BILL GARRETT, Davidson County
Trans:T20160057802 DEEDQC
Recvd: 07/07/16 10:32 3 pgs
Fees:17.00 Taxes:0.00
20160707-0069501

STEVE D. GIBSON STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

STATE OF TENNESSEE
COUNTY OF WILLIAMSON
THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $0.00

Paula A. Hale
Affiant

SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 3rd DAY OF June 2016

Steve Gibson
Notary Public

MY COMMISSION EXPIRES: 3-6-2018
(AFFIX SEAL)

QUITCLAIM DEED

THIS INSTRUMENT WAS PREPARED BASED UPON INFORMATION PROVIDED BY THE PARTIES BY WITHOUT BENEFIT OF A TITLE SEARCH

LEHMAN TITLE & ESCROW, LLC 1646 Westgate Circle, Suite 102, Brentwood, TN 37027

ADDRESS NEW OWNER(S) AS FOLLOWS:	SEND TAX BILLS TO:	70-7-107
Richard L. Hale	Richard L. Hale	
(NAME)	(NAME)	
915 Young's Lane	201 Newport Lane	
(ADDRESS)	(ADDRESS)	
Nashville, TN 37207	Lilburn, GA 30047	
(CITY) (STATE) (ZIP)	(CITY) (STATE) (ZIP)	

FOR AND CONSIDERATION OF THE SUM OF TEN DOLLARS, CASH IN HAND PAID BY THE HEREINAFTER NAMED GRANTEES, AND OTHER GOOD AND VALUABLE CONSIDERATIONS, THE RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED, I,

PAULA A. HALE

HEREINAFTER CALLED THE GRANTORS, HAVE BARGAINED AND SOLD, AND BY THESE PRESENTS DO TRANSFER AND CONVEY UNTO

RICHARD L. HALE

HEREINAFTER CALLED THE GRANTEES, THEIR HEIRS AND ASSIGNS, A CERTAIN TRACT OR PARCEL OF LAND IN DAVIDSON COUNTY, STATE OF TENNESSEE, DESCRIBED AS FOLLOWS, TO-WIT:

Land in Davidson County, Tennessee, being part of Lot No. 43 on the plan of Free Silver of record in Book 332, page 46, Register's Office for Davidson County, Tennessee described according to a survey of George W. Watkins, Surveyor, dated January 26, 1959, as follows:

Beginning at an iron pin in the Northwesterly intersection of Roy Street and Young's Lane; thence with the Northwesterly margin of Young's Lane 72 feet West to property conveyed to Gus Church and wife, of record in Book 3374, page 96, said Register's Office; thence with Church's easterly line, and Northwardly 250 feet; thence Easterly 38 feet to the westerly margin of Roy Street, thence with the Westerly margin of Roy Street, southwardly 250 feet to the point of beginning.

Being the same property conveyed to Richard L. Hale and Robert H. Hale, Jr., by Affidavit of Heirship of record in Book 9730, page 990, Register's Office for Davidson County, Tennessee. The said Robert H. Hale, Jr. aka Robert Houston Hale, Jr., having since died intestate on October 17, 2015, being survived by Paula Hale, his wife and *sole heir at law, his death certificate attached hereto as Exhibit "A". Paula Hale** makes this conveyance to transfer all of her right title and interest, if any, in the subject property.

*Richard L. Hale his **aka Paula Caruthers

THIS CONVEYANCE IS SUBJECT TO: SUCH LIMITATIONS, RESTRICTIONS, AND ENCUMBRANCES AS MAY AFFECT THE PREMISES.

unimproved
This is improved X property, known as 915 Young's Lane, Nashville, TN 37207
(House Number) (Street) (P.O. Address) (City or Town) (Postal Zip)

Wherever used, the singular number shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

Witness this 23rd day of June 2016

Paula A. Hale

Paula Hale
A.

STATE OF TENNESSEE

COUNTY OF ~~WILLIAMSON~~ DAVIDSON

Personally appeared before me, the undersigned, a notary public in and for said State and County, **Paula A. Hale**, the bargainor(s), with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, and who acknowledged that she executed the within instrument by herself as her own free act and deed for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee this 23rd day of June 2016
Commission expires: 3-6-2018

Steve Gibson
Notary Public

STEVE D. GIBSON
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

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): ROBERT HOUSTON HALE, JR.
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): OCTOBER 19, 2015
4. TIME OF DEATH (Approx.): 2115 PM
5a. AGE-Last Birthday (Years): 59
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): DECEMBER 11, 1955
7. BIRTHPLACE (City and State or Foreign Country): NASHVILLE, 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): ALIVE HOSPICE
8c. CITY OR TOWN: NASHVILLE
8d. COUNTY OF DEATH: DAVIDSON

9. MARITAL STATUS: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): PAULA CARUTHERS
11a. DECEDENT'S USUAL OCCUPATION: TRUCK DRIVER
11b. KIND OF BUSINESS/INDUSTRY: U.S. POSTAL SERVICE

12a. SOCIAL SECURITY NUMBER: [redacted]6238
12b. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE
12c. COUNTY: DAVIDSON
12d. CITY OR TOWN: NASHVILLE
12e. STREET AND NUMBER: 913 YOUNG LANE
12f. INSIDE CITY LIMITS: ☒ Yes ☐ No
12g. ZIP CODE: 37207
14. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ 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
☒ 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

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PARENTS

18. FATHER'S NAME (First, Middle, Last): ROBERT H. HALE, JR.
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): MARGARET SMITH

DISPOSITION

20a. INFORMANT'S NAME: RICHARD HALE
20b. RELATIONSHIP TO DECEDENT: BROTHER
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 201 NEWPORT LANE, LILBURN, GA 30047

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify): ____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): HILLSBORO CEMETERY
21c. LOCATION - City or Town and State: NASHVILLE, TENNESSEE

22a. SIGNATURE OF FUNERAL DIRECTOR: ► ARTHUR L. JACKSON
22b. LICENSE NUMBER: 6497
22c. SIGNATURE OF EMBALMER: ► ARTHUR L. JACKSON
22d. LICENSE NUMBER: 4967

23a. NAME AND ADDRESS OF FUNERAL HOME: A.O. FUNERAL HOME, 1503 BUCHANAN ST, NASHVILLE, TN 37208
23b. LICENSE NUMBER OF FUNERAL HOME: 1206

REGISTRAR

24. REGISTRAR'S SIGNATURE: ► [signature] (DSG)
25. DATE FILED (Month, Day, Year): OCT 22, 2015

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: ► Ann T. Meadows
27b. LICENSE NUMBER: 45572
27c. DATE SIGNED (Month, Day, Year): 10/21/2015
27d. NAME AND ADDRESS: Ann T. Meadows, M.D. 2711 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.

		Approximate Interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Advanced NM-small Cell Lung CA	
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	Due to (or as a consequence of): 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-1650 (Rev. 10/2011)

RDA 1399

EXHIBIT A

8247567

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

8247567
11/6/2015
Date Issued

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD