This Instrument Prepared By:
Certified Document Solutions
17345 Civic Drive, Unit 1961
Brookfield, WI 53045

RECORD AND RETURN TO:
Clint G Parris and Nicole Renee Harriman
221 Jacksonian Drive
Hermitage, TN 37076
Reference Number: 633357

Davidson County DEEDQC
Recvd: 08/22/16 15:28 6 pgs
Fees:32.00 Taxes:0.00
20160822-0087774

Property Tax ID#: 07509010500

## QUIT CLAIM DEED

For and in consideration of Ten and 00/100 Dollars ($10.00) and other good and valuable consideration, **CLINT G PARRIS, A MARRIED MAN WHO ACQUIRED TITLE AS CLINTON G PARRIS, UNMARRIED**, whose post office address is 221 Jacksonian Drive, Hermitage, TN 37076, as Grantor(s), and **CLINT G PARRIS AND NICOLE RENEE HARRIMAN, HUSBAND AND WIFE,** whose post office address is 221 Jacksonian Drive, Hermitage, TN 37076, as Grantee(s) hereby conveys all right, title and interest that I may have in and to the following described real property located in Davidson County, Tennessee, to wit:

**SEE COMPLETE LEGAL ATTACHED AS EXHIBIT "A"**

PROPERTYADDRESS: 221 Jacksonian Drive, Hermitage, TN 37076

Being all of the same Property conveyed to Grantor by virtue of a Warranty Deed recorded November 18, 2002 among the Official Property Records of Davidson County, Tennessee as Instrument 20021118-0142743.

Whenever used, the singular name shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

IN WITNESS WHEREOF, the said Grantor(s) has/have hereunto set their hand(s) and seal(s) on this 3rd day of March, 2016.

CLINT G PARRIS

STATE OF Tennessee
COUNTY OF Davidson

On this 3 day of March, 2016, before me personally appeared CLINT G PARRIS, to me known to be the person(s) described in and who executed the foregoing instrument, and acknowledged that such person(s) executed the same as such person(s) free act and deed.

Witness my hand, at offices, the 3 day of March 2016.

Notary Public
My Commission expires: 11-21-18

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

Attorney Margaret C. Daun

No title search was performed on the subject property by the preparer. The preparer of this deed makes neither representation as to the status of the title nor property use or any zoning regulations concerning described property herein conveyed nor any matter except the validity of the form of this instrument.
Information herein was provided to preparer by Grantor/Grantee and /or their agents; no boundary survey was made at the time of this conveyance.

VALUATION AFFIDAVIT

I, or we, hereby swear or affirm that to the best of affiant's knowledge, information, and belief, the actual consideration for this transfer or value of the property transferred, whichever is greater is $ — 10 —, which amount is equal to or greater than the amount which the property transferred would command at a fair voluntary audit.

Affiant

Subscribed and sworn to before me this 3 day of March 2016 by Clint G Parris

Notary Public
Commission Expires 7-2-18

CAROL DICIORE
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 7-2-2018

Name and address for person(s) responsible for taxes:

**Clint G Parris and Nicole Renee Harriman**
221 Jacksonian Drive
Hermitage, TN 37076

Name and address of property owner:

**Clint G Parris and Nicole Renee Harriman**
221 Jacksonian Drive
Hermitage, TN 37076

**Exhibit "A"**

LEGAL DESCRIPTION:

A CERTAIN TRACT OR PARCEL OF LAND IN DAVIDSON COUNTY, STATE OF TENNESSEE, DESCRIBED AS FOLLOWS, TO-WIT:

BEING LOT NO. 247, ON THE PLAN OF HERMITAGE HILLS, SECTION 2, OF RECORD IN PLAT BOOK 2900, PAGE 112, REGISTERS OFFICE FOR DAVIDSON COUNTY, TN, TO WHICH PLAT REFERENCE IS HEREBY MADE FOR A MORE COMPLETE DESCRIPTION.

P.I.D#: 07509010500

# True Copy Certification

I, Shellie Shea, 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.

S Shea

Signature

State of _____

County of _____

Personally appeared before me, [Name of Notary], a notary public for this county and state, [name of person making certification] who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

_____

Notary's Signature

My Commission Expires: _____

Notary' Seal (if on paper)

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT** **CIVIL CODE § 1189**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )
County of Ventura )

On August 17, 2016 before me, Marilyn Montaperto,
*Date* *Here Insert Name and Title of the Officer*

personally appeared Shellie Shea
*Name(s) of Signer(s)*

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

MARILYN MONTAPERTO
Commission # 2139665
Notary Public - California
Los Angeles County
My Comm. Expires Jan 9, 2020

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Marilyn Montaperto
*Signature of Notary Public*

*Place Notary Seal Above*

**OPTIONAL**

*Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.*

**Description of Attached Document**

Title or Type of Document: True Copy Certification
Document Date: August 17, 2016 Number of Pages:
Signer(s) Other Than Named Above:

**Capacity(ies) Claimed by Signer(s)**

Signer's Name:
☐ Corporate Officer — Title(s):
☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other:
Signer Is Representing:

Signer's Name:
☐ Corporate Officer — Title(s):
☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other:
Signer Is Representing:

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