BILL GARRETT, Davidson County
Trans:T20160047016 DEEDQC
Recvd: 06/03/16 12:46 3 pgs
Fees:17.00 Taxes:0.00
20160603-0056237

Prepared By
VERNON Clay Tidwell JR.
201 Benefield Drive
Smyrna TN 37167

QUITCLAIM DEED

Agreement set forth this 20 day of MAY, 20 16
in the county of Davidson in the state of Tennessee.

Indenture is made between Vernon Clay Tidwell and Betty J. Tidwell Deceased, of the city and state of Nashville, Tennessee who shall be identified as GRANTOR,
and
Vernon Clay Tidwell Jr. who is identified as the GRANTEE.

The GRANTOR, on behalf of partners, heirs or successors for and in consideration of the sum of $ 0.00 conveys and quit claims the current possession of the following property that bears the legal description of : **5306 Tennessee Ave. Nashville Tennessee 37209 Lot 1211 Pt Lot 1209 Blk 10 West Nash 2 / Neighborhood Code And Name: 1226 West Nashville Parcel/Tax ID 091-07-0-084.00**
Current Source of THE Book 4882 page 568
to the GRANTEE. **vernon clay tidwell jr. 201 benefield drive smyrna tn 37167**

Vernon Tidwell Dated this 3 day of June, 2016
GRANTOR's Signature

I, Lisa Morgan Notary Public in and for the state of Tennessee, do hereby certify that on this 3 day of June, 2016, personally appeared before me known to be or satisfactorily proven the individual described in and who executed the foregoing instrument.

NOTARY PUBLIC in and for the State of Tennessee
My commission expires 9/11/17

LISA GAIL MORGAN
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

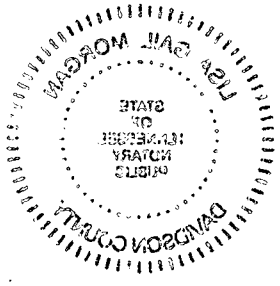
Lisa Gail Morgan

STATE OF TENNESSEE
COUNTY OF DAVIDSON
The actual consideration or true value, whichever is greater for this transfer is
$ 0
Affiant
Subscribed and sworn before me this the 3 Day of June, 2016.
, Deputy Register

SampleWords

New Owner Tax Bills

VERNON Clay Tidwell JR SAME AS NEW OWNER
201 Benefield Drive
Smyrna Tn 37167



METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

04 01938

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Betty Jean Tidwell
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 6, 2004
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-5201
5a. AGE-LAST BIRTHDAY (Years): 58
5b. UNDER 1 YEAR: MONTHS / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Feb. 20, 1946
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [XX] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [XX] ER/Outpatient 3 [ ] DOA — OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): St. Thomas Hospital
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): Vernon Tidwell
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Domestic
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 5302 Tennessee Avenue
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37209
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [XX] 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+): ---

NAME OF DECEDENT (For use by physician or investigator)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Henry Warren
18. MOTHER'S NAME (First, Middle, Maiden Surname): Stella McFarland

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Vernon Tidwell
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 5302 Tennessee Avenue Nashville, TN 37209

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [XX] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Harpeth Hills Memory Gardens
20c. LOCATION-City or Town, State: Nashville, TN 37221
21a. SIGNATURE OF FUNERAL DIRECTOR: Heather Heggie
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5055
21c. SIGNATURE OF EMBALMER: Michael Illobre
21d. LICENSE NUMBER OF EMBALMER: 5353
22a. NAME AND ADDRESS OF FUNERAL HOME: Harpeth Hills Funeral Home 9090 Highway 100, Nashville, TN 37221
22b. LICENSE NUMBER OF FUNERAL HOME: 849

REGISTRAR

23. REGISTRAR'S SIGNATURE: Robin W. Rhodes
24. DATE FILED (Month, Day, Year): April 13, 2004

CERTIFIER

25. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.
1 [X] SIGNATURE AND TITLE OF PHYSICIAN: Andrew McVie
25b. LICENSE NUMBER: MD 35188
25c. DATE SIGNED (Month, Day, Year): Apr 13 2004
26a. 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 as stated.
2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER:
26c. DATE SIGNED (Month, Day, Year): April 13 2004

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): ANDREW McVIE SAINT THOMAS HOSPITAL 4220 HARDING ROAD NASHVILLE TN 37205

CAUSE OF DEATH

SEE INSTRUCTIONS ON OTHER SIDE

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. UPPER G.I. BLEED.
Approximate Interval Between Onset and Death: MINS
Due to (or as a consequence of): b.
Due to (or as a consequence of): c.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
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: COLON CANCER

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 [X] No

30. MANNER OF DEATH: 1 [X] Natural 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
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. 6/99) RDA 1389

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 Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.
Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Tonya Y Ruttlen
Tonya Y Ruttlen
Local Registrar

Date Issued APR 13 2004

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

CERTIFICATION OF VITAL RECORD