THIS INSTRUMENT PREPARED BY: **BECK & BECK, Attorneys at Law, PLLC**
4205 Gallatin Road
Nashville, TN 37216

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration or value, whichever is greater, for this transfer is Forty Thousand and 00/100 Dollars ($40,000.00).

AFFIANT

Subscribed and sworn to before me, this 18 day of June, 2018.

NOTARY PUBLIC

My Comm. Expires: 5/3/

KAREN BURNETTE STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

Bill Garrett Davidson County
Batch# 117596 **DEEDQC**
07/17/2018 03:26:19 PM 6 pgs
Fees: $33.00 Taxes: $148.00
20180717-0069621

ADDRESS NEW OWNER:
Richard L. Spoonamore, et ux
1112 Apple Valley Road
Madison, TN 37115

SEND TAX BILLS TO:
SAME

MAP/PARCEL
033-16-0-034.00

EXECUTOR'S QUITCLAIM DEED

KNOW ALL MEN BY THESE PRESENTS that we, **RICHARD L. SPOONAMORE and LINDA SPOONAMORE, (f/k/a MARLIN)**, Co-Executors for the **ESTATE OF EUNICE RUBY SPOONAMORE**, deceased, and **RICHARD L. SPOONAMORE, LINDA SPOONAMORE (f/k/a) MARLIN, VIRGINIA RUTH MOODY and SANDRA LOIS (BROWN) MILLER**, individually and as heirs to the real property for in and consideration of the sum of Forty Thousand and No/100 Dollars ($40,000.00), cash in hand paid, the receipt and sufficiency of which is hereby acknowledged, and in connection with the distribution and closing of the **ESTATE OF EUNICE RUBY SPOONAMORE**, the decedent's will having been duly admitted to probate in Davidson County, Tennessee, and recorded under Docket No. 17P-739 in the Seventh Circuit Court for Davidson County, Tennessee, Probate Division, has bargained and sold and hereby conveys, remises, releases and forever quitclaims all of their interest to **RICHARD L. SPOONAMORE and wife, BRENDA SPOONAMORE,** their heirs and assigns, all their right, title and interest in and to a certain tract of land in Davidson County, Tennessee, described as follows:

LAND in Davidson County, Tennessee, being Lot No. 163 on the Plan of Primrose Acres Subdivision, Section II, as of Record in Book 2900, page 44, Register's Office for said County.

Said Lot No. 63 fronts 90.0 feet on the south margin of Apple Valley Road and extends back 256.0 feet on the west line and 456.7 feet on the east line, to a dead line, measuring 233.1 feet thereon.

Being the same property conveyed to W. Leland Spoonamore and wife, Eunice Spoonamore by deed of record in Book 4525, Page 739, Register's Office for Davidson County, Tennessee. W. Leland Spoonamore and Eunice Spoonamore were married at the time of his death on March 31 1999, and the property then vested in Eunice R. Spoonamore as surviving tenant by the entirety. Eunice R. Spoonamore having since died testate on April 24, 2017, devising the subject property to Richard L. Spoonamore, Linda Spoonamore (f/k/a Marlin), Virginia Ruth Moody and Sandra Lois Brown.

This conveyance is made subject to Restrictions of record in Book 2965, page 520, Book 3000, page 238, said Register's Office and the Plan of record in Book 2900, page 44, said Register's Office.

This is improved property known as 1112 Apple Valley, Madison, Tennessee 37115.

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

WITNESS our hands this 18 day of June, 2018.

RICHARD L. SPOONAMORE, Co-Executor/Heir

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Personally appeared before me, a Notary Public, in and for said County and State, **RICHARD L. SPOONAMORE,** 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 executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at office this the 18 day of June, 2018.

KAREN BURNETTE STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

NOTARY PUBLIC

My Commission Expires: 5/3/21

Linda Spoonamore 6-21-18
LINDA SPOONAMORE, (f/k/a MARLIN), Co-Executor/Heir

STATE OF Kentucky
COUNTY OF Simpson

Personally appeared before me, a Notary Public, in and for said County and State, **LINDA SPOONAMORE, (f/k/a MARLIN)** the within named bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that she executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at office this the 21st day of June, 2018.

Susan Alexander
NOTARY PUBLIC 600644
My Commission Expires: 6/10/2022

Virginia Ruth Moody 6/21/18
VIRGINIA RUTH MOODY, Heir

STATE OF Kentucky
COUNTY OF Simpson

Personally appeared before me, a Notary Public, in and for said County and State, **VIRGINIA RUTH MOODY** the within named bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that she executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at office this the 21st day of June, 2018.

Susan Alexander
NOTARY PUBLIC 600644
My Commission Expires: 6/10/2022

Sandra Lois Miller

SANDRA LOIS (BROWN) MILLER, Heir

STATE OF Kentucky

COUNTY OF Simpson

Personally appeared before me, a Notary Public, in and for said County and State, **SANDRA LOIS (BROWN) MILLER** the within named bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that she executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at office this the 21st day of June, 2018.

NOTARY PUBLIC 600644

My Commission Expires: 6/10/2022

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 98 016315

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): WILLIAM LELAND SPOONAMORE
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): MARCH 31, 1998
4. SOCIAL SECURITY NUMBER: 408-18-2810
5a. AGE-LAST BIRTHDAY (Years): 79
5b. UNDER 1 YEAR: MONTHS / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): APRIL 1, 1918
7. BIRTHPLACE (City and State or Foreign Country): BOYLE COUNTY, KY.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [X] Inpatient 2 ER/Outpatient 3 DOA; OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): VANDERBILT UNIVERSITY MED. CENTER 081
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): EUNICE DURR
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): TECHNICIAN
12b. KIND OF BUSINESS/INDUSTRY: A T & T
13a. RESIDENCE-STATE: TN
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: MADISON
13d. STREET AND NUMBER OR RURAL LOCATION: 1112 APPLE VALLEY ROAD
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 No
13f. ZIP CODE: 37115
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes 0 [X] No
15. RACE-American Indian, Black, White, etc. (Specify): WHITE
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 99; College (1-4 or 5+)

NAME OF DECEDENT. For use by informant or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): WILLIAM MOCK SPOONAMORE
18. MOTHER'S NAME (First, Middle, Maiden Surname): MAUDE CURTSINGER

INFORMANT

19a. INFORMANT'S NAME (Type/Print): EUNICE SPOONAMORE
19b. RELATIONSHIP TO DECEASED: WIFE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1112 APPLE VALLEY ROAD MADISON, TN. 37115

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): BELLEVUE CEMETERY
20c. LOCATION-City or Town, State: DANVILLE, KY.
21a. SIGNATURE OF FUNERAL DIRECTOR
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3815
21c. SIGNATURE OF EMBALMER: Mike Vantrease
21d. LICENSE NUMBER OF EMBALMER: 4492
22a. NAME AND ADDRESS OF FUNERAL HOME: PRESTON-PRUITT FUNERAL HOME, INC. P.O. BOX 370 DANVILLE, KY. 40423-0370
22b. LICENSE NUMBER OF FUNERAL HOME: 9997

REGISTRAR

23. REGISTRAR'S SIGNATURE: Judith A Vick (DR)
24. DATE FILED (Month, Day, Year): April 30, 1998

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: Brian W. Christman MD
25b. LICENSE NUMBER: UL ND 016603
25c. DATE SIGNED (Month, Day, Year): 4/10/98
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): Brian W. Christman T-12A MCN / Vanderbilt. Nashville TN 37232

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. Ventricular tachycardia
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. Ischemic cardiomyopathy
DUE TO (OR AS A CONSEQUENCE OF):
c. Recent small bowel obstruction
DUE TO (OR AS A CONSEQUENCE OF):
d

SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.: Hypertension, Advanced age

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? 1 Yes 2 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. 2-90

RDA 1396

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.

8712073

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

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

8712073

Date Issued Aug-25-2016

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

COPYRIGHT CAPTURE® ANTI-FRAUD PROTECTION

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): EUNICE R. SPOONAMORE
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): DECEMBER 22, 2016
4. TIME OF DEATH (Actual): 6:22 AM
5a. AGE-Last Birthday (Years): 95
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): APRIL 11, 1921
7. BIRTHPLACE (City and State or Foreign Country): HARRODSBURG, KY

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): SKYLINE MEDICAL CENTER
8c. CITY OR TOWN: MADISON
8d. COUNTY OF DEATH: DAVIDSON

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: FACTORY
11b. KIND OF BUSINESS/INDUSTRY: INDUSTRIAL

12. SOCIAL SECURITY NUMBER: 404-12-8746
13a. RESIDENCE STATE OR FOREIGN COUNTRY: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY OR TOWN: MADISON

13d. STREET AND NUMBER: 112 APPLE VALLEY ROAD
13e. INSIDE CITY LIMITS: ☐ Yes ☒ No
13f. ZIP CODE: 37115-5031
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ 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
☐ 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): ROY DURR
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): PEARL DARLAND

DISPOSITION

20a. INFORMANT'S NAME: RICHARD SPOONAMORE
20b. RELATIONSHIP TO DECEDENT: SON
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 701 WESTCHESTER MADISON, TN 37115

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): BELLEVUE CEMETERY
21c. LOCATION - City or Town and State: DANVILLE, KENTUCKY

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Jamie D. Spurlin
22b. LICENSE NUMBER: 6347
22c. SIGNATURE OF EMBALMER: ▶ Jamie D. Spurlin
22d. LICENSE NUMBER: 6347

23a. NAME AND ADDRESS OF FUNERAL HOME: PRESTON PRUITT SPURLIN 331 S. 4TH ST, DANVILLE KY, 40422
23b. LICENSE NUMBER OF FUNERAL HOME

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Jamecca Johnson DRJ
25. DATE FILED (Month, Day, Year): February 2, 2017

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: 4572
27c. DATE SIGNED (Month, Day, Year): 01/10/2017
27d. NAME AND ADDRESS: 1718 Patterson Street, Nashville, TN 37203

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. Left Middle Cerebral Artery Stroke	
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

08970446

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 8 9 7 0 4 4 6

Date Issued: FEB 2017

CERTIFICATION OF VITAL RECORD