BILL GARRETT, Davidson County
Trans:T20160107496 DEEDQC
Recvd: 12/07/16 10:14 4 pgs
Fees:22.00 Taxes:0.00
20161207-0128358

FROM: JAMES ALBERT LOVELL, EXECUTOR OF
THE ESTATE OF WENDOLYN MICHELLE BAKER

TO: JAMES ALBERT LOVELL, Individually

EXECUTOR'S QUITCLAIM DEED

ADDRESS NEW OWNER AS FOLLOWS: **SEND TAX BILLS TO:** **MAP-PARCEL NUMBERS**

Same

Map 102-07-0A
Parcel 093.00

James Albert Lovell
P. O. Box 72731
Newnan, GA

This instrument prepared by:

Larry D. Craig,
Attorney at Law
P. O. Box 774
Kingston Springs, TN 37082

Upon information furnished by the parties and without benefit of title examination or title insurance and no closing thereupon.

STATE OF TENNESSEE
COUNTY OF Davidson

The actual consideration or value, whichever is greater, for this transaction is $0.00, in satisfaction of terms of last will.

_____, Affiant

Sworn to and subscribed before me this 5th day of December, 2016.

LARRY D. CRAIG NOTARY PUBLIC AT LARGE CHEATHAM COUNTY, TENN.

_____
NOTARY PUBLIC

My Commission Expires: 7-24-2019

I, James Albert Lovell, in my capacity as Executor of the Estate of Wendolyn Michelle Baker, Deceased, formerly known as Willie Mae Baker, with the said Willie Mae Baker also being the residuary beneficary of Louise Dobbins Baker, Deceased's Last Will, do hereby quitclaim to James Albert Lovell, individually, the following tract of land in conformity with the terms of the last will and testament of Wendolyn Michelle Baker, deceased, to wit:

Land in Davidson County, Tennessee,

Apartment Unit F-5, of West Meade Condominiums created under Title 66, Chapter 27, Sections 101et seq., as amended, Tennessee Code Annotated, and as established by a Master Deed, of record in Book 5923, Page 704, 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 A-1 of said Master Deed. Reference is made to the plat of West Meade Condominium of record in Book 5200, Page 430, said Register's Office, for a more complete identification and description of such Unit.

Being the same property conveyed to Louise Dobbins Baker by deed from Joseph C. Esters, Jr., unmarried and Joe C. Estes and Joan Estes, husband and wife, of record in Instrument No. 20000915-0091836, Register's Office for Davidson County, Tennessee.

The said Louise Dobbins Baker died on November 14, 2001, a widow and unmarried person. The last will of Louise Dobbins Baker dated July 29, 1988, was admitted to probate in the Seventh Circuit Court for Davidson County, Tennessee, Docket No. 02P-5 with letters testamentary issued unto Willie Mae Baker. Said solvent estate was duly administered and is a closed estate. Willie Mae Baker was the residuary beneficiary under the terms of said decedent's last will as to the aforescribed property.

Wendolyn Michelle Baker having since died on May 8, 2016, an unmarried person. The Last Will of Wendolyn Michelle Baker, dated April 14, 2016, having been admitted to probate, Seventh Circuit Court for Davidson County, Tennesse, No. 16P-911, administered as a solvent testate estate, wherein James Albert Lovell was issued letters testamentary. The said James Albert Lovell being the sole residuary benefeciary as to the aforedescribed property under the terms of the decedent's last will under Item 4.1 therein. Willie Mae Baker having been granted a name change by

order of the Juvenile Court for Dickson County, Tennessee, No. 07-06-104-NC, on July 12, 2006, and became Wendolyn Michelle Baker.

The legal description above is the same legal description set forth on the previous deed of record. This conveyance is subject to any and all restrictions, covenants, conditions, master deed, easement(s) and other applicable matters of record.

Appended hereto are the death certificates of Wendolyn Michelle Baker and Louise Dobbins Baker to evidence their proofs of death.

This is improved property commonly known as 6680 Charlotte Pike, Unit F-5, West Meade Condominium, now known as Avenue West, Nashville, TN 37209.

Witness the hand of James Albert Lovell, in his capacity as Executor of the Estate of Wendolyn Michelle Baker, Jr., on this the 5th day of December, 20 16..

ESTATE OF WENDOLYN MICHELLE BAKER.

BY: James Albert Lovell, Executor

STATE OF TENNESSEE
COUNTY OF Cheatham

On this 5th day of December 20 16, before me, personally appeared James Albert Lovell, as Executor of the Estate of Wendolyn Michelle Baker, Deceased, to me known to be the person described in and who executed the foregoing instrument, and who acknowledged the execution of same to be his free act and deed in his capacity as duly appointed Executor/Personal Representative.

Witness my hand and official seal at Kingston Springs Tennessee this 5th day of December, 20 16.

NOTARY PUBLIC

My commission expires: 7-24-2019

LARRY D. CRAIG
NOTARY PUBLIC AT LARGE
CHEATHAM COUNTY, TENN.

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0106507

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK - FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Louise Dobbins Baker
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): November 14, 2001
4. SOCIAL SECURITY NUMBER: [redacted]-3537
5a. AGE-LAST BIRTHDAY (Years): 83
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MINS.
6. DATE OF BIRTH (Month, Day, Year): July 5, 1918
7. BIRTHPLACE (City and State or Foreign Country): Humphreys County, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Baptist Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name): ----
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Domestic
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION:
13d. STREET AND NUMBER OR RURAL LOCATION: 7604 Rolling River Parkway
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37221
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No. Specify, if yes:
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+): 1

NAME OF DECEDENT (To be completed by physician or institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): James Henry Dobbins
18. MOTHER'S NAME (First, Middle, Maiden Surname): Willie Ann Brown

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Willie Baker
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): P. O. Box 114, White Bluff, TN 37187

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Woodlawn Memorial Park
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: James Grantham
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5196
21c. SIGNATURE OF EMBALMER: Heather Brasier
21d. LICENSE NUMBER OF EMBALMER: 5056
22a. NAME AND ADDRESS OF FUNERAL HOME: Harpeth Hills Funeral Home, 9090 Highway 100, Nashville, TN 37221
22b. LICENSE NUMBER OF FUNERAL HOME: 849

REGISTRAR

23. REGISTRAR'S SIGNATURE: Patricia Phipps
24. DATE FILED (Month, Day, Year): November 29, 2001

CERTIFIER

25a. 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 [X] SIGNATURE AND TITLE OF PHYSICIAN: Leslie Douglas Churchwell
25b. LICENSE NUMBER:
25c. DATE SIGNED (Month, Day, Year): 11/27/01
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Leslie Douglas-Churchwell, 300 20th Avenue No. 9th, Nashville, TN 37203 298-1400

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	Electromechanical dissociation	10 min
DUE TO (OR AS A CONSEQUENCE OF): b.	Pneumonia	2 days
DUE TO (OR AS A CONSEQUENCE OF): c.	Arthritis	25 years
DUE TO (OR AS A CONSEQUENCE OF): d.	Pneumonia	one week

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.: Dementia, Hypercholesterolemia

29a. WAS AN AUTOPSY PERFORMED? [ ] Yes [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? [ ] Yes [ ] No

30. MANNER OF DEATH: 1 [ ] Natural 2 [ ] Accident 3 [X] Suicide 4 [ ] Homicide 5 [ ] Pending investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year):
31b. TIME OF INJURY:
31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
31d. DESCRIBE HOW INJURY OCCURRED:
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify):
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

BIRTH NO.

PH-1659 REV. 2-93

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 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.

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

John P. Dunn
John P. Dunn
Local Registrar

DEC 20 2001
Date Issued

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): Wendolyn Michelle Baker
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): May 8, 2016
4. TIME OF DEATH (Actual): 23:47
5a. AGE-Last Birthday (Years): 75
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): August 27, 1940
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN

TYPE/PRINT IN PERMANENT BLACK INK

8. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
8a. PLACE OF DEATH (Check only one): 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): Alive Hospice Residence
8c. CITY OR TOWN: Nashville
8d. 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: Self-Employed
11b. KIND OF BUSINESS/INDUSTRY: Property Management
12. SOCIAL SECURITY NUMBER: [redacted]6763
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 206 Myhr Green
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37221
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): James Baker
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Louise Dobbins

DISPOSITION

20a. INFORMANT'S NAME: Jim Lovell
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): P.O. Box 72731 Newnon, GA 30271
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Woodlawn Cemetery
21c. LOCATION - City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ James B. Overton
22b. LICENSE NUMBER: 5134
22c. SIGNATURE OF EMBALMER: ▶ James B. Overton
22d. LICENSE NUMBER: 5135
23a. NAME AND ADDRESS OF FUNERAL HOME: Taylor Funeral Home, Inc. 214 N. Main Street, Dickson, Tennessee 37055
23b. LICENSE NUMBER OF FUNERAL HOME: 689

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ DA
25. DATE FILED (Month, Day, Year): 5/11/16

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: ▶ [signature] MD
27b. LICENSE NUMBER: 48448
27c. DATE SIGNED (Month, Day, Year): 5/11/16
27d. NAME AND ADDRESS: Laura Thaipa MD 1718 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. Non Small Cell Lung Cancer
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. Due to (or as a consequence of):
c. Due to (or as a consequence of):
d. Due to (or as a consequence of):
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 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-1659 (Rev. 10/2011) RDA 1399

8504260

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.

MAY 11 2016

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

8504260
Date Issued

GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

CERTIFICATION OF VITAL RECORD