BILL GARRETT, Davidson County
Trans:T20160107259 DEEDQC
Recvd: 12/06/16 15:07 2 pgs
Fees:12.00 Taxes:0.00
20161206-0128078

Prepared By: Todd Cathey
Creekside Title & Escrow, LLC
311 E. Main St. # 5
Hendersonville, TN 37075

THIS INSTRUMENT IS PREPARED BASED UPON INFORMATION PROVIDED BY THE PARTIES. NO TITLE SEARCH WAS DONE IN CONNECTION WITH THE PREPARATION OF THIS DOCUMENT. THE PREPARER MAKES NO REPRESENTATION AS TO THE STATUS OF TITLE OR THE ACCURACY OF THE LEGAL DESCRIPTION OF THE PROPERTY SHOWN HEREIN.

QUITCLAIM DEED

ADDRESS NEW OWNER	SEND TAX BILLS TO:	MAP & PARCEL
Janice Walker And Dana Mires 800 Canton Pass Madison, TN 37115	Same	52-16-15.00

FOR AND IN CONSIDERATION of the sum of Ten Dollars and no/100, cash in hand paid by the Grantee and other good and valuable consideration accepted as cash, the receipt and sufficiency of which is hereby acknowledged **JANICE WALKER**, the grantor herein, do hereby Quitclaim and convey unto the said **JANICE WALKER AND DANA MIRES,** the Grantees herein, it's successors and assigns, all of her/his/their right, title and interest in and to that certain real estate in Davidson County, Tennessee, as follows:

Land in Davidson County, Tennessee, being Lot No. 47 on the plan of Marlin Meadows, Section 2, of record in Book 1835, page 127, Register's Office for said County.

Beginning at a point on the westerly margin of Canton Pass, the common corner of Lots Nos. 46 and 47; thence with the margin of said Pass, northeasterly 121.3 feet to the beginning of a curve; thence with said curve, northerly 34.66 feet to a point on the southwesterly margin of Peeler Trail; thence with the margin of same, northwesterly 114.3 feet to the common corner of Lot Nos. 47 and 48; thence with the line between said lots, southwesterly 142.4 feet to a corner of Lot No. 49; thence with the line between Lots 47 and 49; southerly 31.2 feet to a corner of Lot No. 46; thence, with the line between Lots 46 and 47, southeasterly 147.16 feet to the point of beginning.

Being the same property conveyed to William Harold Walker and wife Janice Layne Walker by deed from Willie P Uhles and wife Dora Agnes Uhles dated 4/29/91 and file for record on 5/2/91 of record in Book 8343, page 929, said Register's office. The said William Harold Walker having since passed, leaving Janice Layne Walker as the surviving tenant by entirety.

THIS CONVEYANCE is made subject to any and all applicable restrictions, easements and building setback lines as are shown in the records of said county and all the estate, right, title and interest of the party of the First therein, with the hereditaments and appurtenances thereto appertaining, hereby releasing all claims therein to the said party of the Second, his/her/their heirs and assigns forever.

This is improved property known as 800 Canton Pass, Madison, TN 37075

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration or value which ever is greater for this transfer is *$0.00*

Subscribed and sworn to before me this the 27th day of JUNE, 2016.

Janice Walker
Affiant

My commission expires: 05-06-2019

Notary Public

WITNESS, the said Grantors hereunder set their hands on the day and date acknowledged below.

Janice L. Walker
JANICE L WALKER

8/12/2016

J. MICHELE WITTEN
NOTARY PUBLIC
STATE OF TENNESSEE
ROBERTSON COUNTY
My Commission Expires 03/05/2017

SHAILESH PATEL
NOTARY PUBLIC
STATE OF TENNESSEE
DAVIDSON COUNTY
My Commission Expires 05-06-2019

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 150794 1

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): William Harold Walker
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): November 16, 2015
4. TIME OF DEATH (Approx.): 12:15 PM
5a. AGE-Last Birthday (Years): 84
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): October 19, 1931
7. BIRTHPLACE (City and State or Foreign Country): Westport, TN

TYPE/PRINT IN PERMANENT BLACK INK

6a. 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)

6b. FACILITY NAME (If not institution, give street and number): 800 Canton Pass
6c. CITY OR TOWN: Madison
6d. 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): Janice Pickle
11a. DECEDENT'S USUAL OCCUPATION: Laborer
11b. KIND OF BUSINESS/INDUSTRY: Factory

12. SOCIAL SECURITY NUMBER: [redacted]-3064
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TN
13b. COUNTY: Davidson
13c. CITY OR TOWN: Madison

13d. STREET AND NUMBER: 800 Canton Pass
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37115
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

NAME OF DECEDENT (For use by Physician or Institution): William Harold Walker

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): Levi Presly Walker
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Lula Marie Utley

DISPOSITION

20a. INFORMANT'S NAME: Janice Walker
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 800 Canton Pass, Madison, TN 37115

21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Highland Hills Funeral Home & Crem.
21c. LOCATION - City or Town and State

22a. SIGNATURE OF FUNERAL DIRECTOR: Daniel L. Morrison
22b. LICENSE NUMBER: 4305
22c. SIGNATURE OF EMBALMER
22d. LICENSE NUMBER: 4275

23a. NAME AND ADDRESS OF FUNERAL HOME: Madison Funeral Home, 219 East Old Hickory Blvd., Madison, TN 37115
23b. LICENSE NUMBER OF FUNERAL HOME: 690

REGISTRAR

24. REGISTRAR'S SIGNATURE: Patsy Pelham (DR).
25. DATE FILED (Month, Day, Year): NOV 19, 2015

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: Robert Berkompas MD
27b. LICENSE NUMBER: 17891
27c. DATE SIGNED (Month, Day, Year): 11/18/15
27d. NAME AND ADDRESS: Robert Berkompas, M.D. 1719 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. Stomach cancer	
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-1659 (Rev. 9/2011) RDA 1399

COPYRIGHT CAUTION/ANTI-FRAUD PROTECTION

8241176

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

8241176

Date Issued: NOV 19 2015

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD