THIS INSTRUMENT PREPARED BY:

Martha C. Child, Attorney at Law
392 Place, Suite 215
Nashville, TN 37211
615-834-4300

Karen Johnson Davidson County
Batch# 499967 DEEDQC
10/21/2020 01:10:15 PM 3 pgs
Fees: $17.00 Taxes: $0.00

20201021-0122470

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)
The actual consideration or value whichever is greater, for this transfer is -0-.

Affiant

Subscribed and sworn to before me this the 20 day of October 2020

Notary Public

My Commission Expires 3-8-2024

MARTHA C. CHILD NOTARY PUBLIC STATE OF TENNESSEE DAVIDSON COUNTY Commission Expires MAR. 8, 2024

QUITCLAIM DEED

New Owner:	Send Tax Bills:	Map & Parcel Nos.
Rebecca Worrell 2603 Mashburn Court Nashville, TN 37210	Same	Map: 119-1 Parcel: 194 06DA15657

For and in Consideration of $10.00 cash in hand, Doris L. Putnam, aka Doris L. Woodroof, unmarried, by these presents quitclaims to her daughter Rebecca Worrell, a married woman, her heirs and assigns, all of her interest a tract or parcel of land in the Davidson County, Tennessee and more particularly described as follows:

Being parts of Lots Nos. 1, 2, and 3 on the plat of Subdivision of Block "B" of Overhill City Subdivision, W. H. Fox's property Cumberland Nurseries as of record in Book 547, Page 96, Register's Office for said county.

Said parts of lots Nos. 1, 2, and 3 front together 104', more or less, on the southerly side of Glenrose Avenue and run back between lines 150' to a dead line.

Bring the same property conveyed to Lois Rogers Stewart and Doris L. Woodroof, as joint tenants and not as tenants in common, by James M. Sykes of record in Book 5781, page 485. The said Lois Rogers Stewart having since died. Lois Rogers Stewart was unmarried at the time of her death. Lois Rogers Stewart and Mary Lois Rogers Stewart are one in the same person. Lois Rogers Stewart married Alvie Shumate who preceded her in death. Doris L. Woodroof married John Putnam who has since died.

The death certificate of Mary Lois Shumate , aka Lois Rogers Stewart, is attached hereto.

This is improved property located at: 225 Glenrose Avenue, Nashville, TN 37210.

Witness my hand this the 20 day of October, 2020.

Doris L. Putnam

STATE OF TENNESSEE

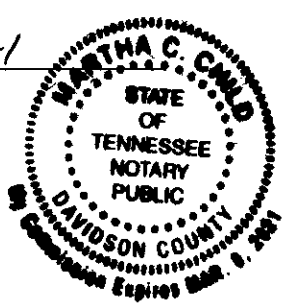
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public, in and for said County and State, Doris L. Putnam (aka Doris L. Woodroof) the within name bargainor, with whom I am personally acquainted, and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this the 20 day of October, 2020.

My Commission Expires:

3-8-2021



Notary Public

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER 0804108

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last): Mary Lois Shumate		2. SEX: Female	3. DATE OF DEATH (Month, Day, Year): July 12, 2008
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]	5a. AGE LAST BIRTHDAY (Years): 97	6. DATE OF BIRTH (Month, Day, Year): Mar 14, 1911	7. BIRTHPLACE (City and State or Foreign Country): Cadiz, Kentucky

8. WAS DECEASED 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 [ ] DOA; OTHER: 4 [X] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)

9b. FACILITY NAME (If not institution, give street and number): Bethany Healthcare	9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville	9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Widowed	11. SURVIVING SPOUSE (If wife, give maiden name):	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Restauranteur
		12b. KIND OF BUSINESS/INDUSTRY: Self Employed

13a. RESIDENCE-STATE: Tennessee	13b. COUNTY: Davidson	13c. CITY, TOWN, OR LOCATION: Nashville	13d. STREET AND NUMBER OR RURAL LOCATION: 292 Elysian Fields Road

CENSUS TRACT

13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No	13f. ZIP CODE: 37211	14. WAS DECEASED OF HISPANIC ORIGIN? (Specify yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No	15. RACE-American Indian, Black, White, etc. (Specify): White	16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+):

NAME OF DECEDENT (For use by Physician or Institution)

17. FATHER'S NAME (First, Middle, Last): Ira Lee Rogers	18. MOTHER'S NAME (First, Middle, Maiden Surname): Ora Lee Holden
19a. INFORMANT'S NAME (Type/Print): Doris Putnam	19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 292 Elysian Fields Road Nashville, TN. 37211	

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): Woodlawn Memorial Park	20c. LOCATION-City or Town, State: Nashville, TN	
21a. SIGNATURE OF FUNERAL DIRECTOR: Robert Whitley	21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3618	21c. SIGNATURE OF EMBALMER: Jeff Murphy	21d. LICENSE NUMBER OF EMBALMER: 4021
22a. NAME AND ADDRESS OF FUNERAL HOME: Ellis Funeral Home & Cremation Services 2627 Nolensville Pike Nashville, TN 37211			22b. LICENSE NUMBER OF FUNERAL HOME: 0775
23. REGISTRAR'S SIGNATURE: Linda R. Bowers, DR		24. DATE FILED (Month, Day, Year): July 18, 2008	

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: Ralf MD

25b. LICENSE NUMBER: 27476 | 25c. DATE SIGNED (Month, Day, Year): 7/17/08

25a. 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

25b. LICENSE NUMBER | 25c. 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):
Ralf C. Habermann, M.D.
VANDERBILT INTERNAL MEDICINE
7TH. FLOOR MCE/NORTH TOWER
SUITE 4 IV
1215 21ST. AVE. SOUTH
NASHVILLE,TN 37232-8550

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac arrest, shock, or heart failure. List only one cause on each line.

SEE INSTRUCTIONS ON OTHER SIDE

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	Cardiac arrhythmia 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. MI DUE TO (OR AS A CONSEQUENCE OF):	
	c. ASCVD 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, Alzheimers Dementia

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

30. MANNER OF DEATH: 1 [X] 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-1659 (REV. 8/99)

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.

[redacted]
Local Registrar

Tonya Y Foreman
Tonya Foreman
Local Registrar

Date Issued
JUL 18 2008

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

CERTIFICATION OF VITAL RECORD