QUITCLAIM DEED

Bill Garrett Davidson County
Batch# 109604 DEEDQC
06/27/2018 02:31:08 PM 3 pgs
Fees: $17.00 Taxes: $0.00

20180627-0062111

DEBRA A MORTON
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

STATE OF TENNESSEE
COUNTY OF DAVIDSON

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

Deborah Nevill Newsom Affiant

SWORN TO AND SUBSCRIBED BEFORE ME, THIS THE 7th DAY OF June, 2018.

Notary Public

My Commission Expires: 10/23/2019

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:
Deborah Nevill Newsom Ronald Keith Newsom 624 Dutchmans Drive Hermitage, TN 37076	Deborah Nevill Newsom Ronald Keith Newsom 624 Dutchmans Drive Hermitage, TN 37076	Map/Parcel: 75-7-125

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, Deborah Nevill Newsom, hereinafter called the Grantor, has quitclaimed unto Deborah Nevill Newsom and husband, Ronald Keith Newsom, 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. 199 on the Plan of Highlands of Tulip Grove, Section 1, as of record in Book 4675, page 26, Register's Office for Davidson County, Tennessee.

Said Lot No. 199 fronts 80 feet on the South side of Dutchmans Drive and extends back between parallel lines 150 feet to a dead line.

Being the same property conveyed to Jerry D. Nevill and wife, Deborah Nevill, by Warranty Deed from Don Travis Combs and wife, Montie E.

Combs, of record in Book 5602, Page 523, Register's Office for Davidson County, Tennessee. Jerry D. Nevill is now deceased. A certified Death Certificate is attached hereto.

This conveyance is subject to the Plan of record in Book 4675, page 26, said Register's Office, which shows an Owner's Certificate, a 30-foot minimum building setback line from Dutchmans Drive, and a 10-foot easement for public utility and drainage purposes; and restrictive covenants of record in Book 4793, Page 157, Register's Office for Davidson County, Tennessee.

This is improved property known as 624 Dutchmans Drive, Hermitage, Tennessee 37076.

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 27th day of June, 2018.

GRANTOR:

Deborah Nevill Newsom

DEBORAH NEVILL NEWSOM

STATE OF TENNESSEE)
)
COUNTY OF Davidson)

Before me, the undersigned, a Notary Public within and for the State and County aforesaid, personally appeared Deborah Nevill Newsom, 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 27th day of June, 2018.

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

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Jerry Douglas Nevill
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): March 08, 2016
4. TIME OF DEATH (Approx.): 6:07 PM
5a. AGE-Last Birthday (Years): 66
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): April 22, 1949
7. BIRTHPLACE (City and State or Foreign Country): Donelson,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): Summit Medical Center
8c. CITY OR TOWN: Hermitage
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): Deborah K Holland
11a. DECEDENT'S USUAL OCCUPATION: Inspector
11b. KIND OF BUSINESS/INDUSTRY: DTOT
12. SOCIAL SECURITY NUMBER: [redacted]
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson County
13c. CITY OR TOWN: Hermitage
13d. STREET AND NUMBER: 624 Dutchmans Dr
13e. INSIDE CITY LIMITS: ☑ Yes ☐ No
13f. ZIP CODE: 37076-2325
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): Walter Nevill
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Marie Brown

INFORMANT

20a. INFORMANT'S NAME: Deborah K Nevill
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 624 Dutchmans Dr, Hermitage, TN 37076-2325

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Burial ☑ 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, TN

5+1P

22a. SIGNATURE OF FUNERAL DIRECTOR: Mary Katherine Moore
22b. LICENSE NUMBER: 5994
22c. SIGNATURE OF EMBALMER
22d. LICENSE NUMBER

23a. NAME AND ADDRESS OF FUNERAL HOME: Hermitage Funeral Home 535 Shute Ln, Old Hickory, TN 37138
23b. LICENSE NUMBER OF FUNERAL HOME: 540

REGISTRAR

24. REGISTRAR'S SIGNATURE: Kurt Pavuk DR
25. DATE FILED (Month, Day, Year): 3/16/16

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
27b. LICENSE NUMBER: MD 81472
27c. DATE SIGNED (Month, Day, Year): 3-16-16
27d. NAME AND ADDRESS: 568 First Blvd Suite 630 Hermitage TN 37076

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. MYOCARDIAL INFARCTION
Due to (or as a consequence of)
b.
Due to (or as a consequence of):
c.
Due to (or as a consequence of):
d.

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

Approximate Interval: Onset to death

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 1909

MARRIED

8430134

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.

8430134

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued

GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD