THIS INSTRUMENT PREPARED BY:
BECK & BECK, Attorneys at Law, PLLC
4205 Gallatin Road
Nashville, TN 37216

BILL GARRETT, Davidson County
Trans:T20160001828 DEEDQC
Recvd: 01/08/16 10:25 6 pgs
Fees:32.00 Taxes:0.00
20160108-0001995

STATE OF TENNESSEE

COUNTY OF DAVIDSON

The actual consideration or value, whichever is greater, for this transfer is Ten ($10.00) Dollars.

Kenneth L. Bowen
AFFIANT

Subscribed and sworn to before me, this 6th day of January, 2016.

Melinda G. Rooker
NOTARY PUBLIC

My Comm. Expires: 05-06-2019

MELINDA G. ROOKER NOTARY PUBLIC STATE OF TENNESSEE DAVIDSON COUNTY My Commission Expires MAY 6, 2019

ADDRESS NEW OWNERS:

Kenneth L. Bowen and Roger E. Bowen
125 Cody Court
Portland, TN 37148

SEND TAX BILLS TO:

Same as New Owners

MAP AND PARCEL: 009 00 0 208.00

ADMINISTRATOR'S QUITCLAIM DEED

KNOW ALL MEN BY THESE PRESENTS that I, **KENNETH L. BOWEN**, Administrator for the **Estate of ROBERTA CAROLYN WHERRY BOWEN**, deceased, for in and consideration of the sum of Ten and No/100 Dollars ($10.00), cash in hand paid, the receipt and sufficiency of which is hereby acknowledged, and in connection with the distribution and closing of the Estate of **ROBERTA CAROLYN WHERRY BOWEN.** Under the laws of Probate of the State of Tennessee, the Estate of **ROBERTA CAROLYN WHERRY BOWEN** was probated in the Circuit Court of Davidson County, Tennessee, Probate Division, Docket No. 15P-873 on May 28, 2015 (copy of Letters of Administration attached), **KENNETH L. BOWEN**, was named Administrator of the Estate of **ROBERTA CAROLYN WHERRY BOWEN. KENNETH L. BOWEN**, has bargained and sold according to the laws of intestacy in the state of Tennessee, and does hereby [convey,] remise, release and

forever quitclaims equal shares, to **ROGER E. BOWEN AND KENNETH L. BOWEN**, as tenants in common, with rights of survivorship to a certain tract [parcel] of land in Davidson County, Tennessee, as will create an estate in and to said tract [parcel] of land which is described as follows:

That certain property located and situated in Davidson County, Tennessee, and more particularly described as follows:

LAND in Davidson County, Tennessee, being Tract No. 1 of a part of the T. 3. Wilkinson Estate located in the 14th Civil District of Goodlettsville, Davidson County, .Tennessee, and is more particularly described according to a survey by R.L. Montoya-Land Surveying, Inc., dated October 25, 1995, as follows:

BEGINNING at an iron rod (new) in the northerly margin of Ridgewood Road marking the southeast corner of the Carl K. Keaton Property as of record in Deed Book 2639, page 419, Register's Office for Davidson County, Tennessee, and the southwest corner of this described tract; thence, leaving said margin with the common line of said property, North 04 deg. 00' 00" East 577.58 feet to an iron rod (new) marking the northwest corner of this described tract; thence, with an existing old fence line along the northerly line of this described tract, South 89 deg. 02' 54' East, 537.97 feet to an iron rod (new) marking the northeast corner of this described tract and the northwest corner of Tract No. 2; thence, with the common line of said tracts, South 33 deg. 59' 20' West, 781.03 feet to an iron rod (new) in the northerly margin of Ridgewood Road; thence, with said margin with a curve to the left having a radius of 501.83 feet and a distance of 163.51 feet to the point of beginning, containing 5.00 acres, more or less.

BEING the same property conveyed to Emory Bowen, Jr. And wife, Roberta W. Bowen, by deed from Wanda Faye Walker of record in Book 11144, Page 518, Register's Office for Davidson County, Tennessee. Emory Bowen, Jr. and Roberta W. Bowen were married at the time of his death on November 28, 2010, and the property then vested in Roberta W. Bowen as surviving tenant by the entirety. Roberta W. Bowen died intestate on May 3, 2015, leaving as her only heirs at law her children, Kenneth L. Bowen and Roger E. Bowen.

This is improved property known as **8006 Ridgewood Road, Goodlettsville, TN 37072**.

Said property is conveyed subject to such limitations, restrictions and encumbrances and all other matters of record in the Registers Office for Davidson county, as may affect the premises.

WITNESS my hand this 6th day of January, 2016.

KENNETH L. BOWEN, Administrator

STATE OF TENNESSEE

COUNTY OF DAVIDSON

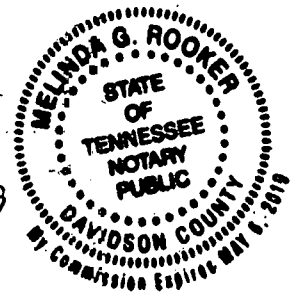
Personally appeared before me, a Notary Public, in and for said County and State, **KENNETH L. BOWEN,** the within named bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he executed the within instrument for the purposes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

WITNESS my hand and official seal at office this the 6th day of January, 2016.

Melinda G. Rooker

NOTARY PUBLIC

My Commission Expires: 05-06-2019



IN THE CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE

(PROBATE DIVISION)

LETTERS OF ADMINISTRATION

TO: **KENNETH L. BOWEN** DOCKET NO: **15P873**

*It appearing to the Court that **ROBERTA CAROLYN WHERRY BOWEN** has died leaving no Will, and the Court being satisfied as to your claim to said Administration, you have given Bond pursuant to Order, if required, qualified as directed by law, and the Court having ordered that Letters of Administration be issued to you;*

*THESE ARE, THEREFORE, to authorize and empower you, the said **KENNETH L. BOWEN,** to take into your possession and control all the goods, chattels, claims, and papers of the said estate, and to return a true and perfect inventory thereof to this Court; to collect and pay all debts, and to do and transact all the duties in relation to said estate, and to deliver the residue thereof to those who are by law entitled.*

*WITNESS, Richard R. Rooker, Clerk of the Probate Court, at office, this **May 28th, 2015** .*

RICHARD R. ROOKER, Clerk

D.C.

STATE OF TENNESSEE)

DAVIDSON COUNTY)

I, RICHARD R. ROOKER, Clerk of the Probate Court, do hereby certify that the foregoing is a full, true and perfect copy of the Letters of Administration issued to **KENNETH L. BOWEN** as **Administrator** of the estate of **ROBERTA CAROLYN WHERRY BOWEN**, deceased, and I do further certify that **KENNETH L. BOWEN** is still acting as Administrator of the estate, and all acts as such are entitled to full faith and credit, as it appears from the official record in my office in Nashville, Tennessee, this the 28 day of May 2015

RICHARD R. ROOKER, Clerk

D.C.

STATE OF TENNESSEE
Office of Vital Records

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1 0 0 6 9 6 7

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2010 054224

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Emory Bowen, Jr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): November 28, 2010
4. SOCIAL SECURITY NUMBER (If Deceased): 410-38-5358
5a. AGE-LAST BIRTHDAY (Years): 80
5b. UNDER 1 YEAR (MOS. / DAYS)
5c. UNDER 1 DAY (HOURS / MIN.)
6. DATE OF BIRTH (Month, Day, Year): October 16, 1930
7. BIRTHPLACE (City and State or Foreign Country): Donelson, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [✓] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Other 5 [ ] Nursing Home 5 [✓] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not Institution, give street and number): 2466 Union Hill Road
9c. CITY, TOWN, OR LOCATION OF DEATH: Goodlettsville, Tennessee
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Roberta Wherry
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Civil Service/Communications
12b. KIND OF BUSINESS/INDUSTRY: U.S. Navy
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Goodlettsville
13d. STREET AND NUMBER OR RURAL LOCATION: 2466 Union Hill Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [✓] Yes 2 [ ] No
13f. ZIP CODE: 37072
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [✓] No
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+): 2 02

NAME OF DECEDENT For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Emory Eskew Bowen
18. MOTHER'S NAME (First, Middle, Maiden Surname): Frances Clay Jones

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Roberta W. Bowen
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2466 Union Hill Road - Goodlettsville, TN 37072

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [✓] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Middle Tennessee Veteran's Cemetery
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: John A. Pavlek
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5755
21c. SIGNATURE OF EMBALMER: Dawn R. Everett
21d. LICENSE NUMBER OF EMBALMER: 6024

REGISTRAR

22a. NAME AND ADDRESS OF FUNERAL HOME: Forest Lawn Funeral Home & Memorial Gardens, 1150 Dickerson Road - Goodlettsville, Tennessee 37072
22b. LICENSE NUMBER OF FUNERAL HOME: 927
23. REGISTRAR'S SIGNATURE: Linda L. Bowers, RR
24. DATE FILED (Month, Day, Year): December 6, 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. 12-06-2010
1 [ ] SIGNATURE AND TITLE OF PHYSICIAN: Kenneth C Dozier MD
25b. LICENSE NUMBER: MD 75257 TN
25c. DATE SIGNED (Month, Day, Year): 6 Dec 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 SIGN MEDICAL CERTIFICATION

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Kenneth C Dozier 1210 Briarville Rd Madison TN 37115

COPY/SCAN CAPTURE® ANTI-FRAUD PROTECTION

7999108

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

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

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

7999108
Date Issued Jun-12-2015

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Roberta Carolyn Wherry Bowen
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): May 3, 2015
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 80
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): October 21, 1934
7. BIRTHPLACE (City and State or Foreign Country): Coble, TN

TYPE/PRINT IN PERMANENT BLACK INK

3a. 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)

3b. FACILITY NAME (If not institution, give street and number): Life Care Center of Old Hickory Village
3c. CITY OR TOWN: Old Hickory
3d. COUNTY OF DEATH: Davidson

9. 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: IT of Radiology
11b. KIND OF BUSINESS/INDUSTRY: Fairfax Hospital

12. SOCIAL SECURITY NUMBER: 412-52-9490
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Goodlettsville
13d. STREET AND NUMBER: 2466 Union Hill Rd.
13e. INSIDE CITY LIMITS: ☐ Yes ☒ No
13f. ZIP CODE: 37072
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

NAME OF DECEDENT (For use 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 the 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): Hollis Wherry
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Myrtle Runions

DISPOSITION

20a. INFORMANT'S NAME: Roger Bowen
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 8006 Ridgewood Rd., Goodlettsville, TN 37072
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Middle TN State Veterans Cemetery
21c. LOCATION - City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Tiffany C. Widener
22b. LICENSE NUMBER: 6231
22c. SIGNATURE OF EMBALMER: ▶ James Ryan Padgett
22d. LICENSE NUMBER: 5535
23a. NAME AND ADDRESS OF FUNERAL HOME: Forest Lawn Funeral Home, 1150 S. Dickerson Rd., Goodlettsville, TN 37072
23b. LICENSE NUMBER OF FUNERAL HOME: 927

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Tony Bruce Reedy, Jr. DR
25. DATE FILED (Month, Day, Year): May 18, 2015

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: ▶ Ron Vellmer MD
27b. LICENSE NUMBER: 31287
27c. DATE SIGNED (Month, Day, Year): 5/16/15
27d. NAME AND ADDRESS

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.	Cardiac Arrythmia	1 minute
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 — b.	Coronary Artery disease	year
c.		
d.		

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I: Senile dementia

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-1559 (Rev. 10/2011) RDA 1399

8051544

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

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

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

8051544
Date Issued MAY 18 2015

CERTIFICATION OF VITAL RECORD