BILL GARRETT, Davidson County
Trans:T20130063235 DEEDQC
Recvd: 07/24/13 16:08 5 pgs
Fees:27.00 Taxes:0.00
20130724-0076775

Prepared by:
Brian Lavoy Payne
Attorney at Law, PLLC
TN BPR # 11639
3200 West End Avenue, Suite 500
Nashville, Tennessee 37203

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration or value, whichever is greater, for this transfer is $-0-

Cynthia S. Moore, Affiant

Subscribed and sworn to before me this 22 day of July, 2013

Brian Lavoy Payne, Notary Public
My commission expires: 11/23/14

BRIAN LAVOY PAYNE
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

PREPARER MAKES NO REPRESENTATIONS/WARRANTIES AS TO THE ACCURACY OF THE INFORMATION CONTAINED HEREIN OR TAX RAMIFICATIONS OF THE CONVEYANCE, THE SAME HAVING BEEN PREPARED FROM INFORMATION FURNISHED SOLELY BY THE PARTIES HERETO WITHOUT BENEFIT OF A TITLE SEARCH.

Address of New Owner:	Send Tax Bills to:	Tax Information:
Cynthia S. Moore 643 Harpeth Knoll Nashville, Tennessee 37221	New Owner	156-02-0 020.00

QUITCLAIM DEED

For a consideration, the receipt and sufficiency whereof is hereby acknowledged, **Teresa Siemer, Cynthia Moore, and Marcia Simonetta, Joint Successor Trustees of the Harley H. Siemer Revocable Living Trust u/a dated November 24, 2003,** hereinafter the Grantors, by these presents, do hereby quitclaim and convey to **Cynthia S. Moore, unmarried,** title and interest in and to the following tract or parcel of land in Davidson County, Tennessee, to-wit:

Being Lot No. 247 on the plan of Harpeth Valley Park, Resubdivision of Lot 247, as shown on plat of record in Plat Book 4060, Page 74, in the Register's Office of Davidson County, Tennessee, to which plat reference is hereby made for a more particular description of said property.

Being the same property conveyed to Harley H. Siemer, Trustee of the Harley H. Siemer Revocable Living Trust u/a dated November 24 2003 by Quitclaim Deed from Harley H. Siemer, dated November 24, 2003, and recorded on November 25, 2003 of record in Instrument No. 20031125-017018, Davidson County Register of Deeds. A Notarized Summary of Trust of The Harley H. Siemer Revocable Living Trust Agreement is of

record in Instrument No. 20031125-0171017, Davidson County Register of Deeds. Harley H. Siemer having since died on October 23, 2010, leaving Teresa Siemer, Cynthia Moore and Marcia Simonetta as Joint Successor Trustees of the Harley H. Siemer Revocable Living Trust u/a dated November 24, 2003. Death certificate of Harley H. Siemer is attached hereto as Exhibit "A".

Further being the same property conveyed to Harley H. Siemer and wife Frances E. Siemer, by Warranty Deed dated March 21, 1986, of record in Book 6813, Page 374, Register's Office of Davidson County, Tennessee. Frances E. Siemer having since died on January 17, 1996. Attached hereto is a copy of her death certificate marked as Exhibit "B"

This conveyance is made subject to all easements, restrictive covenants and conditions, and other matters of record, including all items set out on any applicable plat of record.

This is improved property known as 643 Harpeth Knoll Road, Nashville, Tennessee 37221.

Witness my hand this 18 day of July, 2013.

Marcia Simonetta, Joint Successor Trustee

STATE OF MARYLAND
COUNTY OF BALTIMORE

Personally appeared before me, the undersigned, a notary public in and for said county and state, the within named Marcia Simonetta, the bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that she is a Joint Successor Trustee of the Harley H. Siemer Revocable Living Trust u/a dated November 24, 2003 executed the within instrument for the purpose therein stated and had authority to execute in the capacity stated.

Witness my hand and official seal at Lutherville-Timonium, Maryland, this 18th day of July, 2013.

Notary Public
ROOP R. SAMPATHI

ROOP R. SAMPATHI NOTARY PUBLIC BALTIMORE CO. MD

My commission expires: 11-19-2015

Witness my hand this 22 day of July, 2013.

Cynthia S. Moore

Cynthia Moore, Joint Successor Trustee

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a notary public in and for said county and state, the within named Cynthia Moore, the bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that she is a Joint Successor Trustee of the Harley H. Siemer Revocable Living Trust u/a dated November 24, 2003 executed the within instrument for the purpose therein stated and had authority to execute in the capacity stated.

Witness my hand and official seal at Nashville, Tennessee, this 22 day of July, 2013.

Brian Lavoy Payne, Notary Public

BRIAN LAVOY PAYNE
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

My commission expires: 11/23/14

Witness my hand this 23 day of July, 2013.

Teresa Siemer, Joint Successor Trustee

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a notary public in and for said county and state, the within named Teresa Siemer, the bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that she is a Joint Successor Trustee of the Harley H. Siemer Revocable Living Trust u/a dated November 24, 2003 executed the within instrument for the purpose therein stated and had authority to execute in the capacity stated.

Witness my hand and official seal at Nashville, Tennessee, this 23 day of July, 2013.

~~Brian Lavoy Payne~~, Notary Public
Wm. Brad Tabers

My commission expires: ~~11/23/14~~
03/21/16

WM. BRAD TABERS
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

EXHIBIT "A"

STATE OF TENNESSEE
Office of Vital Records

1096164

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): Harley Henry Siemer
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): October 23, 2010
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE-LAST BIRTHDAY (Years): 82
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): August 8, 1928
7. BIRTHPLACE (City and State or Foreign Country): Grand Prairie Township, MN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [X] Other (Specify) Hospice
9b. FACILITY NAME (If not institution, give street and number): Alive Hospice at St. Thomas
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.): Registered Nurse
12b. KIND OF BUSINESS/INDUSTRY: TN Dept. of Corrections
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 643 Harpeth Knoll Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37221
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): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): ; College (1-4 or 5+): 3

PARENTS

17. FATHER'S NAME (First, Middle, Last): Bernhard Siemer
18. MOTHER'S NAME (First, Middle, Maiden Surname): Grace Mulder

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Cynthia Moore
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 503 General George Patton Road, Nashville, TN 37221

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [X] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): West Harpeth Funeral Home and Crematory
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Marshall, Justin D.
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 6268
21c. SIGNATURE OF EMBALMER: ▶ Marshall, Justin D.
21d. LICENSE NUMBER OF EMBALMER: 6269
22a. NAME AND ADDRESS OF FUNERAL HOME: Harpeth Hills Funeral Home, 9090 Hwy 100 - PO Box 210242, Nashville, TN 37221
22b. LICENSE NUMBER OF FUNERAL HOME: 849

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Linda L. Bowles, CR
24. DATE FILED (Month, Day, Year): October 27, 2010

CERTIFIER

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 [X] SIGNATURE AND TITLE OF PHYSICIAN: ▶ Wendy Knowlton DO
25b. LICENSE NUMBER: 1758
25c. DATE SIGNED (Month, Day, Year): October 26, 2010
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 DISCUSS CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Wendy Knowlton DO 1718 Patterson Street 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. (All only one cause on each line.)
Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Non-Small Cell Lung Cancer
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.
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: obstructive pneumonia, CHF
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 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide
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)

I-1658 (REV. 6/99)
BIRTH NO.
RDA 1299

4372238

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.

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Foreman
Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

OCT 27 2010
Date Issued

CERTIFICATION OF VITAL RECORD

EXHIBIT "B"

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.

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

960142

1. DECEDENT'S NAME (First, Middle, Last)			2. SEX	3. DATE OF DEATH (Month, Day, Year)	
Frances E. Siemer			Female	January 17, 1996	
4. SOCIAL SECURITY NUMBER	5a. AGE – LAST BIRTHDAY (Years)	5b. UNDER 1 YEAR: MONTHS	5c. UNDER 1 DAY: DAYS	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
[redacted]	60			June 29, 1935	Anamosa, Iowa

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ Yes 2 ☒ No

9a. PLACE OF DEATH (Check only one): HOSPITAL 1 ☐ 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)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
643 Harpeth Knoll Road	Nashville	Davidson

10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify)	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.)	12b. KIND OF BUSINESS/INDUSTRY
Married	Harley H. Siemer	Purchasing Agent	St. Thomas Hospital

13a. RESIDENCE – STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER OR RURAL LOCATION
Tennessee	Davidson	Nashville	643 Harpeth Knoll Road

CENSUS TRACT	13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15. RACE – American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed)
	1 ☒ Yes 2 ☐ No	37221	☐ Yes ☒ No; Specify if yes	White	Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden, Surname)
	Clyde Smith	Elva Sams

INFORMANT	19a. INFORMANT'S NAME (Type/Print)	19b. RELATIONSHIP TO DECEASED	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
	Harley H. Siemer	Husband	643 Harpeth Knoll Road Nashville, TN 7221

DISPOSITION	20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION – City or Town, State
	1 ☐ Burial 2 ☒ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)	West Harpeth Crematory	Nashville, TN

	21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER OF FUNERAL DIRECTOR	21c. SIGNATURE OF EMBALMER	21d. LICENSE NUMBER OF EMBALMER
	▶ James W. Mayo	4197	▶ James W. Mayo	4224

	22a. NAME AND ADDRESS OF FUNERAL HOME	22b. LICENSE NUMBER OF FUNERAL HOME
	Harpeth Hills Funeral Home 9090 Highway 100 P. O. Box 210242 Nashville, TN 37221	849

REGISTRAR	23. REGISTRAR'S SIGNATURE	24. DATE FILED (Month, Day, Year)
	[signature]	January 19, 1996

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	25b. LICENSE NUMBER	25c. DATE SIGNED (Month, Day, Year)
▶ [signature] MD	MD 15312222	1/19/96

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. Jeanie Ballinger, St. Thomas Medical Plaza, Nashville, TN 292-7708

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. metastatic cancer
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. 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?	29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No

30. MANNER OF DEATH	31a. DATE OF INJURY (Month, Day, Year)	31b. TIME OF INJURY	31c. INJURY AT WORK?	31d. DESCRIBE HOW INJURY OCCURRED
1 ☐ Natural 6 ☐ Pending Investigation 2 ☐ Accident 3 ☐ Suicide 5 ☐ Could not be Determined 4 ☐ Homicide		M	1 ☐ Yes 2 ☐ No	

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)