THIS INSTRUMENT WAS PREPARED AT THE REQUEST OF GRANTOR WITHOUT THE BENEFIT OF TITLE SEARCH OR SURVEY BY:

LARRY B. HOOVER
ATTORNEY AT LAW
1208 17th AVENUE SOUTH
NASHVILLE, TENNESSEE 37212-2802

ADDRESS NEW OWNER:
Jeanette J. Henderson
1200 Dalemere Drive
Nashville, TN 37207

MORTGAGE:
None

MAP-PARCEL: 032 16 0 004.00

SEND TAX BILLS:
Jeanette J. Henderson
1200 Dalemere Drive
Nashville, TN 37207

Karen Johnson Davidson County
Batch# 266646 DEEDQC
08/05/2019 11:39:14 AM 4 pgs
Fees: $22.00 Taxes: $0.00

20190805-0077319

QUITCLAIM DEED

The property known as 1200 Dalemere Drive, Nashville, Davidson County Tennessee was held in ownership by Henry H. Jakob and wife, Emogene Jakob, as tenants by the entirety. As evidenced by the attached death certificate, Henry H. Jakob died on September 13, 2006, leaving his wife, Emogene Jakob as the sole owner of the above property. As evidenced by the attached death certificate, Emogene Jakob died on June 29, 2019, with her sole heir being her daughter, Jeanette J. Henderson.

FOR AND IN CONSIDERATION of the sole purpose of clearing title I, Jeanette J. Henderson, sole heir of Emogene Jakob, a single woman, has this day bargained and sold and do hereby transfer, quitclaim and convey, unto Jeanette J. Henderson, sole heir, all of Emogene Jakob's right, title and interest in and to the following described tract or parcel of land, lying the County of Davidson, State of Tennessee;

> Land in Davidson County, Tennessee, being Lot No. 75 on the Plan of Dalemere Subdivision, section 4, as of record in Book 3300, page 45,

Register's Office for said County, described as follows:
Beginning at a point in the north margin of Dalemere Drive, at the corner of Lots 75 and 76, thence with the line between said lots, northerly 199.48 feet to a point; thence easterly 252.85 feet to the west margin of Marydale Drive; thence with the margin of the same, southerly 140feet to the beginning of a curve; thence around said curve, southwesterly 39.27 feet to the north margin of Dalemere Drive; thence with the margin of the same, westerly 171.38 feet to the point of beginning.

Being the same property conveyed to William F. Carr and wife Dorothy G. Carr by deed from Oliver H. Dale and wife, as of record in Book 3461, page 29, said register's office.

Being the same property conveyed to Henry H. Jakob and wife, Emogene Jakob by deed from William F. Carr and wife Dorothy G. Carr, as of record in Book 3572, page 325, said register's office.

This conveyance is made subject to restrictions recorded Mar. 14, 1962, in Book 3346, page 263, Register's Office for said County.

This is improved property known as 1200 Dalemere Drive, Nashville, Tennessee 37207.

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

IN WITNESS WHEREOF, I have hereunto set my hand this the 5th day of August 2019.

Jeanette J. Henderson

JEANETTE J. HENDERSON, sole heir of Emogene Jakob

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, Judy Dobbins, Notary Public, the within named Jeanette J. Henderson, the bargainor with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, and who acknowledged that she executed the within instrument for the purposes therein contained.

SWORN and SUBSCRIBED to before me on this the 5th day of August 2019.

Judy Dobbins
NOTARY PUBLIC
MY COMMISSION EXPIRES: July 9, 2022

JUDY DOBBINS
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON
MY COMMISSION EXPIRES: JULY 9, 2022

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The actual consideration or value, whichever is greater, for this transfer is Zero Dollars ($0).

Jeanette J. Henderson
AFFIANT

SWORN and SUBSCRIBED to before me on this the 5th day of August, 2019.

Judy Dobbins
NOTARY PUBLIC
MY COMMISSION EXPIRES: July 9, 2022

JUDY DOBBINS
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON
MY COMMISSION EXPIRES: JULY 9, 2022

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0605158

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): Henry Howard Jakob
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): September 13, 2006
4. SOCIAL SECURITY NUMBER (of Deceased): 076-24-1436
5a. AGE LAST BIRTHDAY (Years): 76
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): January 3, 1930
7. BIRTHPLACE (City and State or Foreign Country): Brooklyn, NY
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
8a. PLACE OF DEATH (Check only one) — HOSPITAL: 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA — OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
8b. FACILITY NAME (If not institution, give street and number): Baptist Hospital
8c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
8d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Emogene Way
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Saleman Representative
12b. KIND OF BUSINESS/INDUSTRY: Marshall & Bruce Printing
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1200 Dalemere Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37207
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [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 medical examiner

PARENTS

17. FATHER'S NAME (First, Middle, Last): Henry H. Jakob
18. MOTHER'S NAME (First, Middle, Maiden Surname): Lydia Elizabeth (Unknown)

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Emogene Jakob
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1200 Dalemere Dr. Nashville, TN 37207

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): Union Hill Platt Cemetery
20c. LOCATION-City or Town, State: Gainesboro, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▸Mayo Lamb
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4604
21c. SIGNATURE OF EMBALMER: ▸Mayo Lamb
21d. LICENSE NUMBER OF EMBALMER: 4603
22a. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill Funeral Home 5110 Gallatin Rd. Nashville, TN 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 1046

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▸Robert W. Rhodes Jr.
24. DATE FILED (Month, Day, Year): September 9-18, 2006

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated — 1 [ ] SIGNATURE AND TITLE OF PHYSICIAN: ▸Paul Gunn
25b. LICENSE NUMBER: MD0134102
25c. DATE SIGNED (Month, Day, Year): 9/15/6
26a. 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 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)

CAUSE OF DEATH

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 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. Recurrent Sepsis
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. AAA
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.
CHF He CVA Atrial fibrillation
Numerous decub ulcers Severe PVD

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
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.

Tonya Y. Ruttlen
Tonya Y. Ruttlen
Local Registrar

Date Issued SEP 18 2006

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

CERTIFICATION OF VITAL RECORD