This transfer is exempt from the Tennessee real estate recording tax pursuant to Chapter 721, Public Acts 1994, amending T.C.A. § 67.4-409(a)(3).

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration for this transfer is $-0-.

Marilyn Lois Seat
Affiant

Subscribed and sworn to before me this 4 day of May, 2004.

Dianne Bracey
Notary Public

My Commission expires: MY COMMISSION EXPIRES JULY 21, 2007

This instrument was prepared by:
John R. Vermillion
515 Maryland Way
Brentwood, Tennessee 37027

Address New Owner as Follows:
The Forrest Seat and Marilyn Lois Seat
Revocable
Living Trust
6354 Old Hickory Bend
Whites Creek, Tennessee 37189

Send Tax Bills to:
The Forrest Seat and Marilyn Lois Seat
Revocable
Living Trust
6354 Old Hickory Bend
Whites Creek, Tennessee 37189

Map-Parcel Numbers:
039 - 14.00

Davidson County DEEDWARR
Recvd: 05/10/04 10:17 3pgs
Fees:17.00 Taxes:0.00
20040510-0052926

LIMITED WARRANTY DEED

KNOW ALL MEN BY THESE PRESENTS that FORREST SEAT and MARILYN LOIS SEAT, for and in consideration of the sum of Ten and No/100 Dollars ($10.00), cash in hand paid, the receipt of which is hereby acknowledged, have bargained and sold, transferred and conveyed and do hereby bargain, sell, transfer and convey unto, FORREST SEAT and MARILYN LOIS SEAT, as Trustees for THE FORREST SEAT AND MARILYN LOIS SEAT REVOCABLE LIVING TRUST, its heirs, successors and assigns, their entire right, title and interest in and to a certain tract or parcel of land in Davidson County, Tennessee, described as follows:

A tract of land in the 14th Civil District of said County and State, described according to a survey made by Wayne S. Cooper, Surveyor, August 7, 1967, as follows:

Beginning at a point in the center line of Old Hickory Blvd., at the southeast corner of the Rice and Howell property, being 350 feet south of a point opposite a corner of the land conveyed to Grady Proctor by deeds of record in Book 1085 page 105, and book 1088 page 28, Register's Office for said County; thence with the line of said Rice and Howell property, north 87° east 365.2 feet to an iron pin in Vester's line; thence with his line, south 54° 25' east 469.7 feet to an iron pin; thence south 87° 00' west 701 feet to a spike in the center of Old Hickory Blvd.; thence with the center line of same, as follows:

North 16° 30' east 143 feet to a point and north 10° 15' east 150 feet to the beginning, containing 4.07 acres more or less.

Being the same property acquired by Grantors by Warranty Deed from C. E. Francis and wife, Fannie J. Francis dated _____, _____ and recorded in Vol. 4169, Page 312, of the Real Property Records of Davidson County, Tennessee.

The above described property is ☐ improved ☐ unimproved property.

TO HAVE AND TO HOLD the aforesaid real estate, together with all appurtenances and hereditaments thereunto appertaining unto Grantee, its successors and assigns in fee simple forever.

Grantors covenant that Grantors will forever warrant and defend the title against the lawful claims of all persons claiming by, through or under Grantors but not further or otherwise.

The words "Grantors" and "Grantee" shall include their respective successors and assigns where the context requires or permits.

WITNESS my hand this _____ day of _____, 20_____.

Deceased.
FORREST SEAT

Marilyn Lois Seat
MARILYN LOIS SEAT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, FORREST SEAT and MARILYN LOIS SEAT, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that they executed the within instrument for the purposes therein contained.

Witness my hand, at Joelton, Tennessee, this 9th day of May, 2024.

Notary Public, State of Tennessee
My Commission expires: 6-5-[illegible]

NOTARY PUBLIC AT LARGE TENNESSEE SUMNER COUNTY

Metropolitan Government of Nashville and Davidson County

Bill Purcell, Mayor

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

MAR 14 2001

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.

John T. Turner
LOCAL REGISTRAR

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT: For use by physician or institution

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): FORREST SEAT
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): MARCH 8, 2000
4. SOCIAL SECURITY NUMBER: [redacted]-8190
5a. AGE-LAST BIRTHDAY (Years): 67
5b. UNDER 1 YEAR (Months / Days): 5c. UNDER 1 DAY (Hours / Min.):
6. DATE OF BIRTH (Month, Day, Year): JAN. 17, 1933
7. BIRTHPLACE (City and State or Foreign Country): NASHVILLE, 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): BAPTIST HOSPITAL
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): MARILYN LOIS ZIMMERMAN
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): MAINTENANCE
12b. KIND OF BUSINESS/INDUSTRY: METRO SCHOOLS
13a. RESIDENCE-STATE: TN
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: WHITES CREEK
13d. STREET AND NUMBER OR RURAL LOCATION: 6354 OLD HICKORY BLVD
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37189
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No. Specify 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 FRANKLIN SEAT
18. MOTHER'S NAME (First, Middle, Maiden Surname): RUBY LOIS GARDNER

INFORMANT

19a. INFORMANT'S NAME (Type/Print): MRS. LOIS SEAT
19b. RELATIONSHIP TO DECEASED: WIFE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 6354 OLD HICKORY BLVD., WHITES CREEK, TN

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): NORTH WOODLAWN MEMORIAL GARDENS
20c. LOCATION-City or Town, State: JOELTON TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ► ROBERT ANDERSON, JR.
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4342
21c. SIGNATURE OF EMBALMER: ► JIM BREWER
21d. LICENSE NUMBER OF EMBALMER: 2969
22a. NAME AND ADDRESS OF FUNERAL HOME: ANDERSON & GARRETT, 3501 OLD CLARKSVILLE PK, JOELTON, TN 37080
22b. LICENSE NUMBER OF FUNERAL HOME: 193

REGISTRAR

23. REGISTRAR'S SIGNATURE: ► Robert W. Rhodes Jr
24. DATE FILED (Month, Day, Year): March 14, 2000

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 [X] SIGNATURE AND TITLE OF PHYSICIAN: ► Clark Ray MD
25b. LICENSE NUMBER: MD0001999992
25c. DATE SIGNED (Month, Day, Year): 3 / 10 / 2000
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: error MD0001999992
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): CLARK RAY, M.D., 222 22nd AVE NORTH, NASHVILLE, TN 37203

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. CHF
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. COPD
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

SEE INSTRUCTIONS ON OTHER SIDE

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 [ ] 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. 2-93

RDA 1399