Davidson County DEEDQC
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This instrument prepared by:
Jay A. Rosenberg, Esq., Member Tennessee Bar, Rosenberg LPA, Attorneys At Law, 3805 Edwards Road, Suite 550, Cincinnati, Ohio 45209 (513) 247-9605 Fax: (866) 611-0170.

New Property Owner/Mail Tax Statements To:
GLENN K. JOHNSON, 611 HARPETH KNOLL ROAD, NASHVILLE, TN 37221

PROPERTY APPRAISAL (TAX/APN) PARCEL IDENTIFICATION NUMBER

160200 3700

WWR 353216 **QUITCLAIM DEED**

GLENN K. JOHNSON surviving spouse of **TERESA J. JOHNSON, now deceased**, hereinafter grantors, whose tax-mailing address is **611 HARPETH KNOLL ROAD, NASHVILLE, TN 37221**, for $0.00 (Zero Dollars and Zero Cents) in consideration paid, grant and quitclaim to **GLENN K. JOHNSON**, a single man, hereinafter grantee, whose tax mailing address is **611 HARPETH KNOLL ROAD, NASHVILLE, TN 37221**, the following real property:

A CERTAIN TRACT OR PARCEL OF LAND IN DAVIDSON COUNTY, STATE OF TENNESSEE, DESCRIBED AS FOLLOWS, TO-WIT: LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT NO. 383, HARPETH VALLEY SUBDIVISION, SECTION 3, OF RECORD IN BOOK 4175, PAGE 15, REGISTER'S OFFICE FOR SAID COUNTY, TO WHICH PLAN REFERENCE IS HEREBY MADE FOR A MORE COMPLETE AND ACCURATE LEGAL DESCRIPTION. THIS CONVEYANCE IS SUBJECT TO: (1) TAXES WHICH HAVE BEEN PRORATED AND ASSUMED BY GRANTEE; (2) ALL RESTRICTIONS OF RECORD; (3) ALL EASEMENTS OF RECORD; (4) ALL VISIBLE EASEMENTS; (5) ALL MATTERS APPEARING ON THE PLAN OF RECORD; (6) ALL APPLICABLE GOVERNMENTAL AND ZONING REGULATIONS.

BEING THE SAME PREMISES AS CONVEYED IN DEED FROM \JAMES ROBERT BROOKS AND WIFE, RAYE H. BROOKS\ TO GLENN K. JOHNSON AND WIFE, TERESA J. JOHNSON, RECORDED \11/03/1998\ IN DOCUMENT NUMBER \0507359\, BOOK \11183\, PAGE \863\ IN SAID COUNTY AND STATE. TERESA J. JOHNSON DIED ON 2/20/2015 AS SHOWN IN THE DEATH CERTIFICATE ATTACHED HERETO AS EXHIBIT A.
Property Address is: 611 HARPETH KNOLL ROAD, NASHVILLE, TN 37221

Parcel ID: 156020037.00

Executed by the undersigned on 1st Oct, 2016:

GLENN K. JOHNSON

STATE OF TN

COUNTY OF Davidson

The foregoing instrument was acknowledged before me on 1st Oct, 2016 by **GLENN K. JOHNSON** personally known to me or having produced Drivers License as identification, and furthermore, the aforementioned persons have acknowledged that their signatures were their free and voluntary act for the purposes set forth in this instrument.

James A. Farley
Notary Public
My Commission expires 5-26-20

JAMES A. FARLEY
NOTARY PUBLIC AT LARGE
WILSON CO. TENN.

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT A

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Teresa J. Johnson
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): February 20, 2015
4. TIME OF DEATH: 10:18 pm
5a. AGE-Last Birthday (Years): 60
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): April 23, 1954
7. BIRTHPLACE (City and State or Foreign Country): Washington, D.C.

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
☐ Inpatient ☐ ER/Outpatient ☐ DOA
8b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☒ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other residence ☐ Other (Specify)
8c. FACILITY NAME (If not institution, give street and number): TriStar Skyline Hospice
8d. CITY OR TOWN: Madison
8e. 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): Glenn Johnson
11a. DECEDENT'S USUAL OCCUPATION: Social Worker
11b. KIND OF BUSINESS/INDUSTRY: School System
12. SOCIAL SECURITY NUMBER: [redacted]3500
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 611 Harpeth Knoll Rd
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 37221
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

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 one 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): Leroy Wise
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): June Freeman Tucker

DISPOSITION

20a. INFORMANT'S NAME: Glenn Johnson
20b. RELATIONSHIP TO DECEDENT: Husband
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 611 Harpeth Knoll Rd, Nashville, TN 37221
21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Middle TN Veterans Cemetery
21c. LOCATION - City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Albert Nelson
22b. LICENSE NUMBER: 5066
22c. SIGNATURE OF EMBALMER: ▶ Reid Van Ness
22d. LICENSE NUMBER: 4275
23a. NAME AND ADDRESS OF FUNERAL HOME: Nelson & Sons Chapel Murfreesboro, 448 East Burton St, Murfreesboro, TN 37130
23b. LICENSE NUMBER OF FUNERAL HOME: 1285

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ [signature]
25. DATE FILED (Month, Day, Year): 3/12/15

CERTIFIER

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: ▶ [signature]
27b. LICENSE NUMBER: 45572
27c. DATE SIGNED (Month, Day, Year): 04/27/15
27d. NAME AND ADDRESS: Abb T. Meadows, M.D. 1719 Patterson Street, Nashville, TN 37203

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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. CVA - multiple
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.
Approximate interval: Onset to death

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 last 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)
34g. ICD10 (Part I, PCOD1)

RDA 1366

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.

7692000

R. Brenton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

7692000

Date Issued: MAR 27 2015

CERTIFICATION OF VITAL RECORD

STATE OF KANSAS
COUNTY OF JOHNSON

The actual consideration for this transfer is $0.00.

Affiant Paul Wylie

Subscribed and sworn to before me, this the 5 Day of October 2016.

Notary

JUSTIN FOSTER
Notary Public
State of Kansas
My Commission Expires 03/14/2020

TRUE COPY CERTIFICATION

I, Sherry A. Simon, 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.

Sherry A. Simon

Signature

State of Kansas

County of Johnson

Personally appeared before me, Justin Caddel, a notary public for this county and state, Sherry A. Simon, who acknowledges that this certification of an electronic document is true and correct and who signature I have witnessed.

Justin Caddel

Notary's Signature

My Commission Expires: 9/30/2019

JUSTIN CADDEL
Notary Public, State of Kansas
My Appointment Expires
9/30/2019

Notary's Seal (if on paper)