BILL GARRETT, Davidson County
Trans:T20160037630 DEEDQC
Recvd: 05/05/16 15:33 3 pgs
Fees:17.00 Taxes:0.00

20160505-0044789

QUIT CLAILM DEED

The GRANTOR, Judi Cripps Hebden, of 2981 Americus Drive, Thompson's Station, State or Tennessee, for the consideration of Ten and no/100 Dollars ($10.00)

CONVEY UNTO and QUIT CLAIM to Sabrina Ann Mueller, of 4348 Old Hickory Blvd, Old Hickory, State of Tennessee, all interest in the following described real estate in the County of Davidson, in the State of

Tennessee, to wit:

Being Lot No. 6 Block 2 on the Map of Berryville, as of record in Book 421, page 117,

Register's Office for said County.

Said Lot No. 6 fronts 50 feet on the easterly side of Hadley Bend Road and runs parallel

lines 150 feet to an alley.

Source of Title (SOT) 20110920-0072844

Dated this _____ day of May, 2016

Grantor Judi Cripps Hebden

Judi Cripps Hebden

Recipient Sabrina Ann Mueller

Sabrina Ann Mueller

Prepared by: Judi Cripps Hebden

2981 Americus Drive

Thompson's Station, TN 37179

STATE OF TENNESSEE
COUNTY OF DAVIDSON
The actual consideration or true value, whichever is greater for this transfer is
$ -0-
Judi C. Hebden Affiant
Subscribed and sworn before me this the
5 Day of May, 2016.
Tandi Wells, Deputy Register

Send tax bill to:

Ms. Sabrina Mueller
4348 Old Hickory Blvd.
Old Hickory, Tn 37138

Map 64-13
Parcel 57

State of Tennessee

County of Davidson

Personally appeared before me, Alice J. Windsor, a Notary Public in and for Williamson County, the bargainer, Judi Cripps Hebden, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that such person executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, this May 5 day of May, 2016.

My commission expires 11/5/2019 Notary Public Alice J. Windsor

ALICE J. WINDSOR
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires NOV. 5, 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)	2. SEX	3. DATE OF DEATH (Month, Day, Year)
Azlea Harriet Cripps	Female	February 27, 2012

4. TIME OF DEATH (Approx.)	5a. AGE-Last Birthday (Years)	5b. UNDER 1 YEAR Months	Days	5c. UNDER 1 DAY Hours	Minutes	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
7:07 am	95					May 17, 1916	Mt Juliet, 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)	8c. CITY OR TOWN	8d. COUNTY OF DEATH
Grace Health Care	Franklin	Williamson

NAME OF DECEDENT (For use by Physician or Institution)

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

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
[redacted]358	Tennessee	Davidson	Old Hickory

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
4348 Old Hickory Blvd	☒ Yes ☐ No	37138	☐ 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)	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)
Roy Lannom	Evie Woodall

INFORMANT

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
Judi Hebden	Daughter	5105 Country Club Dr Brentwood, TN 37024

DISPOSITION

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	21c. LOCATION - City or Town and State
☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____	Woodlawn Memorial Park	Nashville, Tennessee

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
▶ Michael Lee Frazer	6079	▶ Gerald Huley Clark III	6493

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER OF FUNERAL HOME
Hermitage Funeral Home 535 Shute Lane Old Hickory, Tennessee 37138	540

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED (Month, Day, Year)
▶ Oleta J. Boyd, LR	7 March 01, 2012

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	27c. DATE SIGNED (Month, Day, Year)
▶ Kenneth B Dodge	17056	3/7/12

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. Cardiopulmonary Arrest	
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. Prostate Malignancy / Metastasis 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.

29a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No

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

30. MANNER OF DEATH	31. DID TOBACCO USE CONTRIBUTE TO DEATH?	32. IF FEMALE:
☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined	☐ Yes ☐ Probably ☐ No ☐ Unknown	☐ 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:	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK?	34d. PLACE OF INJURY – at home, farm, street, factory, office, building, etc. (Specify)
☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____			☐ Yes ☐ No	

34e. DESCRIBE HOW INJURY OCCURRED	34f. LOCATION OF INJURY (Street and Number, City or Town, State)

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

5148158

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.

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

Teresa S. Hendricks
STATE REGISTRAR

Oletha J. Boyd, Local Registrar
Williamson County

Date Issued: MAR 07 2012

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD