Karen Johnson Davidson County
Batch# 740437 DEEDQC
10/20/2021 04:24:45 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20211020-0141163

This Instrument Prepared by:

The Law Offices of
LUVELL L. GLANTON
915 Jefferson Street, 2nd Floor
Nashville, TN 37208

ADDRESS OF NEW OWNERS:
Mrs. Cladie Scruggs
2736 Bullock Ave.
Nashville, Tennessee 37207

Ms. Bernita Rochelle Terrell
2736 Bullock Ave.
Nashville, Tennessee 37207

SEND TAX BILLS TO:
Mrs. Cladie Scruggs
2736 Bullock Ave.
Nashville, TN 37207

MAP/PARCEL
16
Map 60
Parcel 324

QUITCLAIM DEED WITH RIGHT OF SURVIVORSHIP

FOR GOOD AND VALUABLE CONSIDERATION of the sum of one dollar ($1.00), and other good and valuable consideration in hand paid, the receipt of which is hereby acknowledged, I, **Cladie Scruggs,** (Grantor), have this day bargained and sold and do hereby quitclaim and convey unto **Cladie Scruggs** and **Bernita Rochelle Terrell** (Grantees) herein, an undivided interest in the real property described herein, and that **Cladie Scruggs** and **Bernita Rochelle Terrell** shall be joint tenants with the right of survivorship, resulting in the surviving grantee receiving all interests and rights in the property described below in fee simple absolute. This land being particularly described as follows, to-wit:

Land in Davidson County, Tennessee, being Lot. No. 4 of Meadow Valley Estates, as of record in Plat Book 8250, Page 617, Register's Office for Davidson County, Tennessee to which plat reference is here made for a complete description thereof.

BEING the same property conveyed to Sammy Burnett and wife, Brenda Burnett by deed from Bullock Avenue Land Trust, Nick Martin, Trustee of record in Book 11228, Page 120, Register's Office for Davidson County, Tennessee.

BEING the same property conveyed to William Scruggs and wife, Cladie Scruggs their heirs and assigns, in fee simple forever, by Warranty Deed from Sammy Burnett and wife, Brenda Burnett, as of record June 28, 2019, in Book 11545, Page 504, Register's Office for Davidson County, Tennessee. The said William Scruggs has since died.

This improved property is known as: 2736 Bullock Ave., Nashville, TN 37207.

THIS INSTRUMENT WAS PREPARED FROM INFORMATION SUPPLIED BY THE PARTIES. NO TITLE EXAMINATION HAS BEEN PERFORMED OR REQUESTED AND THE LAW OFFICES OF LUVELL GLANTON SHALL NOT BE RESPONSIBLE FOR ANY MATTER THAT COULD HAVE BEEN RESOLVED BY A TITLED EXAMINATION.

IN WITNESS WHEREOF, I have hereunto set my signature, on this the 14th day of October, 2021.

Cladie Scruggs
CLADIE SCRUGS

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

On this the 14th day of October, 2021, before me personally appeared Mrs. Florence Williams, Grant, 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.

Luvell S Glanton
NOTARY PUBLIC
My Commission Expires: 1-3-23

(signature page follows)

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

I hereby swear or affirm that the actual consideration for this transfer or value of the property or interest in property transferred, whichever is greater is One Dollar ($1.00), which amount is equal to or greater than the amount the property or interest in property transferred would command at a fair and voluntary sale.

Cladie Scruggs
CLADIE SCRUGGS

Sworn to ~~and subscribed~~ before me this
14th day of October, 2021.

Jewell S Grimes
NOTARY PUBLIC

My Commission Expires: 1-3-23

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

I hereby swear or affirm that the actual consideration for this transfer or value of the property or interest in property transferred, whichever is greater is one dollar ($1.00), which amount is equal to or greater than the amount the property or interest in property transferred would command at a fair and voluntary sale.

Bernita Terrell
BERNITA ROCHELLE TERRELL

Sworn to and subscribed before me this
14th day of October, 2021.

Jewell S Grimes
NOTARY PUBLIC

My Commission Expires: 1-3-23

STATE OF TENNESSEE
Office of Vital Records

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): WILLIAM JUNIOR SCRUGGS
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): DECEMBER 24, 2005
4. SOCIAL SECURITY NUMBER: -8405
5a. AGE-LAST BIRTHDAY (Years): 67
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): DEC 2 1938
7. BIRTHPLACE (City and State or Foreign Country): FRANKLIN, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [X] Inpatient 2 ER/Outpatient 3 DOA; OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): WILLIAMSON COUNTY MEDICAL
9c. CITY, TOWN, OR LOCATION OF DEATH: FRANKLIN
9d. COUNTY OF DEATH: WILLIAMSON
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): CLADIE STEWART
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): CONSTRUCTION WORKER
12b. KIND OF BUSINESS/INDUSTRY:
13a. RESIDENCE-STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 2736 BULLOCK AVENUE
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
15. RACE-American Indian, Black, White, etc. (Specify): BLACK
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

PARENTS

17. FATHER'S NAME (First, Middle, Last): WILLIAM SCRUGGS
18. MOTHER'S NAME (First, Middle, Maiden Surname): ELIZABETH COLLIER

INFORMANT

19a. INFORMANT'S NAME (Type/Print): CLADIE SCRUGGS
19b. RELATIONSHIP TO DECEASED: WIFE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2736 BULLOCK AVENUE 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): GREENWOOD CEMETERY
20c. LOCATION-City or Town, State: NASHVILLE, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Mnl
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4502
21c. SIGNATURE OF EMBALMER: ▶ TONYA HAYNES
21d. LICENSE NUMBER OF EMBALMER: 5682

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22a. NAME AND ADDRESS OF FUNERAL HOME: SMITH BROTHERS FUNEAL DIRECTORS, INC. 706 MONROE STREET, NASHVILLE, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 809

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Loretta Buchanan (OR)
24. DATE FILED (Month, Day, Year): January 4, 2006

CERTIFIER

25a. I certify that to the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.
1 [X] SIGNATURE AND TITLE OF PHYSICIAN ▶ William Reed
25b. LICENSE NUMBER: 21135
25c. DATE SIGNED (Month, Day, Year): 1/4/2006
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): Dr William Reed Williamson Medical Center Franklin TN

SEE INSTRUCTIONS ON OTHER SIDE

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Arteriosclerotic Heart Disease
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. Pneumonia
DUE TO (OR AS A CONSEQUENCE OF):
c. Dementia
DUE TO (OR AS A CONSEQUENCE OF):
d.

Approximate Interval Between Onset and Death

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 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [X] 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:
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 1328

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 Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Sharon M. Leinbach
STATE REGISTRAR

JAN 04 2006
Date Issued

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD