Bill Garrett Davidson County
Batch# 116375 DEEDQC
07/13/2018 02:31:03 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20180713-0068316

QUITCLAIM DEED

Prepared By:
FILED FOR RECORD AT REQUEST OF:
Wallace C Evans

Send Tax Bills To and
WHEN RECORDED RETURN TO:
Wallace C. Evans Living Trust
1200 N 8th St.
Nashville, Tennessee 37207

THIS SPACE PROVIDED
FOR RECORDER'S USE

Owner: Wallace C. Evans
1200 N 8th St.
Nashville, TN 37207

QUITCLAIM DEED

THE GRANTOR(S), Wallace C. Evans Living Trust for and in consideration of: Ten dollars conveys and quitclaims to the GRANTEE(S), Wallace C. Evans, the following described real estate, situated in the County of Davidson, State of Tennessee, together with all after acquired title of the Grantor(s) therein (legal description): Land in Davidson County, Tennessee, being part of Lot No.6 in the Division of the Estate of John Hobson, deceased in the 11th,formerly 18th Civil District of said County, as of record in Minute Book "L", page 363, Circuit Court for said County, described as follows:

Beginning on the southerly margin of Petway Avenue at a point 873 feet easterly from the easterly margin of McFerrin Avenue, being the northwest corner of 214 feet of ground conveyed by Lewis T. Baxter and wife, to Clifford W. Russell, by deed of record in Book 617, page 643, Register's Office for said County; thence with the westerly line of said 214 feet of ground southerly 179 feet more or less; thence easterly parallel with Petway Avenue, 50 feet; thence northerly parallel with the first line 179 feet to the southerly margoin of said Avenue; thence with the southerly margin of said Avenue, westerly 50 feet to the point of beginning.

Being the same property conveyed to Wallace Cordell Evans and wife, Irma Floyd Evans by deed of record in Book 4223, page 852, Register's Office for Davidson County, Tennessee. The said Irma Floyd Evans having since died..

Current Source of Title: 20050316-0029145

Tax Parcel Number: 083 01 0 261.00

DATED: July 13th 2018

DATED: _____

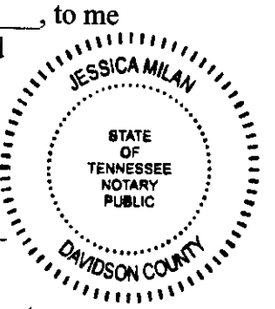
GRANTOR: Wallace C. Evans Living Trust

Wallace C. Evans, Trustee

GRANTOR: _____

STATE OF TENNESSEE, COUNTY OF DAVIDSON, ss:

On this 13th day of July, 2018, before me personally appeared Wallace C Evans Trustee, to me known to be the persons described in and who executed the foregoing instrument, and acknowledged that they executed same as their free act and deed.



Jessica Milan
Notary Public

Asst. Brank Manager US Bank
Title (and Rank)

My commission expires March 8, 2021

STATE OF TENNESSEE
COUNTY OF DAVIDSON
The actual consideration or true value, whichever is greater for this transfer is
$ 0.00
Wallace C Evans, Affiant
Subscribed and sworn before me this the
13 Day of July, 2018.
Brank West, Deputy Register

STATE OF TENNESSEE
Office of Vital Records

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

8202264

19094
82
1902

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

STATE FILE NO. 82 014622

DECEASED—NAME: Irma Elizabeth Evans

DATE OF DEATH: May 29, 1982

AGE—LAST BIRTHDAY: 37

DATE OF BIRTH: 4-30-45

RACE: Black 99

SEX: Female

COUNTY OF DEATH: Davidson

CITY, TOWN OR LOCATION: Nashville

INSIDE CITY LIMITS: Yes

HOSPITAL OR OTHER INSTITUTION: Vanderbilt Hospital

STATE OF BIRTH: Tenn 43

CITIZEN OF WHAT COUNTRY: U.S.A.

MARRIED

SURVIVING SPOUSE: Wallace C Evans

SOCIAL SECURITY NUMBER: 411-82-0066

USUAL OCCUPATION: Editorial Assistant

KIND OF BUSINESS OR INDUSTRY: United Methodist Pub.

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

RESIDENCE—STATE: Tenn.

COUNTY: Davidson

CITY, TOWN, OR LOCATION: Nashville

STREET AND NUMBER: 1200-N 8th St

INSIDE CITY LIMITS: Yes

CENSUS TRACT NO.

FATHER—NAME: Ernest Floyd

MOTHER—MAIDEN NAME: Ella B Bracy

INFORMANT—NAME: Wallace Evans

MAILING ADDRESS: 1200-N 8th St

PERMIT, TRANSPORTATION COMMONWEALTH FEE

PRIOR TO BODY BY OR RE-

BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial

DATE: 6-1-82

CEMETERY OR CREMATORY—NAME: Greenwood

LOCATION—CITY OR TOWN, STATE: Nashville, Tenn.

FUNERAL DIRECTOR: K. Gardner

LICENSE NO.: 788

EMBALMER: Ford Otey

LICENSE NO.: 1059

FUNERAL HOME—NAME AND ADDRESS: K. Gardner 157 Jefferson St Nashville Tn

PHYSICIAN—SIGNATURE: Marquerite M Bynum

DATE SIGNED: 6-3-82

MEDICAL EXAMINER: Nissa Jensen MD

DATE SIGNED:

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE. ANY PHYSICIAN OR MEDICAL EXAMINER ATTESTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

CERTIFIER—NAME (TYPE OR PRINT): MARVIN ROSENBLUM, M.D.

MAILING ADDRESS: 213 MEDICAL ARTS BLDG - NASHVILLE TN 37212

25 PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

IMMEDIATE CAUSE: (a) Chronic Myelogenous Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 11 mo.

CONDITIONS IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: (b) DUE TO, OR AS A CONSEQUENCE OF: — 2651

(c)

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a).

AUTOPSY (YES OR NO): 9

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)

DATE OF INJURY

HOUR

DESCRIBE HOW INJURY OCCURRED

INJURY AT WORK (SPECIFY YES OR NO)

PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (SPECIFY)

LOCATION—STREET OR R.F.D. NO. CITY OR TOWN STATE

RHLH FORM NO. 66-10 REVISED 1-78

10245371

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.

Edward G. Bishop III
State Registrar

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

10245371

Date Issued JUL 13 2010

CERTIFICATION OF VITAL RECORD

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