BILL GARRETT, Davidson County
Trans:T20160112605 DEEDQC
Recvd: 12/21/16 14:18 3 pgs
Fees:17.00 Taxes:0.00
20161221-0134337

OATH OF VALUE

The actual consideration exchanged for the property in this transaction was $0.00.

Affiant: Brenda Woods

Witness my hand and official seal, this 20th day of, December, 2016.

Notary Public
My commission expires: January 13, 2020

RALPH CARTER
STATE OF TENNESSEE
NOTARY PUBLIC
WILLIAMSON COUNTY
My Commission Expires January 13, 2020

THIS INSTRUMENT WAS PREPARED BY:
Ralph Carter, Attorney at Law, Carter Law, PLLC
1616 Westgate Circle, Brentwood, Tennessee 37027

ADDRESS OF NEW OWNERs:	**SEND TAX BILL TO:**	**MAP AND PARCEL No.:**
100 Hickory Park Lane Antioch, TN 37013	New owners	Map 162-16 Parcel 4

QUITCLAIM DEED

THIS INSTRUMENT, made and entered into on this date, 20 December 2016, by and between Brenda A. Woods, as the surviving Tenant by the Entirety between her and her husband, Michael B. Woods ("Grantor") and Michael Anthony Woods, Kelly Cheyenne Woods and Deborah Anita Roland, Trustees of The Brenda A. Woods Residence Trust, U/A/D November 1, 2016 ("Grantees");

WITNESSETH:

FOR AND IN CONSIDERATION of the sum of Ten and No/100 Dollars ($10.00) and other good and valuable consideration, the receipt and legal sufficiency of which are hereby acknowledged, Grantor does hereby convey, transfer, remise, release, relinquish and forever quitclaim unto Grantees, Grantees' heirs, successors and assigns, including successor Trustees of the Trust referenced above, all of Grantor's right, title and interest in and to the following described real estate TO WIT:

Land in Davidson County, Tennessee, being Lot No. 13 on the Plan of Bell Trace, Section One, as of record in Book 5210, Page 36, Register's Office for Davidson County, Tennessee to which plan reference is here made for a complete description thereof.

Being the same property conveyed from Martin Howard Hutson, unmarried, to Michael B. Woods and wife, Brenda A. Woods via Deed, of record in Book 7921, Page 276, Register's Office for Davidson County, Tennessee.

The death certificate of Michael B. Woods is attached to this deed to demonstrate that the Grantor is the surviving Tenant by the Entirety between the Grantor and her husband Michael B. Woods.

The above-described property is improved property commonly known as 100 Hickory Park Lane, Antioch, Tennessee 37013.

The source of Grantor's equitable interest is a deed recorded in Book 7921, Page 276, Register's Office for Davidson County, Tennessee.

This instrument and the interest hereby released and quitclaimed are subject to such limitations, restrictions and encumbrances as may affect the premises.

THIS DEED WAS PREPARED FROM INFORMATION SUPPLIED BY THE PARTIES HERETO, AND THE LEGAL DESCRIPTION OF THE PROPERTY WAS OBTAINED FROM THE HEREIN-REFERENCED DEED, WHICH WAS ALSO PROVIDED BY THE PARTIES. NO TITLE SEARCH WAS PERFORMED PRIOR TO THE DRAFTING OF THIS DOCUMENT. ACCORDINGLY, THE DRAFTER OF THIS DOCUMENT MAKES NO WARRANTY ABOUT THE STATUS OF TITLE TO THE SUBJECT PROPERTY OR THE INFORMATION CONTAINED HEREIN.

Witness my hand this 20 day of December, 2016.

Brenda A. Woods, Grantor

STATE OF TENNESSEE)
COUNTY OF WILLIAMSON)

Personally appeared before me, the undersigned Notary Public in and for said County and State, the within named Grantor, Brenda A. Woods, with whom I am personally acquainted (or proved to be on the basis of satisfactory evidence), and who acknowledged executing the within instrument for the purpose therein contained.

Witness my hand and official seal, this 20th day of, December, 2016.

RALPH CARTER
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY
My Commission Expires January 13, 2020

Notary Public
My commission expires: January 13, 2020

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 150360

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Michael Bernard Woods
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): June 6, 2015
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 63
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): August 2, 1951
7. BIRTHPLACE (City and State or Foreign Country): Chattanooga, TN.

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: [X] 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)

8b. FACILITY NAME (If not institution, give street and number): Southern Hills Medical Center
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: [X] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Brenda Caldwell
11a. DECEDENT'S USUAL OCCUPATION: Public Housing Mgr.
11b. KIND OF BUSINESS/INDUSTRY: Metro

12. SOCIAL SECURITY NUMBER: [redacted]4559
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Antioch
13d. STREET AND NUMBER: 100 Hickory Park Lane
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37013
14. WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [X] 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)
[X] 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)
[X] 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
[X] 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): Raymond Fulton Woods
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Mozella Lucas

20a. INFORMANT'S NAME: Brenda Woods
20b. RELATIONSHIP TO DECEDENT: wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 100 Hickory Park Ln. Antioch, Tn. 37013

DISPOSITION

21a. METHOD OF DISPOSITION: [X] 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, Tennessee

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Byrettia L. Broady
22b. LICENSE NUMBER: 5130
22c. SIGNATURE OF EMBALMER: ▶ Terrell Broady
22d. LICENSE NUMBER: 4117

23a. NAME AND ADDRESS OF FUNERAL HOME: Terrell Broady Funeral Home, Inc., 3855 Clarksville Pike, Nashville, Tn. 37218
23b. LICENSE NUMBER OF FUNERAL HOME: 1137

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Deceah Rhodes (DR)
25. DATE FILED (Month, Day, Year): June 15, 2015

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.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS

27a. SIGNATURE OF CERTIFIER: ▶ John R. Gibson
27b. LICENSE NUMBER: 13867
27c. DATE SIGNED (Month, Day, Year): 6/15/15
27d. NAME AND ADDRESS: JOHN R. GIBSON 300 20th Ave N. Nashville Tn

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. Ventricular fibrillation — 15 HRS
Due to (or as a consequence of)
b. Multivessel coronary artery disease
Due to (or as a consequence of):
c.
Due to (or as a consequence of):
d.

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

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
Hypokalemia, aspiration

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

30. MANNER OF DEATH: [X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [X] 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

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8061133

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

8061133
Date Issued JUN 15 2015

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD