STATE OF ALABAMA)
)
SHELBY COUNTY)

FULL SATISFACTION OF RECORDED LIEN

KNOW ALL MEN BY THESE PRESENTS, That, the undersigned hereby acknowledges full payment of the indebtedness secured by that certain real property mortgage recorded in the Office of the Judge of Probate Court of Shelby County, Alabama in Instrument Number 1995-10758, and the undersigned does further hereby RELEASE and SATISFY said mortgage. The undersigned, Polly L. Keith, is the surviving joint payee of that certain promissory note secured by the mortgage referenced herein, Edward C. Keith having died on July 7, 1997.

IN WITNESS WHEREOF, the undersigned have caused these presents to be executed this the 11 day of January 2001.

* Heard, John A.
Heard, Kathy K.

Polly L. Keith
Polly L. Keith

STATE OF TENNESSEE)
)
DAVIDSON COUNTY)

I, the undersigned, a Notary Public in said state in said county, hereby certify that Polly L. Keith, whose names are signed to the foregoing instrument, and who are known to me, acknowledged before me on this day that, being informed of the contents of the instrument, they executed the same voluntarily on the day same bears date.

Given under my hand and official seal this the 11 day of Jan, 2001.

Brian R. Shaw, Jr.
Notary Public
My commission expires: June 15, 2003

This instrument prepared by:
Patrick F. Smith
Strickland & Smith
4 Office Park Circle, Suite 212
Birmingham, Alabama 35223

Inst # 2001-03589

02/01/2001-03589
11:11 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
002 CJ1 14.00

NOTARY PUBLIC AT LARGE WILSON CO. TENN.

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

02/01/2001-03589
11:11 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
002 C1 14.00

2001-03589 Inst #

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

9703757

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Edward Cordall Keith
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): July 7, 1997
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE – LAST BIRTHDAY (Years): 72
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): June 16, 1925
7. BIRTHPLACE (City and State or Foreign Country): Wilson County, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 1328 Otter Creek Road
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): Pauline Lea
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Small Business
12b. KIND OF BUSINESS/INDUSTRY: Owner
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1328 Otter Creek Road

CENSUS TRACT

13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37215
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [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+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): William Claude Keith
18. MOTHER'S NAME (First, Middle, Maiden Surname): Edna Yeargin

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Pauline L. Keith
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1328 Otter Creek Road, Nashville, TN 37215

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): Cedar Grove Cemetery
20c. LOCATION—City or Town, State: Lebanon, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Rodney Wells
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3883
21c. SIGNATURE OF EMBALMER: ▶ Lynn Gauthier
21d. LICENSE NUMBER OF EMBALMER: 4052
22a. NAME AND ADDRESS OF FUNERAL HOME: Brentwood Funeral Home, 9010 Church St.E., Brentwood, TN 37027
22b. LICENSE NUMBER OF FUNERAL HOME: 911

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Arlene A. Bowers
24. DATE FILED (Month, Day, Year): July 17, 1997

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 [ ] SIGNATURE AND TITLE OF PHYSICIAN ▶ James D Bomboy
25b. LICENSE NUMBER: 8197
25c. DATE SIGNED (Month, Day, Year): 07/17/97
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): Dr. James D. Bomboy, 2011 Church St., Suite 203, Nashville, TN 37203

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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	Valvular heart disease	7 years
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST — b. DUE TO (OR AS A CONSEQUENCE OF):	Mitral valve disease	17 years
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.

28a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [ ] No
28b. 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-1850
REV. 2-93

RDA 1399