug. 30, 1920
7. BIRTHPLACE (City and State or Foreign Country): Wartrace, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [X] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Imperial Manor
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): Bonnie P. Draper
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Sales
12b. KIND OF BUSINESS/INDUSTRY: Furniture
13a. RESIDENCE - STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1023 W. Delmas Ave.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37216
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): 8; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Leonard Taylor
18. MOTHER'S NAME (First, Middle, Maiden Surname): Annie Davenport

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Bonnie P. Taylor
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1023 W. Delams Ave. Nashville, TN 37216

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): Draper Cemetery
20c. LOCATION - City or Town, State: Wartrace, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2448
21c. SIGNATURE OF EMBALMER: [signature]
21d. LICENSE NUMBER OF EMBALMER: 4582
22a. NAME AND ADDRESS OF FUNERAL HOME: Sanderson Funeral Homes, Inc. 169 Kempville Hwy., Kempville, TN 37145
22b. LICENSE NUMBER OF FUNERAL HOME: 670

REGISTRAR

23. REGISTRAR'S SIGNATURE:
24. DATE FILED (Month, Day, Year):

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 [X] SIGNATURE AND TITLE OF PHYSICIAN: [signature]
25b. LICENSE NUMBER: MD8248
25c. DATE SIGNED (Month, Day, Year): 03-04-1997
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:
26c. DATE SIGNED (Month, Day, Year):

COPY

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Yerng T. Hsueh, 2623 Gallatin Rd./Nashville, TN 37216

PHYSICIAN OR MEDICAL EXAMINER EXTING CERTIFICATE ST COMPLETE AND N MEDICAL CERTIFI TION WITHIN 48 URS.

SEE INSTRUCTIONS ON OTHER SIDE

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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Coma and brainstem stroke, DUE TO (OR AS A CONSEQUENCE OF):	24 hrs
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Cerebral thrombosis with Spastic paresis, DUE TO (OR AS A CONSEQUENCE OF):	2 mos
	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.
Acute renal failure due to rhabdomyolysis
Acute aspiration pneumonia and Chronic obstructive pulmonary disease

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 [X] 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):