

Prepared by James E. Thompson, Attorney  
P. O. Box 765  
Crossville, Tennessee 38557

**It is the Responsibility of the Grantee of this instrument to immediately record it.  
Failure to record this instrument could adversely affect the validity of your title.**

### **WARRANTY DEED**

For and in consideration of the sum of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable considerations not herein mentioned, receipt of all of which is hereby acknowledged, I, **Ellen R. Branham, surviving spouse of Mark P. Branham, now deceased**, have this day bargained and sold and by these presents do hereby bargain, sell, transfer and convey unto **Elizabeth Jean Simpson**, her heirs and assigns the following described property.

#### **Map 126-074.00 (portion)**

Mail  
owner

In the First Civil District of Cumberland County, Tennessee, bounded and described as follows:

Beginning on a newly placed ½" rebar which is located in the Southern ROW of Pigeon Ridge Road, said point being the Northeast corner of a 5.01 acre tract that is a portion of the same original tract; thence with said road ROW of the next four (4) courses and distances: (1) N 44 deg. 01' 17" E 188.29 feet to a point; thence N 51 deg. 56' 40" E 70.43 feet to a point; thence N 67 deg. 36' 38" E 110.16 feet to a point; thence N 76 deg. 18' 24" E 131.88 feet to an existing 5/8" rebar with a survey cap #617 on top of it, said point being the Northeast corner of the original tract and being the Northwest corner of adjoining parcel #075.00 on same tax map; thence leaving said road Row and with the common line between the original tract and said adjoining parcel #075.00 S 11 deg. 07' 16" E 696.51 feet to a newly placed ½" rebar, said point being the Southwest corner of said adjoining parcel #075.00; thence leaving said original line S 81 deg. 33' 06" W 170.60 feet to a newly placed ½" rebar, said point being the Southeast corner of the first mentioned adjoining 5.01 acre tract; thence with the Eastern line of said 5.01 acre tract N 39 deg. 54' 52" W 595.18 feet to the point of beginning. Containing 5.01 acres more or less as per survey by O.D. Pugh, Jr., RLS #699 located at 107 Livingston Road, Crossville, Tennessee 38555, phone #1-931-484-7702, dated September 12, 2011. Being Survey Job Number (11059-3).

The North Meridian was calculated using Magnetic North as a basis for rotation.

Being a portion of the same property conveyed to Mark P. Branham and wife, Ellen R. Branham by virtue of a deed dated February 17, 1989 from Lester Elmore and wife, Evelyn Elaine Elmore, of record in Deed Book 374, page 488, Register's Office, Cumberland County, Tennessee.

**See attached "Exhibit A" for Death Certificate of Mark P. Barnham.**

The above described property is subject to the following covenants and restrictions which shall run with the property:

1. The property shall be used for residential and domestic agricultural purposes only and no commercial activities shall be permitted on said property.
2. Only one (1) single family dwelling shall be erected on each lot. Each dwelling shall have a site built ground floor area of not less than 1700 square feet of heated and enclosed floor space, exclusive of porches, garages, terraces and patios. No structure of temporary character including mobile home, trailer, basement, tent, garage or other outbuilding shall be used as a temporary or permanent residence on said property.
3. After 10 years from the date hereof, said property may be subdivided into smaller parcels of not less than two (2) acres.
4. All septic systems established on said property and the disposal of effluent there from shall conform to the requirements of the Cumberland County Health Department and the State of Tennessee which are in effect on the date such system is constructed. Any and all other activities carried out on said property relating to state required health standards shall be carried out in accordance with such standards.
5. No animals shall be kept on the property for commercial purposes, but this shall not prohibit the maintenance of household pets or animals for domestic use on said property; provided, however, that no more than one domestic animal shall be allowed per acre of property.
6. The property shall not be used or maintained as a dumping ground for rubbish, trash, garbage or other waste, including, but not limited to junked automobiles or farm machinery of any sort, and household waste shall be kept in sanitary containers.
7. These restrictions shall be considered as covenants running with the land and shall be binding upon the grantees named herein, their heirs, successors and assigns. In the event any additional or adjoining tracts or property are conveyed subject to these restrictions, enforcement of these covenants and restrictions may be by any proceeding at law or in equity against any person or persons violating or attempting to violate any covenants or restrictions, either to restrain violation or to recover damages. Failure by

any owner to enforce any covenants or restrictions herein contained shall not be deemed a waiver of the right to do so thereafter. Should an owner file suit to enforce or restrain violation of any provision of these covenants and restrictions and should the owner be successful in the prosecution of said suit, then, and in that event, the owner filing shall be entitled to recover his costs in the prosecution of the suit, including his reasonable attorney fees.


TO HAVE AND TO HOLD the above described property to the grantee, herein named, her heirs and assigns, in fee simple, forever.

I covenant with the grantee herein named, that I am lawfully seized and possessed of said real estate; have a good and lawful right to convey same, that it is free and unencumbered, except as above set out, and that I will forever warrant and defend the title thereto against the lawful claims of any and all persons whomsoever, and I bind my heirs by the above covenants.

Preparer of this instrument makes no representation to the validity of the title contained herein.

This instrument was prepared from information furnished by the parties herein for which the preparer assumes no responsibility.

Witness my hand this 3rd day of February, 2017.

  
Ellen R. Branham

STATE OF TENNESSEE

COUNTY OF Cumberland

Before me, the undersigned authority, a Notary Public, in and for said State and County, personally appeared **Ellen R. Branham** with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who acknowledged the execution of the foregoing instrument for the purposes therein contained and expressed.

Witness my hand and official seal of office on this the 3<sup>rd</sup> day of February, 2017.

Terril Walker  
Notary Public

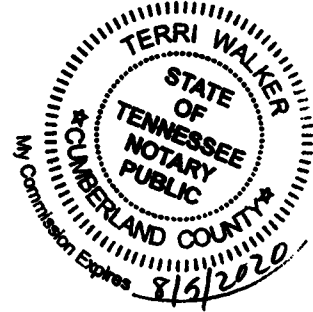
My commission expires: August 5, 2020.

NEW PROPERTY OWNER:

Elizabeth Jean Simpson

5538 Dunbar Rd.

Crossville, TN 38572



STATE OF TENNESSEE

COUNTY OF CUMBERLAND

I, or we hereby swear or affirm that the actual consideration for this transfer or value of the property transferred, whichever is greater is \$90,000.00, which amount is equal to or greater than the amount which the property transferred would command at a fair and voluntary sale.

Amount tax paid \$333.00.

Elizabeth Jean Simpson  
Affiant

Subscribed and sworn to before me this the 29<sup>th</sup> day of May, 2020 (L.S.) 2017.

Laura G. Swallows  
Notary Public - Dep. Reg.

BK/PG: 1577/974-978  
20005872

My commission expires: \_\_\_\_\_.

5 PGS:AL-DEED	
BATCH: 142558	
06/29/2020 - 11:30 AM	
VALUE	90000.00
MORTGAGE TAX	0.00
TRANSFER TAX	333.00
RECORDING FEE	25.00
DP FEE	2.00
REGISTER'S FEE	1.00
TOTAL AMOUNT	361.00
STATE OF TENNESSEE, CUMBERLAND COUNTY	
JUDY GRAHAM SWALLOWS	
REGISTER OF DEEDS	

Cont. 1 page

exhibit A

# STATE OF TENNESSEE Office of Vital Records

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK  
FOR  
INSTRUCTIONS  
SEE HANDBOOK



TENNESSEE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

STATE FILE  
NUMBER

DECEDENT

NAME OF DECEDENT  
(If different from above)

DISPOSITION

REGISTRAR

CERTIFIER

PHYSICIAN OR MEDICAL  
EXAMINER EXECUTING  
CERTIFICATE MUST  
COMPLETE AND SIGN  
MEDICAL CERTIFICATION  
WITHIN 48 HOURS

SEE INSTRUCTIONS  
ON OTHER SIDE

CAUSE OF  
DEATH

1. DECEDENT'S NAME (First, Middle, Last) <b>MARK PRESTON BRANHAM</b>				2. SEX <b>MALE</b>		3. DATE OF DEATH (Month, Day, Year) <b>DECEMBER 29, 2011</b>	
4. SOCIAL SECURITY NUMBER <b>EB 55</b>				5. DATE OF BIRTH (Month, Day, Year) <b>JUNE 18, 1956</b>		7. BIRTH-PLACE (City and State or Foreign Country) <b>CHARLESTON WV</b>	
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? 3. Yes 2. <input checked="" type="checkbox"/> No				8. PLACE OF DEATH (Check only one) 1. <input type="checkbox"/> Hospital 2. <input type="checkbox"/> Inpatient 3. <input type="checkbox"/> Outpatient 4. <input type="checkbox"/> D.O.A. 5. <input type="checkbox"/> Nursing Home 6. <input checked="" type="checkbox"/> Residence 7. <input type="checkbox"/> Other (Specify)			
9a. FACILITY NAME (If not institution, give street and number) <b>1638 PIGEON RIDGE ROAD</b>				9b. CITY, TOWN, OR LOCATION OF DEATH <b>CROSSVILLE</b>		9c. COUNTY OF DEATH <b>CUMBERLAND</b>	
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)) <b>MARRIED</b>				11. SURVIVING SPOUSE (If wife, give maiden name) <b>ELLEN ANDERS</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>SIGN MAKER</b>	
12b. KIND OF BUSINESS/INDUSTRY <b>FLYNN SIGN COMPANY</b>				13a. RESIDENCE-STATE <b>TN</b>			
13b. COUNTY <b>CUMBERLAND</b>				13c. CITY, TOWN OR LOCATION <b>CROSSVILLE</b>			
13d. STREET AND NUMBER OR RURAL LOCATION <b>1638 PIGEON RIDGE RD. CROSSVILLE</b>				14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1. Yes 2. <input checked="" type="checkbox"/> No			
15. RACE (American Indian, Black, White, etc. (Specify)) <b>WHITE</b>				16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary (0-12) College (14 or 15+) <b>12</b>			
17. FATHER'S NAME (First, Middle, Last) <b>ALLEN L. BRANHAM</b>				18. MOTHER'S NAME (First, Middle, Maiden Surname) <b>SUE HUDNALL</b>			
19a. INFORMANT'S NAME (Type/Print) <b>ELLEN BRANHAM</b>				19b. RELATIONSHIP TO DECEDENT <b>WIFE</b>			
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>1638 PIGEON RIDGE RD. CROSSVILLE, TN 38555</b>							
20a. METHOD OF DISPOSITION 1. <input checked="" type="checkbox"/> Burial 2. <input type="checkbox"/> Cremation 3. <input type="checkbox"/> Removal from State 4. <input type="checkbox"/> Donation 5. <input type="checkbox"/> Other (Specify)				20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>GREEN ACRES MEMORY GARDENS</b>		20c. LOCATION (City or Town, State) <b>CROSSVILLE, TN 38555</b>	
21a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>				21b. LICENSE NUMBER OF FUNERAL DIRECTOR <b>3554</b>		21c. SIGNATURE OF EMBALMER <i>[Signature]</i>	
21d. LICENSE NUMBER OF EMBALMER <b>4231</b>				22. LICENSE NUMBER OF FUNERAL HOME <b>657</b>			
23. REGISTRAR'S SIGNATURE <i>[Signature]</i>				24. DATE FILED (Month, Day, Year) <b>JAN 06 2012</b>			
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. <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>[Signature]</i>				25b. LICENSE NUMBER <b>14715165</b>		25c. DATE SIGNED (Month, Day, Year) <b>1-6-12</b>	
25d. 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. <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER				25e. LICENSE NUMBER		25f. DATE SIGNED (Month, Day, Year)	
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) <b>DAVID C. TABOR MD CUMBERLAND MEDICAL PLAZA CROSSVILLE, TN 38555</b>							
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) → <b>ESOPHAGEAL CANCER</b> DUE TO (OR AS A CONSEQUENCE OF): <b>LYFEC</b> Sequently 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): 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.							
30. MANNER OF DEATH 1. <input type="checkbox"/> Natural 5. <input type="checkbox"/> Pending Investigation 2. <input type="checkbox"/> Accident 6. <input type="checkbox"/> Could not be Determined 3. <input type="checkbox"/> Suicide 4. <input type="checkbox"/> Homicide				31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY	
31c. INJURY AT WORK? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> 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)			

H-1069 (REV. 6/00)

BIRTH NO.

DA 1369

4944049

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.

*[Signature]*  
Teresa S. Hendricks  
STATE REGISTRAR

*[Signature]*  
Tommy Burnett  
Cumberland County

JAN 09 2012  
Date Issued

Mail  
over