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 Ten and 00/100 Dollars ($10.00).

Bill Garrett Davidson County
Batch# 135297 DEEDQC
08/30/2018 03:08:32 PM 5 pgs
Fees: $27.00 Taxes: $0.00



20180830-0086231

Jan U. Brown
AFFIANT

Subscribed and sworn to before me, this 21 day of ~~July~~ August, 2018.



Amanda Pedigo
NOTARY PUBLIC

My Comm. Expires: July 9, 2022

ADDRESS NEW OWNER:	SEND TAX BILLS TO:	MAP/PARCEL
Jan Underwood Brown, et al	**SAME**	**051 03 0 069.00**
407 Norman Drive		
Madison, TN 37115		

EXECUTRIX QUITCLAIM DEED

KNOW ALL MEN BY THESE PRESENTS that I, **JAN U. BROWN**, Executrix for the **ESTATE OF JOHN HILLMAN BROWN, SR.**,being one and the same person, am affecting this quitclaim as a means of clarifying the title to this property. Under the laws of Probate of the State of Tennessee, the Last Will and Testament of **JOHN HILLMAN BROWN, SR.** was probated in the Seventh Circuit Court for Davidson County, Tennessee, Probate Division, and bearing Docket No. 18P-38 on January 25, 2018. **JAN U. BROWN** was named Executrix for the **ESTATE OF JOHN HILLMAN BROWN, SR.** For and in consideration of the sum of Ten Dollars ($10.00), cash in hand paid, the receipt of which is hereby acknowledged, **JAN U. BROWN**, Executrix for the **ESTATE OF JOHN HILLMAN BROWN, SR.** , has bargained and sold and hereby convey, remise, release and forever quitclaims to **JAN U. BROWN, SANDRA DIANNE BROWN and JOHN H. BROWN II,** their heirs and assigns all of her right, title and interest in and to a certain tract of land in Davidson County, Tennessee, as will create an estate in and to said tract of land, which is described as follows:

LAND in Davidson County, Tennessee, lying in the 11th Civil District, and being Lot #43 on the Map of Blair Heights, Section IV, as of record in Book 2331, page 60, Register's Office for Davidson County, Tennessee, to which said plan reference is hereby made for a more complete and accurate legal description thereof.

Being the same property conveyed to John H. Brown and wife, Jean Underwood Brown, by deed of record in Book 2956, Page 453, Register's Office for Davidson County, Tennessee. John Hillman Brown, Sr. and Jean Underwood Brown were married at the time of her death on September 23, 2016, and the property then vested in John Hillman Brown, Sr. as surviving tenant by the entirety. John Hillman Brown, Sr. having since died testate on December 26, 2017, devising the subject property to his three children, Jan U. Brown, Sandra Dianne Brown and John Hillman Brown, II.

This is improved property known as 407 Norman Drive, Madison, TN 37115.

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

WITNESS our hands this 21st day of ~~July~~ August, 2018.

Jan U. Brown
JAN U. BROWN, Executrix/Heir

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Personally appeared before me, a Notary Public, in and for said County and State, **JAN U. BROWN,** 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 21st day of ~~July~~ August, 2018.

Amanda Fedigo
NOTARY PUBLIC

My Commission Expires: July 9, 2022

AMANDA FEDIGO
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2017 118961

DECEDENT

TYPE/PRINT IN PERMANENT BLACK INK

NAME OF DECEDENT (First, Middle, Last, Suffix)

1. DECEDENT'S LEGAL NAME: JOHN HILLMAN BROWN
2. SEX: MALE
3. DATE OF DEATH: 12/26/2017
4. TIME OF DEATH (Approx.): 03:43 AM
5a. AGE: 92
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH: 10/05/1925
7. BIRTHPLACE: YEAGER, KENTUCKY
8a. PLACE OF DEATH: DECEDENT'S HOME
8b. FACILITY NAME: 407 NORMAN DRIVE
8c. CITY OR TOWN: MADISON
8d. COUNTY OF DEATH: DAVIDSON
9. MARITAL STATUS: WIDOWED
10. SURVIVING SPOUSE (name prior to first marriage):
11a. DECEDENT'S USUAL OCCUPATION: MINISTER
11b. KIND OF BUSINESS/INDUSTRY: MINISTRY
12. SOCIAL SECURITY NUMBER: 407-22-7424
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY OR TOWN: MADISON
13d. STREET AND NUMBER: 407 NORMAN DRIVE
13e. INSIDE CITY LIMITS?: YES
13f. ZIP CODE: 37115
14. WAS DECEDENT EVER IN US ARMED FORCES?: YES
15. DECEDENT'S EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE
16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO
17. DECEDENT'S RACE: WHITE

PARENTS

18. FATHER'S NAME: FABIAN BROWN
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: VERGIE GIBSON

20a. INFORMANT'S NAME: JAN BROWN
20b. RELATIONSHIP TO DECEDENT: DAUGHTER
20c. MAILING ADDRESS: 411 NORMAN DRIVE, MADISON, TENNESSEE 37115

DISPOSITION

21a. METHOD OF DISPOSITION: BURIAL
21b. PLACE OF DISPOSITION: EVERGREEN CEMETERY
21c. LOCATION: MURFREESBORO, TENNESSEE
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ /e/ DONALD L. GARRISON
22b. LICENSE NUMBER: 4308
22c. SIGNATURE OF EMBALMER: ▶ /e/ Donald L Garrison
22d. LICENSE NUMBER: 4287
23a. NAME AND ADDRESS OF FUNERAL HOME: MADISON FUNERAL HOME, 219 EAST OLD HICKORY BLVD, MADISON, TENNESSEE 37115-3934
23b. LICENSE NUMBER: 690

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ /e/ LORI FERRANTI
25. DATE FILED: 12/27/2017

CERTIFIER

26. CERTIFIER
26a. ☒ PHYSICIAN – TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, 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, TIME, 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. CERTIFIER: ▶ /e/ SASHA L. BOWERS
27b. LICENSE NUMBER: 052952
27c. DATE SIGNED: 12/27/2017
27d. NAME AND ADDRESS: SASHA L. BOWERS 1718 PATTERSON STREET, NASHVILLE, TENNESSEE 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): 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
a.	HEART FAILURE UNSPECIFIED	
	DUE TO (OR A CONSEQUENCE OF)	
b.	HYPERTENSION	
	DUE TO (OR A CONSEQUENCE OF)	
c.		
	DUE TO (OR 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?: NO
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?

30. MANNER OF DEATH: NATURAL
31. DID TOBACCO USE CONTRIBUTE TO DEATH?: NO
32. IF FEMALE: N/A
33. IF TRANSPORTATION INJURY, SPECIFY:
34a. DATE OF INJURY
34b. TIME OF INJURY
34c. INJURY AT WORK?
34d. PLACE OF INJURY
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY

PH-1659 (Rev. 8/2017)

ROA 10112

09706382

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 7 0 6 3 8 2
Date Issued

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

CERTIFICATION OF VITAL RECORD

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): Jean Underwood Brown
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): September 23, 2016
4. TIME OF DEATH (Approx.): 8:35 am
5a. AGE-Last Birthday (Years): 86
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): January 10, 1930
7. BIRTHPLACE (City and State or Foreign Country): Madison, TN

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): Skyline Medical Center
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

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

12. SOCIAL SECURITY NUMBER: 3686
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TN
13b. COUNTY: Davidson
13c. CITY OR TOWN: Madison
13d. STREET AND NUMBER: 407 Norman Drive
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37115
14. WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [X] No

Jean Underwood Brown
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)
[X] 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): Perry Underwood
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Ora Barber

20a. INFORMANT'S NAME: Jan Brown
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 411 Norman Drive, Madison, TN 37115

DISPOSITION

21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Evergreen Cemetery
21c. LOCATION – City or Town and State: Murfreesboro, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Donald K. Garrison
22b. LICENSE NUMBER: 4308
22c. SIGNATURE OF EMBALMER: ▶ Lord Funeral Home
22d. LICENSE NUMBER: 4275
23a. NAME AND ADDRESS OF FUNERAL HOME: Madison Funeral Home, 219 East Old Hickory Blvd., Madison, TN 37115
23b. LICENSE NUMBER OF FUNERAL HOME: 690

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ William C Haugh DR
25. DATE FILED (Month, Day, Year): 9/30/2016

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: ▶ Orlando Antonio Rodriguez
27b. LICENSE NUMBER: 35567
27c. DATE SIGNED (Month, Day, Year): Sept. 29, 2016
27d. NAME AND ADDRESS: Orlando Rodriguez MD 3443 Dickerson Pike Ste 680 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.

		Approximate Interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	Sepsis	
Due to (or as a consequence of): b.	UTI	
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

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 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [X] No

30. MANNER OF DEATH: [X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [ ] No [X] 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. 9/2011)

RDA 1389

08802640

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

C 8 8 0 2 6 4 0
Date Issued

CERTIFICATION OF VITAL RECORD

State of Tennessee
Department of Finance and Administration
Bureau of TennCare
Third Party Liability Division
310 Great Circle Road, 4th Floor
Nashville, Tennessee 37243
Toll Free: 866-389-8444 • FAX: 615-413-1941

Bill Haslam
Governor

Larry B. Martin
Commissioner

1/30/2018

MARTHA CORE BECK
LEGAL COUNSEL
4205 GALLATIN RD
NASHVILLE, TN 37216

RE: JOHN BROWN
Last Four Of SSN 7424

Dear MARTHA CORE BECK:

The Division of TennCare releases its claim against the probate estate of the above decedent for the marked reason:

X T.C.A. §71-5-116(c) (2) - Based upon a review of the information you provided, we do not find long-term TennCare benefits paid by the State of Tennessee on behalf of the decedent

____ T.C.A. §71-5-116(c) - The decedent is survived by a spouse; therefore, the claim is deferred. TennCare reserves the right to assert a claim upon the death of the surviving spouse.

____ T.C.A. §71-5-116(c) - The decedent was under the age of fifty-five at the time of death; therefore, the estate recovery claim is waived.

If there are questions, you may contact the Estate Recovery Unit at (866) 389-8444.

Note this release only applies to decedent's probate estate and does not apply to trusts or any assets held in trust. For trust inquires, please contact us by phone for referral to TennCare's Office of the General Counsel.

Sincerely,

Jangela J. Howard