This instrument was prepared by:

Beck and Beck, PLLC
Attorneys at Law
4205 Gallatin Rd.
Nashville, TN 37216

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration for this transfer is $ **0.00.**

AFFIANT

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

Subscribed and sworn to before me this 10th day of February, 2017.

NOTARY PUBLIC

My Comm Expires: 05-06-2019

Address New Owner as follows:
CHARLES MICHAEL FISCHER
5091 Kittrell Rd.
Nashville, TN 37221

Send Tax Bills to:
Same as Owner

Map-Parcel Numbers:

051 12 0 013.00

QUIT CLAIM DEED

KNOW ALL MEN BY THESE PRESENTS that **PEGGY J. FISCHER**, for and in consideration of the sum of **Zero** and No/100 Dollars (**$0.00**), is hereby acknowledged, including love and affection, does hereby [convey,] remise, release and forever quitclaim unto, **CHARLES MICHAEL FISCHER**, his heirs and assigns, all of my right, title and interest in and to a certain tract [parcel] of land in Davidson County, Tennessee, which is described as follows:

Being Lot No. 22 on the Map of Section 1, Morningside Heights, of record in Book 1130, page 76, Register's Office for said County.

Said Lot No. 22 fronts 74.23 feet on the north side of Barry Drive, as measured partly along a slight curve, and extends back 150 feet on the easterly line and 160.2 feet on the westerly line, to a dead line in the rear, on which it measures 100 feet.

Being the same property conveyed to **C.F. ROBERTS ET UX, ANNIE E. ROBERTS**, by Warranty Deed from **ROBERT E. WILLIAMS ET UX, MARY JO WILLIAMS**, of record in Book 5038, page 643, Register's Office for Davidson County, Tennessee, the said **C. F. ROBERTS** being now deceased, the property vests solely in **ANNIE E. ROBERTS.**

Being the same property conveyed to **PEGGY J. FISCHER ET VIR, LOUIS FISCHER**, by Quitclaim Deed from **ANNIE E. ROBERTS, WITH A LIFE ESTATE FOR ANNIE E. ROBERTS**, of record in Book 7643, page 285, Register's Office for Davidson County, Tennessee, the said **LOUIS FISCHER AND ANNIE E. ROBERTS** now being deceased, the property vests solely to **PEGGY J. FISCHER.**

BILL GARRETT, Davidson County
Trans: T20170015904 DEEDQC
Recvd: 02/23/17 09:20 4 pgs
Fees: 22.00 Taxes: 0.00
20170223-0018066

This conveyance is subject to a life Estate for **PEGGY J. FISCHER.**

Said property is conveyed subject to such limitations, restrictions and encumbrances as may affect the premises.

The preparer of this deed makes no representation as to the title of property described or as to the accuracy of its description herein conveyed as it was prepared without benefit of title search or survey; but strictly by documents provided by the parties involved.

WITNESS my hand this 10 day of February, 2017.

Peggy J. Fischer

Peggy J. Fischer, Grantor

STATE OF TENNESSEE

COUNTY OF DAVIDSON

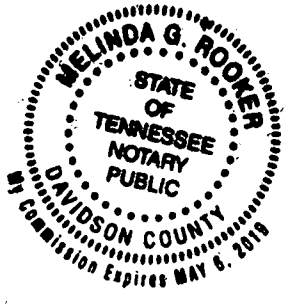
Personally appeared before me, Melinda G. Rooker, a Notary Public, in and for said County and State, **Peggy J. Fischer,** the within named bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he/she executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at office this the 10th day of February, 2017.

Melinda G. Rooker

NOTARY PUBLIC

MY COMMISSION EXPIRES: 05-06-2019



STATE OF TENNESSEE
Office of Vital Records

9704954

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

97 036786

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): ANNIE EUNICE ROBERTS
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): September 6, 1997
4. SOCIAL SECURITY NUMBER: [redacted]-6678
5a. AGE-LAST BIRTHDAY (Years): 98
5b. UNDER 1 YEAR (Months / Days)
5c. UNDER 1 DAY (Hours / Min)
6. DATE OF BIRTH (Month, Day, Year): Jan 22, 1899
7. BIRTHPLACE (City and State or Foreign Country): GIBSON COUNTY, TN

DECEDENT

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 Convelescent Center 440
9c. CITY, TOWN, OR LOCATION OF DEATH: Madison 094
9d. COUNTY OF DEATH: Davidson 19
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name)
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): HOUSEWIFE
12b. KIND OF BUSINESS/INDUSTRY: DOMESTIC
13a. RESIDENCE-STATE: TN
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: MADISON
13d. STREET AND NUMBER OR RURAL LOCATION: 107 BARRY DRIVE
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 No
13f. ZIP CODE: 37115
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes 0 [X] No
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+)

TRACT

0976AX1997

17. FATHER'S NAME (First, Middle, Last): JAMES SIDNEY WALL
18. MOTHER'S NAME (First, Middle, Maiden Surname): MARTHA ANN HALL

INFORMANT

19a. INFORMANT'S NAME (Type/Print): PEGGY J. FISCHER
19b. RELATIONSHIP TO DECEASED: DAUGHTER
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 117 BARRY DRIVE, MADISON, TN 37115

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): Spring Hill Cemetery
20c. LOCATION-City or Town, State: Nashville TN
21a. SIGNATURE OF FUNERAL DIRECTOR: James S. Dudney
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3171
21c. SIGNATURE OF EMBALMER
21d. LICENSE NUMBER OF EMBALMER: 4775
22a. NAME AND ADDRESS OF FUNERAL HOME: Madison Funeral Home, 219 Old Hickory Boulevard, Madison, TN 37115
22b. LICENSE NUMBER OF FUNERAL HOME: 690

REGISTRAR

23. REGISTRAR'S SIGNATURE: Delwen L. Bowen
24. DATE FILED (Month, Day, Year): September 18, 1997

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: Robert D Pilkinton MD
25b. LICENSE NUMBER
25c. DATE SIGNED (Month, Day, Year)
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)

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFI-

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): DR. ROBERT PILKINTON 610 WEST DUE WEST AVE., MADISON, TN 37115

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

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09038137

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

Lori B. Ferranti, PhD, MSN, MBA, RN
State Registrar/Asst. Commissioner

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

0 9 0 3 8 1 3 7

Date Issued: Feb-13-2017

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796 365

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0310936

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): Louis Harvey Fischer, Sr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): February 18, 2003
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]9964
5a. AGE - LAST BIRTHDAY (Years): 80
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): Sept 20, 1922
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Skyline Medical Center
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): Peggy Roberts
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Tool Cribber
12b. KIND OF BUSINESS/INDUSTRY: Ford Glass
13a. RESIDENCE STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Madison
13d. STREET AND NUMBER OR RURAL LOCATION: 107 Barry Drive
CENSUS TRACT
13g. INSIDE CITY LIMITS? 1 [X] Yes [ ] No
13f. ZIP CODE: 37115
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): 12; College (1-4 or 5+):

NAME OF DECEDENT (For use by physician or institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): ARTHUR ADOLF FISCHER
18. MOTHER'S NAME (First, Middle, Maiden Surname): FRANCES COPELAND

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Peggy Fischer
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 107 Barry Drive Madison Tennessee 37115

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): Spring Hill Cemetery
20c. LOCATION—City or Town, State: Nashville Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Jerry L. Hunt
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2530
21c. SIGNATURE OF EMBALMER: Darrell J. Brewer
21d. LICENSE NUMBER OF EMBALMER: 5216
22a. NAME AND ADDRESS OF FUNERAL HOME: Madison Funeral Home 219 Old Hickory Blvd. E., Madison, Tennessee 37115-
22b. LICENSE NUMBER OF FUNERAL HOME: 690

REGISTRAR

23. REGISTRAR'S SIGNATURE: Robert L. Rhodes Jr
24. DATE FILED (Month, Day, Year): February 25, 2003

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 [ ] SIGNATURE AND TITLE OF PHYSICIAN: Robert D Pilkinton M.D.
25b. LICENSE NUMBER: MD4950
25c. DATE SIGNED (Month, Day, Year): 2/24/03
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):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Robert D Pilkinton M.D. 3443 Dickerson Pike Suite 350, Nashville, TN 37207

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

CAUSE OF DEATH

28. PART I. Enter the disease, 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

SEE INSTRUCTIONS ON OTHER SIDE.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Respiratory Failure
DUE TO (OR AS A CONSEQUENCE OF)
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: b. Interstitial Pulmonary Fibrosis
DUE TO (OR AS A CONSEQUENCE OF):
c. Bilateral loculated pleural effusions
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? 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 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):

PH-1659 (REV 6/99)

BIRTH NO.

RDA 1399

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.

[redacted] Tonya Y. Ruther
Local Registrar

FEB 25 2003
Date Issued

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

CERTIFICATION OF VITAL RECORD