Based solely on information provided by the parties to Thomas A. Travaglini, Esq.
P O Box 1245 Madison, TN 37116

QUITCLAIM DEED

ADDRESS OF NEW OWNER(S)	SEND TAX BILL	MAP & PARCEL
DEBERA RUSSELL WHITE	Same	No. 043-02-0-83.00
612 May Court South	1006 Pierce Rd	
Madison, TN 37115	Madison, TN. 37115	

FOR AND IN CONSIDERATION OF love and affection (and no monetary consideration) **Barbara Louise Dunman (ex deceased) and Kenneth Eugene Russell** (a married person, and by these presents does transfer, Quit Claim and convey unto the said **Debera Russell White (a married perosn)** , their heirs, successors, and assigns, all of their right, title and interest in and to that certain tract or parcel of land in Davidson County, Tennessee, State of Tennessee

Land in Davidson County, Tennessee, being Lot No. 74 on the Plan of Fairview, Section 3 as of record in Book 3700, page 113, Register's Office, Davidson County, Tennessee

Being the same property conveyed to James P. Dunman, et ux, Barbara Louise Dunman, by Warranty Deed from Nina McConnell. dated March 11, 1975, and filed of record on March 14, 1975, in Book 4896, page 239, Register's Office, Davidson County, Tennessee.

Being the same property conveyed to Barbara Louise Dunman, ~~et ux~~, Kenneth Eugene Russell, and and Debera Russell White, July 21, 2014, by instrument 20140721-0064718, in Register's Office of Davidson County, Tennessee. Barbara Louise Dunman is deceased (Certificate Attached)

This improved property known at 612 May Court South, Madison, TN 37115

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

Witness my hand this the 24 day of April, 2017

KENNETH EUGENE RUSSELL

GLORIA VICTORY
STATE OF TENNESSEE NOTARY PUBLIC
RUTHERFORD COUNTY

STATE OF TENNESSEE
COUNTY OF Rutherford

Personally appeared before me, a Notary Public for said County and State, KENNETH EUGENE RUSSELL known to me.

Witness my hand and official seal at Nashville, Tennessee, this the 24 day of April, 2017

NOTARY PUBLIC
Commission Expires:

BILL GARRETT, Davidson County
Trans:T20170037129 DEEDQC
Recvd: 05/02/17 16:07 3 pgs
Fees:18.00 Taxes:37.00
20170502-0043279

STATE OF TENNESSEE

COUNTY OF DAVIDSON

The Actual consideration or true value, whichever is greater for this transfer is $0,000.00

Kenneth Eugene Russell

GLORIA VICTORY
STATE OF TENNESSEE
NOTARY PUBLIC
RUTHERFORD COUNTY

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Subscribed and sworn to before me, this the 24 day of April 2017

Notary

My commission expires 8.14.20

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH — STATE FILE NUMBER

(197-52-82-3) Dunman, Barbara

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Barbara L. Dunman			2. SEX: Female	3. DATE OF DEATH (Month, Day, Year): August 6, 2015	
4. TIME OF DEATH (Military):	5a. AGE-Last Birthday (Years): 83	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH (Month, Day, Year): November 28, 1931	7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

8a. PLACE OF DEATH (Check only one)

IF DEATH OCCURRED IN A HOSPITAL: [X] 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): Vanderbilt Medical Center	8c. CITY OR TOWN: Nashville		8d. COUNTY OF DEATH: Davidson
9. MARITAL STATUS: [ ] Married [ ] Married, but separated [X] Widowed [ ] Divorced [ ] Never married [ ] Unknown	10. SURVIVING SPOUSE (If wife, give name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION: Homemaker	11b. KIND OF BUSINESS/INDUSTRY: Own Home
[redacted]-8912	13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee	13b. COUNTY: Davidson	13c. CITY OR TOWN: Madison
13d. STREET AND NUMBER: 612 May court South	13e. INSIDE CITY LIMITS: [X] Yes [ ] No	13f. ZIP CODE: 37115	14. WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [X] No

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
[X] 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)
[X] 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)
[X] 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): John Cox Brummitt	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Fairy Lee MaHaffey

INFORMANT

20a. INFORMANT'S NAME: Donna Milliken	20b. RELATIONSHIP TO DECEDENT: Daughter	20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 710 Blackstone Ave. Madison, TN 37115

DISPOSITION

21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify) _____	21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Middle TN Veterans Cemetery	21c. LOCATION - City or Town and State: Nashville, Tennessee

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Trudy Riggs	22b. LICENSE NUMBER: 6873	22c. SIGNATURE OF EMBALMER: ▶ Laura Surratt	22d. LICENSE NUMBER: 6188
23a. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill Funeral Home 5110 Gallatin Rd. Nashville, TN 37216			23b. LICENSE NUMBER OF FUNERAL HOME: 1046

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Kristi Parrish DR	25. DATE FILED (Month, Day, Year): 8/13/15

CERTIFIER

26. CERTIFIER (Check only one):
26a. [X] 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: ▶ Maie E Surrady	27b. LICENSE NUMBER: TN44197	27c. DATE SIGNED (Month, Day, Year): 8/6/15
	27d. NAME AND ADDRESS: Maie E Surrady SSMOD MCJ 1161 21st Ave S Nashville TN 37232-8457	

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. Necrotizing Fasciitis	
	Due to (or as a consequence of)	
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	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 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [ ] No

30. MANNER OF DEATH: [X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined	31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [X] No [ ] Unknown	32. IF FEMALE: [X] 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-1559 (Rev. 10/2011) RDA 1399

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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 — John J. Dreyzehner, MD, MPH, FACOEM

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Date Issued