Prepared By: Lori Healey
CBT Community Bank
704 US-70
Pegram, TN 37143

Billy Joe Peden (deceased) and wife, Patsy Peden

TO: Krystal D Johnson, and husband, (New Owners)
Sean M Johnson
6112 Morrow Road
Nashville TN 37209

MAP & PARCEL:
91-167.00

Karen Johnson Davidson County
Batch# 257144 DEEDQC
07/15/2019 01:36:39 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20190715-0068954

SEND TAX BILLS TO SAME

QUITCLAIM DEED

For and in consideration of ONE DOLLAR, cash in hand paid, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledge, I, Patsy L Peden (herein, "Grantor") by these presents do remise, release and QUITCLAIM unto Krystal D Johnson and husband, Sean M Johnson, all of our right, title and interest in a certain tract or parcel of land in Davidson County, Tennessee, described as follows, to wit:

See Exhibit "A"

And now, I, the said Patsy L Peden, do hereby QUITCLAIM unto Krystal D Johnson and husband, Sean M Johnson, as tenants in common with right of survivorship, their heirs and assigns, all of my right, title and interest in the above described property, to which reference is hereby made. This conveyance is subject to any and all existing restrictions and easements of record.

In Witness Whereof, we have hereunto set our hands this 3rd day of May, 2019.

Patsy L. Peden
Patsy L Peden

STATE OF TENNESSEE }
County of Davidson }

Personally appeared before me, the undersigned Notary Public in and for said County and State, the within named, Patsy L Peden, the bargainor, with whom I am personally acquainted (or proved to me in the basis of satisfactory evidence), and who acknowledged that she executed the within instrument for the purpose therein contained.

Witness my hand and official seal at office this 3rd day of May, 2019.

My commission expires:
05.06.2019

Notary Public

DANA C. HARRIS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 5-6-2019

STATE OF TENNESSEE }
County of Davidson }

THE ACTUAL CONSIDERATION FOR THIS TRANSFER IS $-0-.

AFFIANT

SUBSCRIBED AND SWORN TO BEFORE, THIS THE 3rd DAY OF May, 2019

My commission expires:
05.06.2019

Notary Public

DANA C. HARRIS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 5-6-2019

Exhibit "A"

Land in Davidson County, Tennessee, being parts of lots Nos. 9 and 11 of Block 4 on the Map of Cherokee Park Subdivision, as of record in Book 161, page 75, Register's Office for said County, being lot No. 4 on an unrecorded survey of lots Nos. 7, 9, 11 and 13 of Block 4 in Cherokee Park Subdivision.
According to a survey made by Z. J. Wilkinson, Surveyor, May 16, 1946, said lot No. 4 is described as follows:
Beginning on the northerly margin of Morrow Road, at a point 249 feet west of the westerly margin of 61st. Avenue No., said point being the corner of lots Nos. 3 and 4; thence with the line between said two lots, northwardly 150 feet to the southerly margin of an alley; thence with said alley, westwardly 24 feet to the northeast corner of lot No. 7 on said last mentioned plan; thence with the easterly line of lot No. 7 southwardly 50 feet; thence westwardly 9 feet to the northeast corner of lot No. 5; thence with the line between lots No. 4 and 5 southwardly 100 feet to the northerly margin of said road; thence with said road eastwardly 33 feet to the beginning.

Being the same property conveyed to Helen M. Goodwin by deed from Katherine R. Mayes of record in Book 4229, page 240, Register's Office for Davidson County, Tennessee.

Current source of title

Book 6045 page 511

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

8904789 — STATE FILE NUMBER: 89-035181

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Billy Joe Peden, Sr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): October 5, 1989
4. SOCIAL SECURITY NUMBER (If Deceased): 422-36-6836
5a. AGE — LAST BIRTHDAY (Years): 57
5b. UNDER 1 YEAR: MOS. / DAYS / HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): May 2, 1932
7. BIRTHPLACE (City and State or Foreign Country): Lauderdale Co., Al.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
8a. PLACE OF DEATH (Check only one): HOSPITAL 1 Inpatient 2 ER/Outpatient 3 [X] DOA; OTHER 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Metro General 078
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): Patsy Rouse
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Mechanic X
12b. KIND OF BUSINESS/INDUSTRY: Auto Repair 751
13a. RESIDENCE — STATE: Tennessee
13b. COUNTY: Davidson 19
13c. CITY, TOWN OR LOCATION: Nashville 094 —
13d. STREET AND NUMBER OR RURAL LOCATION: 6112 Morrow Rd.
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37209
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): ; College (1-4 or 8+):
17. FATHER'S NAME (First, Middle, Last): Joseph Peden
18. MOTHER'S NAME (First, Middle, Maiden Surname): Dortheia Morris
19a. INFORMANT'S NAME (Type/Print): Patsy Peden
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 6112 Morrow Rd. Nashville, TN. 37209

NAME OF DECEDENT: For use by physician or medical examiner

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): Harpeth Hills
20c. LOCATION — City or Town, State: Nashville, TN.
21a. SIGNATURE OF FUNERAL DIRECTOR: Richard Morrison
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2403
21c. SIGNATURE OF EMBALMER: Richard Morrison
21d. LICENSE NUMBER OF EMBALMER: 3137
22a. NAME AND ADDRESS OF FUNERAL HOME: Pettus-Owen & Wood Funeral Home, 4506 Charlotte Ave. Nashville, TN. 37209
22b. LICENSE NUMBER OF FUNERAL HOME: 710

REGISTRAR

23. REGISTRAR'S SIGNATURE: Mary C. Bentcoot
24. DATE FILED (Month, Day, Year): October 19, 1989

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: John D Hainsworth MD
25b. LICENSE NUMBER: 10908 (TN)
25c. DATE SIGNED (Month, Day, Year): 10/16/89
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 CERTIFICATION WITHIN 48 HOURS

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): John D. Hainsworth, M.D.

CAUSE OF DEATH

29. PART I. Enter the diseases, 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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Metastatic lung cancer
DUE TO (OR AS A CONSEQUENCE OF): b.
DUE TO (OR AS A CONSEQUENCE OF): c.
DUE TO (OR AS A CONSEQUENCE OF): d.
SEE INSTRUCTIONS ON OTHER SIDE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: 1629

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 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 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)

BIRTH NO.

PH-1060 REV 1/89

10402597

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

1040259 7
Date Issued: Sep-20-2018

CERTIFICATION OF VITAL RECORD