This instrument prepared by:
Roger Reid Street, Jr., Attorney
339 Main Street
Franklin, Tennessee 37064
615-790-9889

Davidson County DEEDQC
Recvd: 02/02/17 10:47 7 pgs
Fees:37.00 Taxes:0.00
20170202-0011269

This instrument was prepared solely upon the information provided by the parties. No representation or warranty is made by the preparer as to the accuracy of anything set forth herein. No tax advice was given by the preparer of this instrument. The parties are advised to seek tax advice before recording this instrument. The parties have specifically waived performance of a title search, title opinion letter or title insurance by the preparing attorney.

ADDRESS OF NEW OWNER:	SEND TAX BILLS TO:	MAP AND PARCEL NO.:
Johnny Wayne Groves and Charles Cory Groves 9681 Highway 96 Nashville, TN 37221	Same	168-00-0 057.00

EXECUTOR'S QUITCLAIM DEED

Charles Wayne Groves died on February 15, 2016, leaving a Will dated January 21, 2013. Attached as Exhibit "A' is the Death Certificate of Charles Wayne Groves. The Will was admitted to Probate on April 6, 2016, in the Circuit Court of Davidson County, Tennessee, Docket Number 16-P-538. The Will named **Johnny Wayne Groves and Charles Cory Groves** as Co-Executors. The Co-Executors are duly qualified. Further, the Last Will and Testament of Charles Wayne Groves named, in a Specific Bequest (Item Four-A), Johnny Wayne Groves and Charles Cory Groves, as the beneficiaries of real property located at 8926 Highway 100, Davidson County, Tennessee. All debts of the Decedent have been paid. The Tennessee TennCare

Release has been received and is attached as Exhibit "B". The Co-Executors by signing this Deed release any right the Co-Executors have to recover this property in the event of the subsequent insolvency of this Estate. In accordance with the provisions of the Will of Charles Wayne Groves, **Johnny Wayne Groves and Charles Cory Groves,** quitclaim all right, title and interest in the following described real estate in Davidson County, Tennessee to **Johnny Wayne Groves and Charles Cory Groves, as tenants in common**:

A tract of land situated in the Ninth Civil District of Davidson County, Tennessee, more particularly described as follows:

Beginning at an iron pin set in the northerly right-of-way line of State Highway 100 at the southeast corner of that parcel of land conveyed to Elizabeth King of record in Book 2926, Page 159, R.O.D.C., Tennessee;

Thence, with the easterly line of said conveyance, N 12° 51' 31" W, 208.28 feet to a P.K. nail set in the center line of Old Harding Road;

Thence, with the center line of Old Harding Road, S 89° 44' 27" E, 537.62 feet to a P.K. nail set;

Thence, with the northerly right-of-way line of State Highway 100, S 72° 52' 00" W, 507.68 feet to an iron pin set;

Thence, with said right-of-way S 17° 08' 00" E, 47.00 feet to an iron pin set;

Thence, with said right-of-way S 72° 52' 00" W, 20.88 feet to the point of beginning and containing 0.989 Acre of land according to a survey by Mark S. Goodman, R.L.S. #1491, Franklin, Tennessee.

Being the same property conveyed to Wayne Groves by Quitclaim Deed dated April 12, 2004, from Kenneth Groves, of record in Instrument No. 20040413-0041237, Register's Office of Davidson County, Tennessee.

Wayne Groves and Charles Wayne Groves being one and the same person.

This transfer is by Quitclaim and we make no warranties about the title.

Witness my hand at Franklin, Tennessee, this 25th day of January, 2017.

Estate of Charles Wayne Groves

By: _____
Johnny Wayne Groves, Co-Executor

By: _____
Charles Cory Groves, Co-Executor

STATE of TENNESSEE
COUNTY of WILLIAMSON

Before me, the undersigned Notary Public, within and for the County and State aforesaid, personally appeared **Johnny Wayne Groves**, with whom I am personally acquainted, [*or proved to me on the basis of satisfactory* evidence], and who, upon oath, acknowledged himself to be the **Co-Executor of the Estate of Charles Wayne Groves**, the within named bargainor, and that he as such Co-Executor executed the foregoing instrument for the purpose therein contained, by signing the name of the Estate of Charles Wayne Groves by himself as Co-Executor.

WITNESS my hand, at office, this 25th day of January, 2017.

_____
NOTARY PUBLIC

My Commission Expires: 12-19-2020

KATHY D. BARKER
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

STATE of TENNESSEE
COUNTY of WILLIAMSON

Before me, the undersigned Notary Public, within and for the County and State aforesaid, personally appeared **Charles Cory Groves**, with whom I am personally acquainted, [*or proved to me on the basis of satisfactory* evidence], and who, upon oath, acknowledged himself to be the **Co-Executor of the Estate of Charles Wayne Groves**, the within named bargainor, and that he as such Co-Executor executed the foregoing instrument for the purpose therein contained, by signing the name of the Estate of Charles Wayne Groves by himself as Co-Executor.

WITNESS my hand, at office, this 25th day of January, 2017.

NOTARY PUBLIC

My Commission Expires: 07/19/2020

ROGER REID STREET, JR.
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

The actual consideration or value, whichever is greater, for this transfer is $0.

Affiant

Sworn to and subscribed before me this 27th day of January, 2017.

Notary Public

My Commission Expires: 07/19/2020

ROGER REID STREET, JR.
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

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)	2. SEX	3. DATE OF DEATH (Month, Day, Year)
Charles Wayne Groves	Male	February 15, 2016

4. TIME OF DEATH (Approx.)	5a. AGE-Last Birthday (Years)	5b. UNDER 1 YEAR Months	Days	5c. UNDER 1 DAY Hours	Minutes	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
8:03 am	73					April 16, 1942	Franklin, Tennessee

TYPE/PRINT IN PERMANENT BLACK INK

8a. 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) _____

NAME OF DECEDENT (For use by Physician or Institution)

8b. FACILITY NAME (If not institution, give street and number)	8c. CITY OR TOWN	8d. COUNTY OF DEATH
St. Thomas West	Nashville	Davidson

9. MARITAL STATUS	10. SURVIVING SPOUSE (If wife, give name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown		Printer	Printing

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
[redacted]-5908	Tennessee	Davidson	Nashville

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
9689 Highway 96	☒ Yes ☐ No	37221	☐ 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 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)	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)
Johnny Moses Groves	Olivia Beard

DISPOSITION

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
Johnny Groves	Son	9695 HWY 96, Nashville, TN 37221

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	21c. LOCATION - City or Town and State
☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____	Harpeth Hills Memory Gardens	Nashville, Tennessee

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
▶ Philip Charland	6596	▶ Molly Hallowell	6525

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER OF FUNERAL HOME
Harpeth Hills Funeral Home, 9090 Highway 100, Nashville, Tennessee 37221	849

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED (Month, Day, Year)
▶ [signature] DR	2/16/16

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	27b. LICENSE NUMBER	27c. DATE SIGNED (Month, Day, Year)
▶ [signature]	024481	2/16/16
	27d. NAME AND ADDRESS: St Thomas West ER 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. Sudden cardiac death	5 minutes
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. ventricular arrhythmia — Due to (or as a consequence of)	5 min
	c. Coronary artery disease — Due to (or as a consequence of)	20 years
	d. — Due to (or as a consequence of):	

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	31. DID TOBACCO USE CONTRIBUTE TO DEATH?	32. IF FEMALE:
☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined	☐ Yes ☒ Probably ☐ No ☐ Unknown	☐ 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:	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK?	34d. PLACE OF INJURY – at home, farm, street, factory, office, building, etc. (Specify)
☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____			☐ Yes ☐ No	
	34e. DESCRIBE HOW INJURY OCCURRED			34f. LOCATION OF INJURY (Street and Number, City or Town, State)

PH-1659 (Rev. 10/2011) RDA 1399

8351945

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.

8351945

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued

CERTIFICATION OF VITAL RECORD

COPY/FAX CAPTURE ANTI-FRAUD PROTECTION

EXHIBIT B

Please Allow 20 Business Days for Response

As Required by TCA 71-5-116[c][2]

STATE OF TENNESSEE
BUREAU OF TENNCARE
TPL Division
310 Great Circle Road, 4th Floor
NASHVILLE, TENNESSEE 37243
Toll Free: 866-389-8444 • FAX: 615-413-1941

Si usted necesita esta forma en Español, por favor llame al 1-866-389-8444

REQUEST FOR RELEASE OF ESTATE RECOVERY COST CLAIM

A COPY OF THE DEATH CERTIFICATE MUST ACCOMPANY THIS REQUEST

16P538	Davidson	04 / 06 / 2016
Probate Case No.	*County of Probate*	*Date Probate Opened*

Decedent's Information:

Groves	Charles	Wayne
Decedent's Last Name	*Decedent's First Name*	*Decedent's Middle Name or Maiden Name*

[Married] [Divorced] [Single] [Never Married]

[redacted]-5908	Widower	04/16/1942	02/15/2016
Decedent's Social Security No.	*Decedent's Marital Status*	*Decedent's Date of Birth*	*Decedent's Date of Death*

YOU MUST PROVIDE INFORMATION REGARDING THE DECEDENT'S SPOUSE IF APPLICABLE:

Is the Decedent's Spouse Pre-Deceased Yes [X] No [ ] *Spouse's Date of Death if Pre-Deceased* 12/30/2006 *[mm-dd-yyyy]*

Barbara	Groves	Ann	03/18/1936
Spouse First Name	*Spouse Last Name*	*Spouse Middle Name or Maiden Name*	*Spouse Date of Birth*

[redacted]-8909

Spouse Social Security No.

The person completing this document is the:

[ ] *Executor*
[ ] *Representative*
[X] *Legal Counsel for the Estate.*

Name: Roger Reid Street, Jr.

Address: 339 Main Street
Franklin, TN 37064

Phone: (615) 790-9889

Signature of Person Completing This Document

1. **ARE YOU REQUESTING AN EXEMPTION DUE TO SURVIVING SPOUSE. IF YOU ARE, YOU MUST PROVIDE THE FOLLOWING INFORMATION AND/OR DOCUMENTATION IN ADDITION TO WHAT IS INDICATED ABOVE:**

_____ A copy of your **marriage license.**

2. **ARE YOU REQUESTING AN EXEMPTION DUE TO A CHILD 18 YEARS OF AGE ?**

_____ A copy of the birth certificate of the minor child.

3. **ARE YOU REQUESTING AN EXEMPTION FOR A DISABLED CHILD? IF YOU ARE, YOU MUST PROVIDE:**

_____ A copy of the **Social** Security Administration determination of permanent total disability **prior** to the age 18.

_____ A copy of the **birth certificate** of the disabled child.

** THIS DOCUMENT WILL NOT BE PROCESSED WITHOUT ALL INFORMATION REQUESTED & SIGNATURE*

I, Thomas N. Jones, 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.

THOMAS N. JONES

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

Personally appeared before me, Leigh Anne Sailors, a notary public for this county and state, Thomas N. Jones, who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

NOTARY PUBLIC

My Commission Expires: 8/11/18

