This instrument was prepared by:

Beck and Beck, PLLC
Attorneys at Law
4205 Gallatin Rd.
Nashville, TN 37216

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration for this transfer is **$ 0.00.**

Suzanne S Bozza Exec
AFFIANT

MELINDA G. ROOKER NOTARY PUBLIC STATE OF TENNESSEE DAVIDSON COUNTY My Commission Expires May 6, 2019

Subscribed and sworn to before me this 15th day of June, 2017.

Melinda G. Rooker
NOTARY PUBLIC

My Comm Expires: 05-06-2019

Address New Owner as follows:
SUZANNE S. BOZZA
8331 WHITES CREEK PK.
JOELTON, TN 37080

Send Tax Bills to:
Same as Owner

Map-Parcel Numbers:
004 00 0 035.00 &
004 00 0 054.00

EXECUTOR'S DEED

KNOW ALL MEN BY THESE PRESENTS that **SUZANNE S. BOZZA**, Executrix for the **Estate of Turner L. Suter** and in consideration of the sum of **Zero** and No/100 Dollars (**$0.00**) which is hereby acknowledged as in connection with the distribution and closing of the **Estate of Turner L. Suter ,** the decedent's Last Will and Testament having been duly admitted to probate in Davidson County, Tennessee, on December 14, 2016 and recorded under Docket #16P2052 in the Probate Court Clerk's Office for said county, has bargained and sold, and does hereby [convey,] remise, release and forever quitclaim unto, **SUZANNE S. BOZZA ,** her heirs and assigns, all of my right, title and interest in and to a certain tract [parcel] of land in Davidson County, Tennessee, which is described as follows:

Beginning in the center of the Nashville and Springfield Pike, being the northwest corner of the tract, known as the A. J. Drake, deceased homeplace, runs thence, S. 1 ½ deg. W. 55 thence, N. 29 deg. W. 14.4 poles to a point thence crossing and leaving the Pike, S. 82 ½ deg. W. 60.4 poles to a stone; thence, N. 3 3/4 deg. E. 18.4 poles to a stone; thence, N. 82 ½ E. 52.4 poles to a point; in the center of the Pike; thence, down said Pike N. 14 deg. W. 25.8 poles to the beginning, containing 59.7 acres, more or less.

Being a part of the same property conveyed to R. K. Garrett and wife, Lottie Garrett, by deed of record in Book 1023, Page 22, Register's Office for Davidson County. The said R. K. Garrett being deceased leaving the said Lottie Garrett as survivor of tenants by the entirety.

BILL GARRETT, Davidson County
Trans:T20170054531 DEEDQC
Recvd: 06/26/17 13:53 5 pgs
Fees:27.00 Taxes:0.00
20170626-0064082

Being the same property conveyed to Sue Garrett Suter and husband, Turner L. Suter by deed of Record in Book 4550, Page 256, Register's Office for Davidson County. The said Sue Garrett Suter being deceased, date of death being February 3, 1999, leaving the Turner L. Suter as survivor of tenants by the entirety. Turner L. Suter now being deceased, date of death November 1, 2016.

This is improved property known as: **8463 Whites Creek Pike, Joelton, TN 37080.**

Said property is conveyed subject to such limitations, restrictions and encumbrances as may affect the premises.

The preparer of this deed makes no representation as to the title of property described or as to the accuracy of its description herein conveyed as it was prepared without benefit of title search or survey; but strictly by documents provided by the parties involved.

WITNESS my hand this 15 day of June, 2017.

Suzanne S. Bozza Exec*

SUZANNE S. BOZZA, Executrix

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, Melinda G. Rooker, a Notary Public, in and for said County and State, **SUZANNE S. BOZZA, Executrix,** the within named bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he/she executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at office this the 15th day of June 2017.

Melinda G. Rooker

NOTARY PUBLIC

MY COMMISSION EXPIRES: 05-06-2019

MELINDA G. ROOKER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires MAY 6, 2019

STATE OF TENNESSEE
Office of Vital Records

PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): MARGARET SUE SUTER
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): 02-03-1999
4. SOCIAL SECURITY NUMBER (of Decedent): 413-42-5287
5a. AGE-LAST BIRTHDAY (Yrs): 70
6. DATE OF BIRTH (Month, Day, Year): 11-30-1928
7. BIRTHPLACE (City and State or Foreign Country): NASHVILLE; TENNESSEE
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 X No
9a. PLACE OF DEATH (Check only one): 1 Inpatient 2 ER Outpatient 3 DOA 4 Nursing Home 5 X Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 855 WINDSOR GREEN BLVD
9c. CITY, TOWN, OR LOCATION OF DEATH: GOODLETTSVILLE
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): TURNER L. SUTER
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): BOOKKEEPING
12b. KIND OF BUSINESS/INDUSTRY: SELF EMPLOYED
13a. RESIDENCE-STATE: TN
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: GOODLETTSVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 855 WINDSOR GREEN BLVD
CENSUS TRACT
13e. INSIDE CITY LIMITS? X Yes No
13f. ZIP CODE: 37072
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No, i.e., Yes, specify Cuban, Yes, not Spanish/Hispanic, etc.) Yes X No
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+): 2

PARENTS

17. FATHER'S NAME (First, Middle, Last): RICHARD KING GARRETT
18. MOTHER'S NAME (First, Middle, Maiden Surname): LOTTIE LAIN GARRETT

INFORMANT

19a. INFORMANT'S NAME (Type/Print): TURNER L. SUTER
19b. RELATIONSHIP TO DECEASED: HUSBAND
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 855 WINDSON GREEN BLVD, GOODLETTSVILLE, TN 37072

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): FOREST LAWN CEMETERY
20c. LOCATION-City or Town, State: GOODLETTSVILLE; TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▸ ROBERT D. ANDERSON, JR
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4342
21c. SIGNATURE OF EMBALMER: ▸ SEAN S. MAIER
21d. LICENSE NUMBER OF EMBALMER: 4798
22a. NAME AND ADDRESS OF FUNERAL HOME: ANDERSON & GARRETT, JOELTON, TN 37080
22b. LICENSE NUMBER OF FUNERAL HOME: 193

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▸ Catherine D. Haralson
24. DATE FILED (Month, Day, Year): February 10, 1999

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: ▸ Robert Miller M.D.
25b. LICENSE NUMBER: MD 016856
25c. DATE SIGNED (Month, Day, Year): 2/8/99
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):

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

27. NAME AND ADDRESS OF CERTIFIER-PHYSICIAN OR MEDICAL EXAMINER (Type/Print): ROBERT E MILLER

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. CHRONIC OBSTRUCTIVE LUNG DISEASE
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: b.
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
29a. WAS AN AUTOPSY PERFORMED? 1 Yes 2 X No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No

30. MANNER OF DEATH: 1 X Natural 2 Accident 3 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? Yes 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 1392

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6434251

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Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

6434251

Date Issued: APR 09 1999

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

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): Turner Lawrence Suter
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): November 1, 2016
4. TIME OF DEATH (Approx.): 9:50 am
5a. AGE-Last Birthday (Years): 89
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): March 29, 1927
7. BIRTHPLACE (City and State or Foreign Country): Robertson County, TN

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)

8b. FACILITY NAME (If not Institution, give street and number): 8331 Whites Creek Pike
8c. CITY OR TOWN: Joelton
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

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: Welding Instructor
11b. KIND OF BUSINESS/INDUSTRY: State TN Youth Center
12. SOCIAL SECURITY NUMBER: 412-44-9014
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Joelton
13d. STREET AND NUMBER: 8331 Whites Creek Pike
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37080
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 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 Henry Suter
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Hettie Frances Choate

DISPOSITION

20a. INFORMANT'S NAME: Suzanne Bozza
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 8331 Whites Creek Pike Joelton, TN 37080
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Forest Lawn Memory Garden
21c. LOCATION - City or Town and State: Goodlettsville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Bobby Wayne Cook
22b. LICENSE NUMBER: 6870
22c. SIGNATURE OF EMBALMER: ▶ Robert Gregory Degnan
22d. LICENSE NUMBER: 6919
23a. NAME AND ADDRESS OF FUNERAL HOME: Anderson & Garrett Funeral Home 3501 Old Clarksville Pike Joelton, TN 37080
23b. LICENSE NUMBER OF FUNERAL HOME: 193

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ W Hogan R Hanks for DR
25. DATE FILED (Month, Day, Year): 11/10/2016

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: ▶ J Kroger J KROGER
27b. LICENSE NUMBER: MD 35245
27c. DATE SIGNED (Month, Day, Year): 11-3-2016
27d. NAME AND ADDRESS: 417 N Mt Grost Dr. Springfield TN 37172

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. Pancreatic Cancer	
Due to (or as a consequence of)		
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.	

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

08913900

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.

NOV 10 2016

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977

Lori B. Ferranti, PhD, MSN, MBA, RN
State Registrar/Asst. Commissioner

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

0 8 9 1 3 9 0 0
Date Issued

CERTIFICATION OF VITAL RECORD

State of Tennessee
Department of Finance and Administration
Bureau of TennCare
Third Party Liability Division
310 Great Circle Road, 4th Floor
Nashville, Tennessee 37243
Toll Free: 866-389-8444 • FAX: 615-413-1941

Bill Haslam
Governor

Larry B. Martin
Commissioner

1/9/2017

MARTHA BECK
LEGAL COUNSEL
4205 GALLATIN RD.
NASHVILLE, TN 37216

RE: TURNER SUTER
Last Four Of SSN 9014

Dear MARTHA BECK:

This letter constitutes notification of the release of the State of Tennessee's Bureau of TennCare against the above estate for the marked reason:

X This serves as a release of the Bureau of TennCare's interest in recovery from the above referenced estate as required by T.C.A. §71-5-116(c) (2). Based on a review of the information provided on the Request for Release of Estate Recovery Cost Claim form, we do not find long term TennCare benefits paid by the State of Tennessee on behalf of this individual.

____ This release is based upon the surviving spouse deferral, which meets the criteria defined in T.C.A. §71-5-116(c). The State of Tennessee does reserve the right to file a claim for long term care/nursing home services against the estate of the surviving spouse upon the death of the surviving spouse.

____ This release is based upon the decedents age exception, which meets the criteria defined in T.C.A. §71-5-116(c). The State of Tennessee recovers payments made only on behalf of individuals fifty-five years of age or older.

If there are questions, you may contact the Estate Recovery Unit at (866) 389-8444.

Sincerely,

Tangela J. Howard