THIS SPACE PROVIDED FOR RECORDER'S USE ONLY:

BILL GARRETT, Davidson County
Trans:T20170025113 DEEDQC
Recvd: 03/24/17 12:41 6 pgs
Fees:32.00 Taxes:0.00
20170324-0029004

Map 119-08-0
Parcel 022.00

PREPAIR BY Robert C. Giesecke

WHEN RECORDED RETURN TO: (New Owner/Tax Bills)
Robert C. Giesecke
3656 School Street
Chamblee, Georgia, 30341

QUIT CLAIM DEED

THE GRANTOR(S),

- ,
- Robert C. Giesecke, Trustee of the Revocable Living Trust Agreement of Clifford W. Giesecke and Helen B. Giesecke, dated June 9, 1999, Robert C. Giesecke, Trustee,

for and in consideration of: One Dollar ($10.00) and other good and valuable consideration conveys, releases and quit claims to the GRANTEE(S):

-
- Robert C. Giesecke, 3656 School Street, Chamblee, Dekalb County, Georgia, 30341,

the following described real estate, situated in Nashville, in the County of Davidson, State of Tennessee:

(legal description): Land in Davidson County, Tennessee, being in Lot No. 55 on the Map of Section 2, Glencliff Estates, as of ecord in Book 1424, pages 77 and 78 Register's Office for said County.Said Lot No. 55 fronts 100 feet on the westerly side of Greymont Drive and runs back 345.8 feet on the northerly line and 324.7 feet on the southerly line to a dead line in the rear, measuring 170.8 feet thereon.BEING the same land conveyed to Clifford W. Giesecke and wife Hellen B. Giesecke, from Walter E. Giesecke and wife Lillian Giesecke by Deed dated November 2, 1956 of record in Deed Book 2599, Page 527, in the Register's Office for Davidson County, Tennessee. Clifford W. Giesecke and Hellen B. Giesecke are both deceased. (See death certificates attached)

Grantor grants, all of the Grantor's rights, title, and interest in and to the above described property and premises to the Grantee(s), and to the Grantee(s) heirs and assigns forever, so that neither Grantor(s) nor Grantor's heirs, legal representatives or assigns shall have, claim or demand any

Grantor Signatures:

DATED: March 23, 2017

Robert C Giesecke

Robert C. Giesecke, Trustee on behalf of Robert C. Giesecke, Trustee of the Revocable Living Trust Agreement of Clifford W. Gisecke and Helen B. Giesecke, dated June 9, 1999
3656 School Street
Chamblee, Georgia, 30341

STATE OF GEORGIA, COUNTY OF DEKALB, ss:

On this 23 day of March, 2017, before me, Gregory McCahan, personally appeared Robert C. Giesecke on behalf of Robert C. Giesecke, Trustee of the Revocable Living Trust Agreement of Clifford W. Gisecke and Helen B. Giesecke, dated June 9, 1999, known to me (or satisfactorily proven) to be the persons whose names are subscribed to the within instrument and acknowledged that they executed the same as for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

GREGORY MCCAHAN NOTARY PUBLIC DEKALB COUNTY, GEORGIA MY COMMISSION EXPIRES 09-10-2019

Gregory McCahan
Notary Public

Notary, Dekalb County
Title (and Rank)

My commission expires 9-10-2019

I, Affiant, hereby swear or affirm that to the best of my knowledge, information, and belief, the actual consideration for this transfer is $10.00.

Robert C Giesecke Trustee
Affiant
Affiant's Name: Robert C Giesecke
Trustee

STATE OF TENNESSEE
COUNTY OF DAVIDSON
The actual consideration or true value, whichever is greater for this transfer is
$ 0
Robert C Giesecke Affiant
Subscribed and sworn before me this the
24th Day of March, 2017
L. Chandler, Deputy Register

GEORGIA DEATH CERTIFICATE

State File Number **2017GA000005949**

1. DECEDENT'S LEGAL FULL NAME (First, Middle, Last)	1a. IF FEMALE, ENTER LAST NAME AT BIRTH	2. SEX	2a. DATE OF DEATH (Mo., Day, Year)
HELEN BARBARA GIESECKE	JOSLIN	FEMALE	ACTUAL DATE OF DEATH 01/25/2017

3. SOCIAL SECURITY NUMBER	4a. AGE (Years)	4b. UNDER 1 YEAR Mos.	Days	4c. UNDER 1 DAY Hours	Mins.	5. DATE OF BIRTH (Mo., Day, Year)
[redacted]-0840	96					04/18/1920

6. BIRTHPLACE	7a. RESIDENCE - STATE	7b. COUNTY	7c. CITY, TOWN
CONNECTICUT	GEORGIA	DEKALB	ATLANTA

7d. STREET AND NUMBER	7e. ZIP CODE	7f. INSIDE CITY LIMITS?	8. ARMED FORCES?
3656 SCHOOL STREET	30341	NO	NO

8a USUAL OCCUPATION	8b. KIND OF INDUSTRY OR BUSINESS
KINDERGARTEN TEACHER	EDUCATION

9. MARITAL STATUS	10. SPOUSE NAME	11. FATHER'S FULL NAME (First, Middle, Last)
WIDOWED	CLIFFORD WALLACE GIESECKE	RANDOLPH L. JOSLIN

12. MOTHER'S MAIDEN NAME (First, Middle, Last)	13a. INFORMANT'S NAME (First, Middle, Last)	13b. RELATIONSHIP TO DECEDENT
ALICE EMILY EDSON	ROBERT GIESECKE	SON

13c. MAILING ADDRESS	14. DECEDENT'S EDUCATION
3656 SCHOOL STREET ATLANTA GEORGIA 30341	HIGH SCHOOL GRADUATE OR GED COMPLETED

15. ORIGIN OF DECEDENT (Italian, Mex.,French, English, etc.)	16. DECEDENT'S RACE (White, Black, American Indian, etc.) (Specify)
NO, NOT SPANISH/HISPANIC/LATINO	WHITE

17a. IF DEATH OCCURRED IN HOSPITAL	17b. IF DEATH OCCURRED OTHER THAN HOSPITAL (Specify)
INPATIENT	

18. HOSPITAL OR OTHER INSTITUTION NAME (If not in either give street and no.)	19. CITY, TOWN or LOCATION OF DEATH	20. COUNTY OF DEATH
EMORY HEALTH CARE ST. JOSEPH'S HOSPITAL	ATLANTA	FULTON

21. METHOD OF DISPOSITION (specify)	22. PLACE OF DISPOSITION	23. DISPOSITION DATE (Mo., Day, Year)
CREMATION	ATLANTA CREMATORY 1040 A MAIN STREET STONE MOUNTAIN GEORGIA 30086	01/29/2017

24a. EMBALMER'S NAME	24b. EMBALMER LICENSE NO.	25. FUNERAL HOME NAME
NOT EMBALMED		FISCHER FUNERAL HOME AND CREMATION SERVICES

25a. FUNERAL HOME ADDRESS
3742 CHAMBLEE DUNWOODY ROAD ATLANTA GEORGIA 30341

26a. SIGNATURE OF FUNERAL DIRECTOR	26b. FUN. DIR. LICENSE NO	AMENDMENTS
DAVID BORING	4527	

27. DATE PRONOUNCED DEAD (Mo., Day, Year)	28. HOUR PRONOUNCED DEAD
01/25/2017	15:27 MILITARY

29a. PRONOUNCER'S NAME	29b. LICENSE NUMBER	29c. DATE SIGNED
ALAN FARABAUGH	33772	01/25/2017

30. TIME OF DEATH	31. WAS CASE REFERRED TO MEDICAL EXAMINER
15:27 MILITARY	NO

32. 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. Of ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

		Approximate interval between onset and death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	A. CARDIORESPIRATORY ARREST	3 HOURS
	Due to, or as a consequence of	
	B. SEPSIS	3 HOURS
	Due to, or as a consequence of	
	C. URINARY TRACT INFECTION AND LIKELY PNEUMONIA	24 HOURS
	Due to, or as a consequence of	
	D. ATRIAL FIBRILLATION	10 YEARS

Part II. Enter significant conditions contributing to death but not related to cause given in Part 1A. If female, indicate if pregnant or birth occurred within 90 days of death.	33. WAS AUTOPSY PERFORMED?	34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
	NO	

35. TOBACCO USE CONTRIBUTED TO DEATH	36. IF FEMALE (range 10-54) PREGNANT	37. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify)
NO	NOT APPLICABLE	NATURAL

38. DATE OF INJURY (Mo., Day, Year)	39. TIME OF INJURY	40. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify)	41. INJURY AT WORK? (Yes or No)

42. LOCATION OF INJURY (Street, Apartment Number, City or Town, State, Zip, County)

43. DESCRIBE HOW INJURY OCCURRED	44. IF TRANSPORTATION INJURY

45. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. Medical Certifier (Name, Title, License No.)	46. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. Medical Examiner/Coroner (Name, Title, License No.)
RANI PATIL, RESIDENT, 007228	

45a. DATE SIGNED (Mo., Day, Year)	45b. HOUR OF DEATH	46a. DATE SIGNED (Mo., Day, Year)	46b. HOUR OF DEATH
02/07/2017	15:27 MILITARY		

47. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH
RANI PATIL 100 WOODRUFF CIRCLE STE 327 ATLANTA GEORGIA 30322

48.REGISTRAR (Signature)	49. DATE FILED - REGISTRAR (Mo., Day, Year)
/S/ DONNA L. MOORE	02/08/2017

THIS IS TO CERTIFY THAT THIS IS A TRUE REPRODUCTION OF THE ORIGINAL RECORD ON FILE WITH THE STATE OFFICE OF VITAL RECORDS, GEORGIA DEPARTMENT OF PUBLIC HEALTH. THIS CERTIFIED COPY IS ISSUED UNDER THE AUTHORITY OF CHAPTER 31-10, CODE OF GEORGIA, AND 290-1-3 DPH RULES AND REGULATIONS.

STATE REGISTRAR AND CUSTODIAN
GEORGIA STATE OFFICE OF VITAL RECORDS

County Custodian: Lisa Leonard L Brown

Issued by: Lisa Leonard Brown

Date Issued: FEB 09 2017

VITAL RECORDS
DEKALB COUNTY

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GEORGIA DEATH CERTIFICATE

State File Number **2015GA000049650**

1. DECEDENT'S LEGAL FULL NAME (First, Middle, Last)	1a. IF FEMALE, ENTER LAST NAME AT BIRTH	2. SEX	2a. DATE OF DEATH (Mo., Day, Year)
CLIFFORD WALLACE GIESECKE		MALE	ACTUAL DATE OF DEATH 07/30/2015

3. SOCIAL SECURITY NUMBER	4a. AGE (Years)	4b. UNDER 1 YEAR Mos.	Days	4c. UNDER 1 DAY Hours	Mins.	5. DATE OF BIRTH (Mo., Day, Year)
[redacted]-6947	97					09/19/1917

6. BIRTHPLACE	7a. RESIDENCE - STATE	7b. COUNTY	7c. CITY, TOWN
CONNECTICUT	TENNESSEE	DAVIDSON	NASHVILLE

7d. STREET AND NUMBER	7e. ZIP CODE	7f. INSIDE CITY LIMITS?	8. ARMED FORCES?
703 GREYMONT DRIVE	37217	YES	NO

8a USUAL OCCUPATION	8b. KIND OF INDUSTRY OR BUSINESS
MAINTENANCE	MAINTENANCE

9. MARITIAL STATUS	10. SPOUSE NAME	11. FATHER'S FULL NAME (First, Middle, Last)
MARRIED	HELEN BARBARA JOSLIN	WALTER EARNEST GIESECKE

12. MOTHER'S MAIDEN NAME (First, Middle, Last)	13a. INFORMANT'S NAME (First, Middle, Last)	13b. RELATIONSHIP TO DECEDENT
LILLIAN SELMA KRAUSE	ROBERT GIESECKE	SON

13c. MAILING ADDRESS	14. DECEDENT'S EDUCATION
3656 SCHOOL STREET CHAMBLEE GEORGIA 30341	ASSOCIATE DEGREE

15. ORIGIN OF DECEDENT (Italian, Mex.,French, English, etc.)	16. DECEDENT'S RACE (White, Black, American Indian, etc.) (Specify)
NO, NOT SPANISH/HISPANIC/LATINO	WHITE

17a. IF DEATH OCCURRED IN HOSPITAL	17b. IF DEATH OCCURRED OTHER THAN HOSPITAL (Specify)
	NURSING HOME-LONG TERM CARE FACILITY

18. HOSPITAL OR OTHER INSTITUTION NAME (If not in either give street and no.)	19. CITY, TOWN or LOCATION OF DEATH	20. COUNTY OF DEATH
PLANTATION SOUTH DUNWOODY	DUNWOODY	DEKALB

21. METHOD OF DISPOSITION (specify)	22. PLACE OF DISPOSITION	23. DISPOSITION DATE (Mo., Day, Year)
CREMATION	ATLANTA CREMATORY 1040 A MAIN STREET STONE MOUNTAIN GEORGIA 30086	08/02/2015

24a. EMBALMER'S NAME	24b. EMBALMER LICENSE NO.	25. FUNERAL HOME NAME
		FISCHER FUNERAL HOME AND CREMATION SERVICES

25a. FUNERAL HOME ADDRESS
3742 CHAMBLEE DUNWOODY ROAD ATLANTA GEORGIA 30341

26a. SIGNATURE OF FUNERAL DIRECTOR	26b. FUN. DIR. LICENSE NO	AMENDMENTS
BROC FISCHER	3996	

27. DATE PRONOUNCED DEAD (Mo., Day, Year)	28. HOUR PRONOUNCED DEAD
07/30/2015	10:00 AM

29a. PRONOUNCER'S NAME	29b. LICENSE NUMBER	29c. DATE SIGNED
TODD M ALBINGER	33509	07/30/2015

30. TIME OF DEATH	31. WAS CASE REFERRED TO MEDICAL EXAMINER
10:00 AM	NO

32. Part I. Enter the chain of events-diseases, injuries, or complicattons that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, Of venticular fibrillation without showing the etiology. DO NOT ABBREVIATE.

		Approximate interval between onset and death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	A. CARDIO RESPIRATORY ARREST	15 MINUTES
	Due to, or as a consequence of	
	B. CORONARY ARTERY DISEASE	UNKNOWN
	Due to, or as a consequence of	
	C. HYPERTENSION	UNKNOWN
	Due to, or as a consequence of	
	D.	

Part II. Enter significant conditions contributing to death but not related to cause given in Part 1A. If female, indicate if pregnant or birth occurred within 90 days of death.	33. WAS AUTOPSY PERFORMED?	34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
	NO	

35. TOBACCO USE CONTRIBUTED TO DEATH	36. IF FEMALE (range 10-54) PREGNANT	37. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify)
NO	NOT APPLICABLE	NATURAL

38. DATE OF INJURY (Mo., Day, Year)	39. TIME OF INJURY	40. PLACE OF INJURY (Home, Farm, Street, Factory, Offce, Etc.) (Specify)	41. INJURY AT WORK? (Yes or No)

42. LOCATION OF INJURY (Street, Apartment Number, City or Town, State, Zip, County)

43. DESCRIBE HOW INJURY OCCURRED	44. IF TRANSPORTATION INJURY

45. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. Medical Certifier (Name, Title, License No.)	46. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. Medical Examiner/Coroner (Name, Title, License No.)
RANI PATIL, RESIDENT, 007228	

45a. DATE SIGNED (Mo., Day, Year)	45b. HOUR OF DEATH	46a. DATE SIGNED (Mo., Day, Year)	46b. HOUR OF DEATH
08/28/2015	10:00 AM		

47. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH
RANI PATIL 100 WOODRUFF CIRCLE STE 327 ATLANTA GEORGIA 30322

48.REGISTRAR (Signature)	49. DATE FILED - REGISTRAR (Mo., Day, Year)
/S/ DONNA L. MOORE	08/31/2015

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STATE REGISTRAR AND CUSTODIAN
GEORGIA STATE OFFICE OF VITAL RECORDS

County Custodian:

Issued by:

Date Issued: AUG 31 2015

VITAL RECORDS CUSTODIAN DEKALB COUNTY

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