Name and Address of Owners:	Send Tax Bills To:	Map-Parcel Numbers
Randall Nathan Sackett, 128 McArthur Drive Madison, TN 37115	Randall Nathan Sackett 128 McArthur Drive Madison, TN 37115	Map: 43-11 Parcel: 128

EXECUTOR'S DEED

Barbara Ann Jackson died on May 12, 2017. The probate of the estate of Barbara Ann Jackson, deceased, was opened on June 28, 2017, in the Probate Court for Davidson County, Tennessee. Ms. Jackson's long-time partner and companion, Randall Nathan Sackett was appointed Executor of the Estate of Barbara Ann Jackson, deceased. The Executor is duly qualified, and a copy of the Letters Testamentary are attached.

This transfer is made pursuant to the provisions of Ms. Jackson's Last Will and Testament. Therefore, Randall Nathan Sackett, as Executor (hereinafter referred to as "Grantor"), by these presents does hereby quitclaim, grant and convey all right, title and interest in the real property described herein below unto Randall Nathan Sackett, Individually (the "Grantee"), his successors and assigns.

A CERTAIN TRACT OF LAND IN DAVIDSON COUNTY, STATE OF TENNESSEE, DESCRIBED AS FOLLOWS, TO WIT:

Land in Davidson County, Tennessee, being Lot No. 81 of an unrecorded Plan in Block 1 of a recorded Plan in Book 1130, page 37, Register's Office for Davidson County, Tennessee, known as Anderson Estates. Said Lot No. 81 begins at a point 77 feet south of the southeast corner of DuPont Avenue and McArthur Drive; thence southwardly along the easterly margin of McArthur Drive 50 feet to the common corner of Lots Nos. 81 and 82; thence with the line between Lots Nos. 81 and 82, eastwardly 150 feet to the common corner of Lots Nos. 81, 82, 19, 20; thence northwardly 50 feet to a point; thence eastwardly150 feet to the point of beginning.

Being the same property conveyed to James O. Jones and wife, Mary W. Jones by Trustee's Deed from R. Garry Chaffin, Substitute Trustee, of record in Book 8218, page 549, Register's Office for Davidson County, Tennessee.

Being the same property conveyed to Barbara Ann Jackson, a single person, by Warranty Deed from James O. Jones and wife, Mary W. Jones, of record in Book 8344, page 791, Register's Office for Davidson County, Tennessee.

BILL GARRETT, Davidson County
Trans:T20170067019 DEEDWARR
Recvd: 08/03/17 13:46 5 pgs
Fees:27.00 Taxes:0.00
20170803-0079373

This property is conveyed subject to the Plan of record in Book 1130, page 37, Register's Office for Davidson County, Tennessee.

This is improved property known as 128 McArthur Drive, Madison, TN 37115.

TO HAVE AND TO HOLD said tract of land, with the appurtenances, estate, title and interest thereto belonging to said Grantee, its heirs, successors and assigns, forever; and Grantor does covenant with said Grantee that Grantor is lawfully seized and possessed of said land on fee simple, has a good right to convey it, and the same is unencumbered, except as otherwise herein set out. Grantor does further covenant bind itself, its heirs, successors and representatives, to warrant and forever defend the title to said land to said Grantee, its heirs, successors and assigns, against the lawful claims of all persons whomsoever.

This conveyance is made subject to any and all restrictive covenants and easements applicable to the above described property.

IN WITNESS WHEREOF, we have hereunto set our hand on this the 26th day of July, 2017.

Randall Nathan Sackett

RANDALL NATHAN SACKETT, Executor
Estate of Barbara Ann Jackson, deceased

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, Janet L Layman, a Notary Public in and for said county and state, the within named RANDALL NATHAN SACKETT, the Bargainor with whom I am personally acquainted, and who acknowledged that she executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at Nashville, Tennessee, this 26th day of July, 2017.

Janet L Layman

NOTARY PUBLIC

JANET L LAYMAN
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

My Commission Expires: May 6, 2019

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration or value, whichever is greater for this transfer is $ 10.00 .

Randall Nathan Sockwell
AFFIANT

Subscribed and sworn to before me this the 26 , day of July , 2017.

Janet L Layman
NOTARY PUBLIC

JANET L LAYMAN
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

My Commission Expires: May 6 2019

This Instrument Prepared By:

Andrew Tolbird, #018254
RESURGAM LAW, PC
P.O. Box 120495
Nashville, Tennessee 37212
(615) 745-9299

IN THE CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE

(PROBATE DIVISION)

LETTERS TESTAMENTARY

TO: **RANDALL NATHAN SACKETT** DOCKET NO: **17P1099**

*It appearing to the Court that **BARBARA ANN JACKSON** has died leaving a written Will in which you are appointed **Executor** and which has been duly approved by the Court; and you having been qualified according to law, and it having been ordered by said Court that Letters Testamentary issue to you;*

*THESE ARE, THEREFORE, to empower you, the said **RANDALL NATHAN SACKETT**, to enter upon the execution of said Will, and take into your possession all of the property, and to make, within **sixty (60) days** from this date, a perfect inventory thereof, and make due collection for all debts, and after paying all the just demands against the Testator, and settling up the business according to law, you will pay over and deliver the property and effects that may remain in your hands, and do all other things that may be required, according to the provisions of the said will and the laws of the land.*

*WITNESS, Richard R. Rooker, Clerk of the Probate Court, at office, this **June 28th, 2017**.*

RICHARD R. ROOKER, Clerk

_____ D.C.

STATE OF TENNESSEE)

DAVIDSON COUNTY)

I, RICHARD R. ROOKER, Clerk of the Probate Court of said County, do hereby certify that the foregoing is a true and perfect copy of the Letters Testamentary issued to **RANDALL NATHAN SACKETT** as **Executor** of the estate of **BARBARA ANN JACKSON**, deceased, and I do further certify that **RANDALL NATHAN SACKETT** is still acting **Executor** of the estate of **BARBARA ANN JACKSON** and all acts as such are entitled to full faith and credit as it appears from the official record in my office in Nashville, Tennessee, this the 28 day of June, 2017.

RICHARD R. ROOKER, Clerk

_____ D.C.

Exhibit A

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): Barbara Ann Jackson
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): May 12, 2017
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): January 24, 1954
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 [ ] OOA
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): Skyline Medical Center
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

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

12. SOCIAL SECURITY NUMBER: 409-86-6572
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Madison
13d. STREET AND NUMBER: 128 McArthur Dr.
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37115
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
[X] 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): James Jackson
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Isabelle Smith

DISPOSITION

20a. INFORMANT'S NAME: Isabelle Jackson
20b. RELATIONSHIP TO DECEDENT: Mother
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 516 Pima Rd. Madison, TN 37115

21a. METHOD OF DISPOSITION: [ ] Burial [X] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Nashville Cremation Service
21c. LOCATION - City or Town and State: Nashville, Tennessee

22a. SIGNATURE OF FUNERAL DIRECTOR: Melena Smith
22b. LICENSE NUMBER: 5280
22c. SIGNATURE OF EMBALMER
22d. LICENSE NUMBER

23a. NAME AND ADDRESS OF FUNERAL HOME: Eastland Funeral Home 904 Gallation Rd Nashville, TN 37206
23b. LICENSE NUMBER OF FUNERAL HOME: 120

REGISTRAR

24. REGISTRAR'S SIGNATURE
25. DATE FILED (Month, Day, Year): 5/16/17

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
27b. LICENSE NUMBER: 38552
27c. DATE SIGNED (Month, Day, Year): 5/16/17
27d. NAME AND ADDRESS: Barrett Conner 3443 Dickerson Pk #600 Nashville, TN 37207

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. End Stage COPD — Approximate interval: Onset to death: Several years
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.
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.
Severe Sepsis / Septic Shock, Hypothermia, Leukocytosis

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? [X] 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: [ ] 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

Exhibit B

09228608

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 16 2017

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

09228608
Date Issued

CERTIFICATION OF VITAL RECORD

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