BILL GARRETT, Davidson County
Trans:T20130066383 DEEDQC
Recvd: 08/02/13 13:20 4 pgs
Fees:22.00 Taxes:0.00
20130802-0080988

Compliments of:

CALLAHAN WITHERINGTON, PLLC
209 10th Avenue South Suite 506
Phone 615-712-8669
Nashville, TN 37203

ADMINISTRATRIX'S QUITCLAIM DEED

KNOW ALL MEN BY THESE PRESENTS THAT, THE ESTATE OF LISA ANN COLE BY ITS DULY APPOINTED ADMINISTRATRIX KATIE ANN COLE, herein referred to as Grantor for and in consideration of the sum of One ($1.00) Dollar, cash in hand paid, and other good and valuable consideration, the receipt of all of which is hereby acknowledged, has bargained and sold and by these presents does hereby bargain, sell, transfer and convey unto **KATIE ANN COLE AND AMY RIDDLE AS TENANTS IN COMMON,** hereinafter referred to as Grantees, the receipt of which is hereby acknowledged, the said Grantees, their heirs, successors, and assigns forever, the following described lot or parcel of land situated in Davidson County, Tennessee with same being more particularly described as follows, to-wit:

WITNESSETH

Land in Davidson County, Tennessee, being all of Lot No. 77 on the Plan of Hermitage Hills, Section 12, as of record in Book 4675, Page 125, Register's Office for Davidson County, Tennessee.

Said Lot No. 77 fronts 81.0 feet on the easterly margin of Oak Vale, and extends back 156.31 feet on the southerly line, and 109.54 feet on the northerly line, to a line in the rear on which it measures 88.9 feet.

Being the same property conveyed to Lisa A. Cole by Quitclaim Deed from Thomas A. Cole and recorded in the Register's Office for Davidson County in Instrument No. 200008220083198.

This conveyance is subject to restrictive covenants contained in the instrument of record at Book 4820, Page 611, as amended at Book 4960, Page 506, and Book 4969, Page

667, and to the limitations shown on the Plan of record at Book 4675, Page 125, Register's Office for Davidson County, Tennessee.

This improved property is known as 905 Oak Vale, Hermitage, Davidson County, Tennessee 37076.

IN TESTIMONY WHEREOF, I have executed this instrument this 17th day of June in the year of our Lord Two Thousand Thirteen.

Katie A. Cole

KATIE ANN COLE

STATE OF TENNESSEE
COUNTY OF Davidson

On this the 17th day of June, 2013, before me, a Notary Public, in and for said State and County, duly commissioned and qualified, personally appeared **KATIE ANN COLE,** to me known to be the person described in and who executed the foregoing instrument and acknowledged that she executed same as her free act and deed.

WITNESS my hand and Notarial Seal at office the day and year above written.

Kymberly A. Turney

Notary Public

KYMBERLY A. TURNEY
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY

My Commission Expires:
2/8/16

AFFIDAVIT OF CONSIDERATION

I hereby swear or affirm that to the best of affiant's knowledge, information and belief the actual consideration for this transfer is **$1.00**.

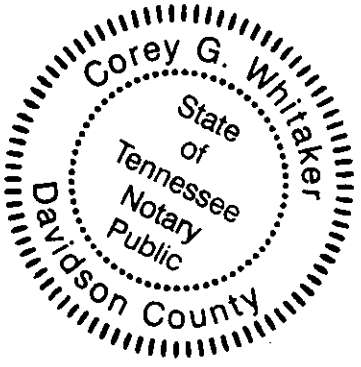
Katie A. Cole

Affiant

SWORN TO AND SUBSCRIBED before me, this the 25th day of June, 2013.

Notary Public

My Commission Expires:
May 8 2017



MAIL TAX BILLS TO:

KATIE ANN COLE and AMY RIDDLE
403 Riverchase Boulevard
Madison, TN 37115

NEW PROPERTY OWNER AND PROPERTY ADDRESS:

KATIE ANN COLE and AMY RIDDLE, TENANTS IN COMMON
905 Oak Vale Drive
Hermitage, TN 37076

075-01-0 038.00

THIS INSTRUMENT PREPARED BY:
CALLAHAN WITHERINGTON, PLLC
209 10TH AVENUE S
SUITE 506
NASHVILLE, TN 37203

STATE OF TENNESSEE
Office of Vital Records

1301987

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Lisa Ann Cole
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): March 28, 2013
4. TIME OF DEATH (Approx.): 1:11 PM
5a. AGE-Last Birthday (Years): 56
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): March 12, 1957
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other residence ☐ Other (Specify) _____

8b. FACILITY NAME (If not institution, give street and number): 905 Oak Vale Drive
8c. CITY OR TOWN: Hermitage
8d. COUNTY OF DEATH: Davidson

8. MARITAL STATUS: ☐ Married ☐ Married, but separated ☐ Widowed ☒ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Homemaker
11b. KIND OF BUSINESS/INDUSTRY: Domestic

12. SOCIAL SECURITY NUMBER: [redacted]-1243
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Hermitage

13d. STREET AND NUMBER: 905 Oak Vale Drive
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37076
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

Cole Lisa 10
NAME OF DECEDENT (If not done by Physician or Institution)

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
☐ 8th grade or less
☐ 9th – 12th grade; no diploma
☒ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
☐ Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
☒ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino
(Specify) _____
☐ Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
☒ White
☐ Black or African American
☐ American Indian or Alaska Native (Name of enrolled or principal tribe) _____
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (Specify) _____
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify) _____
☐ Other (Specify) _____
☐ Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): Newsom Kidd Alexander
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Dorothy Shiley

DISPOSITION

20a. INFORMANT'S NAME: Katie A. Cole
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 403 River Chase Pkwy. Madison, TN
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Woodlawn Memorial Park
21c. LOCATION - City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: Rachel Knott
22b. LICENSE NUMBER: 5775
22c. SIGNATURE OF EMBALMER
22d. LICENSE NUMBER
23a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Funeral Home 2707 Gallatin Rd. Nashville, TN
23b. LICENSE NUMBER OF FUNERAL HOME: 331

REGISTRAR

24. REGISTRAR'S SIGNATURE: Larry B. Kelly, Jr., DR
25. DATE FILED (Month, Day, Year): April 1, 2013

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS

26. CERTIFIER (Check only one):
26a ☐ PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.
26b ☒ 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 stated.
27a. SIGNATURE OF CERTIFIER
27b. LICENSE NUMBER: 34173
27c. DATE SIGNED (Month, Day, Year): March 29, 2013
27d. NAME AND ADDRESS: Feng Li, M.D., J.D., Ph.D.; 850 R.S. Gass Boulevard, Nashville, TN 37216; MEC13-0645

MEDICAL CERTIFICATION

28. PART I. Enter the chain of events (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.

		Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Atherosclerotic and hypertensive cardiovascular disease	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	Due to (or as a consequence of): 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.

29a. WAS AN AUTOPSY PERFORMED? ☒ Yes ☐ No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☒ Yes ☐ No

30. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☒ Unknown
32. IF FEMALE: ☒ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
33. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? ☐ Yes ☐ No
34d. PLACE OF INJURY - (At home, farm, street, factory, office, building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

PH-1858 (Rev. 9/2011) RDA 1399

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.

5657553

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

APR 01 2013

Teresa S. Hendricks
STATE REGISTRAR

Date Issued

CERTIFICATION OF VITAL RECORD

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