QUITCLAIM DEED

STATE OF TENNESSEE
COUNTY OF DAVIDSON

THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $0.00.

Patricia A. Snyder
Patricia A. Snyder Affiant

SWORN TO AND SUBSCRIBED BEFORE ME, THIS THE 18th DAY OF October, 2017.

Debra A. Morton
Notary Public

My Commission Expires: 10/23/2019

Bill Garrett Davidson County
Batch# 15084 DEEDQC
10/18/2017 03:50:52 PM 3 pgs
Fees: $17.00 Taxes: $0.00

20171018-0106910

This instrument prepared by:
Debra A. Morton
Attorney at Law
788 E. McMurry Boulevard
Hartsville, Tennessee 37074

ADDRESS NEW OWNER AS FOLLOWS:	SEND TAX BILLS TO:	MAP/PARCEL NUMBERS:
Buffy Michele Snyder Elsbury Michael Eugene Elsbury 1048 Donoho Drive Old Hickory, TN 37138	Buffy Michele Snyder Elsbury Michael Eugene Elsbury 1048 Donoho Drive Old Hickory, TN 37138	Map No.: 53-12 Parcel No.: 254

FOR AND IN CONSIDERATION of the sum of Ten ($10.00) Dollars, and other good and valuable consideration, the receipt of which is hereby acknowledged, Patricia A. Snyder, hereinafter called the Grantor, has quitclaimed unto Buffy Michele Snyder Elsbury and husband, Michael Eugene Elsbury, hereinafter called the Grantees, their heirs and assigns, a certain tract or parcel of land in Davidson County, State of Tennessee, described as follows, to-wit:

> Land in Davidson County, Tennessee, being Lot No. 29 on the Plan of Jackson's Landing Estates, Section Two, of record in Plat Book 8250, page 975, Register's Office for Davidson County, Tennessee, to which Plan reference is hereby made for a more complete description thereof.
>
> Being the same property conveyed to Gary D. Hall by Deed from J & M Homebuilders, Inc., a Tennessee corporation, of record in Instrument No. 20000128-0009294, said Register's Office.

BEING the same property conveyed to Ronald E. Snyder and wife, Patricia A. Snyder, by Warranty Deed from Gary D. Hall and wife, Jamie Hall, dated January 27, 2004, of record in Instrument No. 20040204-0013882, and re-recorded in Instrument No. 20040331-0036323, Register's Office of Davidson County, Tennessee. Ronald E. Snyder is now deceased. A certified Death Certificate is attached hereto.

This conveyance is subject to (a) all matters appearing on the Plan of record in Book 8250, page 975, said Register's Office, and (b) restrictive covenants of record in Book 11408, page 563, said Register's Office.

This is improved property known as 1048 Donoho Drive, Old Hickory, Davidson County, Tennessee.

THIS INSTRUMENT and the interests hereby released and conveyed are subject to all taxes, restrictions, easements, ordinances, and encumbrances as may affect the premises.

WITNESS our hands this the 18th day of October, 2017.

GRANTOR:

Patricia A. Snyder
PATRICIA A. SNYDER

STATE OF TENNESSEE)
)
COUNTY OF Davidson)

Before me, the undersigned, a Notary Public within and for the State and County aforesaid, personally appeared Patricia A. Snyder, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, executed the foregoing instrument for the purposes therein contained by signing her name in her capacity as Grantor.

WITNESS my hand and official seal this 18th day of October, 2017.

Debra A. Morton
NOTARY PUBLIC

DEBRA A MORTON
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

My Commission Expires:
10/23/2019

STATE OF TENNESSEE
Office of Vital Records

UNOFFICIAL

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH — STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Ronald E. Snyder, Sr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): November 26, 2016
4. TIME OF DEATH (Approx.): 1:40 am
5a. AGE-Last Birthday (Years): 76
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): May 10, 1940
7. BIRTHPLACE (City and State or Foreign Country): Nashville, 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): 1048 Donoho Drive
8c. CITY OR TOWN: Old Hickory
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): Patricia Ann Blakenship
11a. DECEDENT'S USUAL OCCUPATION: Upholsterer
11b. KIND OF BUSINESS/INDUSTRY: Furniture
12. SOCIAL SECURITY NUMBER: [redacted]
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TN
13b. COUNTY: Davidson
13c. CITY OR TOWN: Old Hickory
13d. STREET AND NUMBER: 1048 Donoho Drive
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37138
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): William Martin Snyder, Sr.
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Ruby Lee McDuffee

DISPOSITION

20a. INFORMANT'S NAME: Patricia Ann Snyder
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1048 Donoho Drive Old Hickory, TN 37138
21a. METHOD OF DISPOSITION: ☒ 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, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Janet Montgomery
22b. LICENSE NUMBER: 6245
22c. SIGNATURE OF EMBALMER: ▶ Patrick L. Tucker
22d. LICENSE NUMBER: 5072
23a. NAME AND ADDRESS OF FUNERAL HOME: Alternative Cremation & Funeral Service 206 Cool Springs Blvd. Franklin, TN 37067
23b. LICENSE NUMBER OF FUNERAL HOME: 1292

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REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ [signature] DR
25. DATE FILED (Month, Day, Year): 12/5/16

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: ▶ [signature]
27b. LICENSE NUMBER: 23572
27c. DATE SIGNED (Month, Day, Year): 12/2/2016
27d. NAME AND ADDRESS: Dr John Williams MD 2525 Perimeter Place Dr 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.	Idiopathic Cirrhosis of liver	14y
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.	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: ☒ 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

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08938296

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.

DEC 05 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 3 8 2 9 6
Date Issued

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD