THIS INSTRUMENT PREPARED BY: **BECK & BECK, ATTORNEYS**
4205 Gallatin Road
Nashville, TN 37216

BILL GARRETT, Davidson County
Trans:T20170064808 DEEDQC
Recvd: 07/28/17 09:26 3 pgs
Fees:17.00 Taxes:0.00
20170728-0076496

Based on information provided by the parties.

QUITCLAIM DEED

ADDRESS OF NEW OWNER(S)	**SEND TAX BILL**	**MAP & PARCEL**
Diane M. Miller	SAME	061 15 0 180.00
1134 Sunnymeade Drive		
Nashville, TN 37216		

STATE OF TENNESSEE

COUNTY OF DAVIDSON

The actual consideration or value, whichever is greater, for this transfer is Ten ($10.00) Dollars.

Sworn to and subscribed before me, this 26 day of July, 2017.

Diane M. Miller
AFFIANT

Karen Burnette
NOTARY PUBLIC

KAREN BURNETTE
NOTARY PUBLIC
STATE OF TENNESSEE
DAVIDSON COUNTY

My Commission Expires: 5/3/21.

FOR AND IN CONSIDERATION OF the sum of ten dollars cash in hand paid by the hereinafter named "Grantee" and other good and valuable consideration, the receipt of which is hereby acknowledged, **DIANE M. WHITAKER, as Successor Trustee and sole beneficiary of "The Juanita S. Mitchell Revocable Living Trust Agreement",** "Grantors," does hereby quitclaim and convey unto **DIANE (WHITAKER) MILLER**, "Grantee," her heirs and assigns, all of its interest in and to the following described property in Davidson County, Tennessee:

Land in Davidson County, Tennessee, being Lot No. 19 of block "A" on the map of Sunnymeade, as of record in Book 843, pages 4 and 5, and Book 974, page 56 and 57, Register's Office for said county.

Said Lot No. 19 fronts 60 feet on the southerly side of the Golf Club Drive (now Sunnymeade Drive) and runs back between parallel lines 140 feet to a dead line.

Being the same property conveyed to "The Juanita S. Mitchell Revocable Living Trust" by instrument number 20061213-0153769, Register's Office for Davidson County, Tennessee.

The conveyance of this real property completes distribution of any and all assets of **"The Juanita S. Mitchell Revocable Living Trust Agreement."** Therefore, **"The Juanita S. Mitchell Revocable Living Trust Agreement"** of record in the Register's Office for Davidson County, Tennessee, and bearing instrument number 20061213-0153768 is hereby dissolved. **(A copy of the Death Certificate of Juanita S. Mitchell, unmarried, is attached).**

This is improved property known as 1134 Sunnymeade Drive, Nashville, Davidson County, Tennessee.

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

WITNESS my hand this 26 day of July, 2017.

Diane M. Whitaker Trustee

DIANE M. WHITAKER, FIRST SUCCESSOR TRUSTEE AND SOLE BENEFICIARY OF "THE JUANITA S. MITCHELL REVOCABLE LIVING TRUST AGREEMENT"

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public in and for the aforesaid County and State, **DIANE M. WHITAKER, as Successor Trustee and sole beneficiary of "The Juanita S. Mitchell Revocable Living Trust Agreement,"** with whom I am personally acquainted, and who acknowledged that she executed the within instrument for the purposes therein contained.

WITNESS my hand, at office, this 26 day of July, 2017.

Karen Burnette

NOTARY PUBLIC

KAREN BURNETTE
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY

My Commission Expires: 5/3/21

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): Juanita Stark Mitchell
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): January 23, 2017
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 97
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): January 30, 1919
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

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): Clayborn & Hughes Health Center
8c. CITY OR TOWN: Franklin
8d. COUNTY OF DEATH: Williamson

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

12. SOCIAL SECURITY NUMBER: [redacted]-9788
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville

13d. STREET AND NUMBER: 1134 Sunnymeade Drive
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37216
14. WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [X] 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
[X] 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)
[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):
[X] 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): Clarence Alexander Stark
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Russell Tennessee Douglas

DISPOSITION

20a. INFORMANT'S NAME: Diane Miller
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1134 Sunnymeade Drive Nashville, TN 37216

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: ▶ Samuel Brewer
22b. LICENSE NUMBER: 16278
22c. SIGNATURE OF EMBALMER: ▶ Samuel Brewer
22d. LICENSE NUMBER: 16248

23a. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill Funeral Home 5110 Gallatin Rd. Nashville, Tennessee 37216
23b. LICENSE NUMBER OF FUNERAL HOME: 1046

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Tamecca Johnson (DR)
25. DATE FILED (Month, Day, Year): February 14, 2017

CERTIFIER

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

26. CERTIFIER (Check only one):
26a. [X] 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: ▶ Kenneth B Dodge MD
27b. LICENSE NUMBER: 17056
27c. DATE SIGNED (Month, Day, Year): 2/10/17
27d. NAME AND ADDRESS: Kenneth Dodge 1950 Downs Blvd Franklin TN 37064

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. Aspiration Pneumonia	
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. Generalized Weakness	
	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: [X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [X] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [ ] No [ ] Unknown
32. IF FEMALE: [X] 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: [X] 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

09057790

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.

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

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

0 9 0 5 7 7 9 0

Date Issued: FEB 14 2017

CERTIFICATION OF VITAL RECORD