WARRANTY DEED

Davidson County DEEDWARR
Recvd: 12/29/14 15:32 6 pgs
Fees:33.00 Taxes:209.05
20141229-0118531

G-TG-14-2929-52

STATE OF TENNESSEE
COUNTY OF DAVIDSON

THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $56,500.00.

Kathy D. Baker
Affiant

SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 19th DAY OF DECEMBER, 2014.

Leigh Anne Sailors
Notary Public

MY COMMISSION EXPIRES: 8-11-18 (AFFIX SEAL)

STATE OF TENNESSEE NOTARY PUBLIC LEIGH ANNE SAILORS WILLIAMSON COUNTY

THIS INSTRUMENT WAS PREPARED BY
Rudy Title and Escrow, LLC
2012 21st Avenue South
Nashville, TN 37212

ADDRESS NEW OWNER (S) AS FOLLOWS:	SEND TAX BILLS TO:	MAP / PARCEL NUMBER (S)
Lisa George Hughes	Same	
3449 Colebrooke Dr. (NAME) ~~2929 Selena Drive Unit 52~~	(NAME)	**119140A05200CO**
Thompsons Station TN (ADDRESS) ~~Nashville, TN~~ 37179	(ADDRESS)	
(CITY) (STATE) (ZIP)	(CITY) (STATE) (ZIP)	

For and in consideration of the sum of TEN DOLLARS, cash in hand, paid hereinafter named Grantee(s), and other good and valuable considerations, the receipt of which is hereby acknowledged, I/we **CATHERINE PHILLIPS, MARRIED,** hereinafter called the Grantor(s), have bargained and sold, and by these presents do transfer and convey unto **LISA GEORGE HUGHES, A SINGLE PERSON,** hereinafter called the Grantee(s), their heirs and assigns, that certain tract or parcel of land in **DAVIDSON** COUNTY, STATE OF **TENNESSEE**, described as follows, to wit:

Being a certain condominium apartment located in Davidson County, Tennessee, being Unit No. 52, as shown on the Site Plan of Kingswood Condominiums, of record in Book 5200, Page 520, Register's Office for Davidson County, Tennessee, together with the undivided percentage interest in the common elements appurtenant to said unit, as set forth in Exhibit "C" of the Master Deed, as amended, establishing Kingswood Condominiums, of record in Book 6058, Page 320, said Register's Office.

Being the same property conveyed by Executor Quitclaim Deed from Catherine Phillips, Executrix to Catherine Phillips as recorded on the 25th day of September, 2014 in Instrument No. 20140925-0088258; Quitclaim Deed from M. Norris Jenkins, Trustee to Sherry R. Keith and Elizabeth L. Frensley, with right of survivorship as recorded on the 25th day of June, 2002 in Instrument No. 20020625-0076103; Warranty Deed from Patrick E. McAlister and wife, Laura N. McAlister to Sherry R. Keith as recorded on the 4th day of October, 1999 in Deed Book 11686, Page 941 and Probate Docket #14P-814, in the Register's Office of Davidson County, Tennessee.

The above referenced property is not and has never been the principal marital residence for Catherine Phillips.

This conveyance is subject to:
- County of Davidson taxes for the year 2015 and thereafter, not yet due and payable.
- Restrictions, dedications, conditions, reservations, easements and other matters shown on the plat of KINGSWOOD CONDOMINIUMS, as recorded in Plat Book 5200, Page(s) 520 and Plat Book 5200, Page 233.
- Covenants, Conditions and Restrictions as recorded in Book 909, Page 48, Book 919, Page 393, Book 919, Page 628, Book 928, Page 752, Book 946, Page 252, Book 1001, Page 539, Book 1579, Page 387 and Book 1581, Page 55.
- Charter recorded in Book 6092, Page 579.
- Conditions, covenants, reservations, requirements, restrictions, options, burdens, agreements, undertakings, assessments and other provisions contained in or incorporated by reference into the Master Deed establishing KINGSWOOD Condominium of record in Book 5552, Page 732, as amended by instrument(s) of record in Book 6058, Page 320; also subject to easements, rights and interests in favor of other unit owners, and all sewer, water, electrical, telephone and other utility easements now or hereafter established over, through or upon the land embracing the regime and building thereon.
- Easement recorded in Book 11362, Page 523.
- Easement recorded in Book 3645, Page 9, Book 3822, Page 25, Book 4259, Page 977 and Book 4260, Page 322.

This is **improved** property known as: **2929 Selena Drive Unit 52, Nashville, Tennessee** .

TO HAVE AND TO HOLD the said tract or parcel of land, with the appurtenances, estate, title and interest thereto belonging to the said GRANTEE(S), their heirs and assigns forever; and we do covenant with the said GRANTEE(S) that we are lawfully seized and possessed of said land in fee simple, have a good right to convey it and the same is unencumbered, unless otherwise herein set out; and we do further covenant and bind ourselves, our heirs and representatives, to warrant and forever defend the title to the said land to the said GRANTEE(S), their heirs and assigns, against the lawful claims of all persons whomsoever. Wherever used, the singular number shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

Witness my/our hand(s) this the 19th DAY OF DECEMBER, 2014.

Catherine Phillips

Catherine Phillips

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, CATHERINE PHILLIPS, the within named bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he/she/they executed the within instrument for the purposes therein contained.

Witness my hand and official seal, this the 19th of December, 2014.

Mary Francis Rudy

Notary Public
My Commission Expires: 3-6-18
(SEAL)



RETURN TO:
Rudy Title and Escrow, LLC
2012 21st Avenue South
Nashville, TN 37212

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

050342

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last)	Elisabeth Long Frohsley
2. SEX	Female
3. DATE OF DEATH (Month, Day, Year)	January 21, 2005
4. SOCIAL SECURITY NUMBER	[redacted]2644
5. DATE OF BIRTH (Month, Day, Year)	Apr. 12, 1911
6. BIRTHPLACE (City and State or Foreign Country)	Nashville Tennessee
7. WAS DECEDENT EVER IN U.S. ARMED FORCES?	No
8a. PLACE OF DEATH (Check only one)	4 Nursing Home
8b. FACILITY NAME (If not institution, give street and number)	Richland Place Care Center
8c. CITY, TOWN, OR LOCATION OF DEATH	Nashville
8d. COUNTY OF DEATH	Davidson
9. MARITAL STATUS (Married, never married, Widowed, Divorced) (Specify)	Widowed
10. SURVIVING SPOUSE (If wife, give maiden name)	N/A
11a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	Secretary
11b. KIND OF BUSINESS/INDUSTRY	Cemetery
12a. RESIDENCE-STATE	Tennessee
12b. COUNTY	Davidson
12c. CITY, TOWN, OR LOCATION	Nashville
12d. STREET AND NUMBER OR RURAL LOCATION	2929 Selena Drive D-54
12e. INSIDE CITY LIMITS?	Yes
12f. ZIP CODE	37211
13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No if not, specify Cuban, Mexican, Puerto Rican, etc.)	No
14. RACE - AMERICAN INDIAN, BLACK, WHITE, ETC. (Specify)	White
15. DECEDENT'S EDUCATION (Specify only highest grade completed)	Elementary/Secondary (0-12) G
16. FATHER'S NAME (First, Middle, Last)	Jesse Long
17. MOTHER'S NAME (First, Middle, Maiden)	Lizzie Johnson
18a. INFORMANT'S NAME (Type/Print)	Sherry R. Keith
18b. RELATIONSHIP TO DECEASED	Granddaughter
18c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	2929 Selena Dr. D54 Nashville, Tennessee 37211
19a. METHOD OF DISPOSITION	1 Burial
19b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	Woodlawn Memorial Park
19c. LOCATION (City or Town, State)	Nashville, Tennessee
19d. SIGNATURE OF FUNERAL DIRECTOR	H. Kent Wilkinson
19e. LICENSE NUMBER OF FUNERAL DIRECTOR	4535
19f. SIGNATURE OF EMBALMER	William Shanda Lasley
19g. LICENSE NUMBER OF EMBALMER	3794
19h. NAME AND ADDRESS OF FUNERAL HOME	Woodlawn Funeral Home 660 Thompson Ln. Nashville, TN 37204
19i. LICENSE NUMBER OF FUNERAL HOME	933
20a. REGISTRAR'S SIGNATURE	Tonya Y. Foreman
20b. DATE FILED (Month, Day, Year)	January 27 2005
21a. 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	
21b. LICENSE NUMBER	0001302
21c. DATE SIGNED (Month, Day, Year)	1/26/05
22a. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 SIGNATURE AND TITLE OF MEDICAL EXAMINER	
22b. LICENSE NUMBER	
22c. DATE SIGNED (Month, Day, Year)	
23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)	Dr. Richard W. Garman 300 20th Ave. N. 9th Fl. Nashville, TN 37203
24. PART I. Enter diseases, injuries, or complications that directly caused the death. Do not enter mode of dying, such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing etiology. List only one cause on each line.	
a. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Infection
b. SEQUENTIALLY DUE TO (OR AS A CONSEQUENCE OF)	Dementia
c. DUE TO (OR AS A CONSEQUENCE OF)	
d. DUE TO (OR AS A CONSEQUENCE OF)	
25. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.	Kidney failure Anemia ABP & CHF COPD
26. MANNER OF DEATH	1 Natural
27a. DATE OF INJURY (Month, Day, Year)	
27b. TIME OF INJURY	
27c. INJURY AT WORK?	No
27d. DESCRIBE HOW INJURY OCCURRED	
27e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) (Specify)	
27f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
28. WAS AN AUTOPSY PERFORMED?	No
29. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	No
30a. REGISTRAR	
30b. DATE FILED (Month, Day, Year)	
31. BIRTH NO.	
32. RACE	

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 Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

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

[redacted]

Tonya Y. Foreman
Local Registrar

4/30/2008
Date Issued

CERTIFICATION OF VITAL RECORD

State of Tennessee
Department of Finance and Administration
Bureau of TennCare
Third Party Liability Division
310 Great Circle Road, 4th Floor
Nashville, Tennessee 37243
Toll Free: 866-389-8444 • FAX: 615-413-1941

FILED
2014 JUL 28 AM 9:18
RICHARD R. ROOKER, CLERK
D.C.

Bill Haslam
Governor

Mark A. Emkes
Commissioner

7/21/2014

MARY CATHERINE KELLY
LEGAL COUNSEL
105 WREN COURT
FRANKLIN, TN 37064

RE: SHERRY KEITH
Last Four Of SSN 8378

Dear MARY CATHERINE KELLY:

This letter constitutes notification of the release of the State of Tennessee's Bureau of TennCare against the above estate for the marked reason:

X This serves as a release of the Bureau of TennCare's interest in recovery from the above referenced estate as required by T.C.A. §71-5-116(c) (2). Based on a review of the information provided on the Request for Release of Estate Recovery Cost Claim form, we do not find long term TennCare benefits paid by the State of Tennessee on behalf of this individual.

____ This release is based upon the surviving spouse deferral, which meets the criteria defined in T.C.A. §71-5-116(c). The State of Tennessee does reserve the right to file a claim for long term care/nursing home services against the estate of the surviving spouse upon the death of the surviving spouse.

____ This release is based upon the decedents age exception, which meets the criteria defined in T.C.A. §71-5-116(c). The State of Tennessee recovers payments made only on behalf of individuals fifty-five years of age or older.

If there are questions, you may contact the Estate Recovery Unit at (866) 389-8444.

Sincerely,

Jangela J. Howard

Exhibit B

N0019001

7813996140911

TENNESSEE DEPARTMENT OF REVENUE

Inheritance Tax Closing Letter (This is not a bill for tax due)

September 14, 2014

ESTATE OF SHERRY R KEITH
ATTN: MARY C KELLY
105 WREN CT
FRANKLIN TN 37064-3247

Account Type:	INHERIT TX
Account No.:	441970370
Date of Death:	April 27, 2014
County:	DAVIDSON
SSN:	XXX-XX-8378

A sworn return for inheritance tax has been filed with this department by the representative of the above estate.

As provided in Section 67-8-420, Tennessee Code Annotated, this receipt or certificate authorizes the court of the county in which such estate was administered to permit a final settlement or accounting by the estate representative.

The liability, as denoted in this closure letter, has been paid to the State of Tennessee. This is not a bill:

Inheritance Tax:	$0.00
Estate Tax:	$0.00
Interest:	$0.00
Penalty:	$0.00
Total:	$0.00

DETACH BELOW AND RETAIN FOR YOUR RECORDS

TENNESSEE DEPARTMENT OF REVENUE

ESTATE OF SHERRY R KEITH
ATTN: MARY C KELLY
105 WREN CT
FRANKLIN, TN 37064-3247

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Estate Tax:	$0.00
Interest:	$0.00
Penalty:	$0.00
Total:	$0.00

Exhibit A

I, Thomas N. Jones, do hereby make oath that I am a licensed attorney and/or the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

THOMAS N. JONES

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

Personally appeared before me, Leigh Anne Sailors, a notary public for this county and state, Thomas N. Jones, who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

NOTARY PUBLIC

My Commission Expires: 8-11-18

