Prepared By:
NEAL & HARWELL, PLC
1201 Demonbreun Street, Suite 1000
Nashville, TN 37203
(615) 244-1713

Karen Y Johnson Davidson County
Batch# 171336 DEEDQC
12/06/2018 04:01:30 PM 6 pgs
Fees: $32.00 Taxes: $0.00
20181206-0119235

QUITCLAIM DEED

ADDRESS NEW OWNER:	SEND TAX BILLS TO:	MAP-PARCEL:
Karleen A. Speicher, Trustee 420 West 59th Street Kansas City, MO 64113	Karleen A. Speicher, Trustee 420 West 59th Street Kansas City, MO 64113	Map/Parcel 133 03 0 112.00

FOR AND IN CONSIDERATION of the sum of ONE DOLLAR ($1.00), cash in hand paid by the hereinafter named GRANTEE, and other good and valuable consideration, the receipt of which is hereby acknowledged, Karleen Speicher, GRANTOR, has bargained and sold, and by these presents does quitclaim, transfer and convey that certain real property located in Davidson County, Tennessee, as more particularly described on **Exhibit A** attached hereto to Karleen A. Speicher, Trustee of the Karleen Ann Speicher Revocable Trust dated November 2, 2018.

BEING the same property conveyed to Karleen Speicher by Warranty Deed dated June 30, 2017 and of record as Instrument No. 20170707-0068243, Register's Office for Davidson County, Tennessee.

This is improved property commonly known as 3304 Mimosa Drive, Nashville, Tennessee 37211.

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

Witness the execution of this Deed by the undersigned as of this 2nd day of November, 2018.

GRANTOR:

Karleen Speicher

STATE OF Kansas)
COUNTY OF Johnson)

Before me, the undersigned, a Notary Public in and for the County and State aforesaid, personally appeared Karleen Speicher, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged that she executed the foregoing instrument for the purposes therein contained.

WITNESS my hand and seal, at office in Overland Park, Kansas, this 2nd day of November, 2018.

Notary Public

My Commission Expires: 10/27/2021

NOTARY PUBLIC - State of Kansas
LENNY A. BEST
My Appt Exp. 10/27/21

STATE OF Kansas)
COUNTY OF Johnson)

The actual consideration or value whichever is greater, for this transfer is $0.00.

Karleen Speicher
Affiant

Sworn to and subscribed before me this 2nd day of November, 2018.

Notary Public

My Commission Expires: 10/27/2021

NOTARY PUBLIC - State of Kansas
LENNY A. BEST
My Appt Exp. 10/27/21

THIS INSTRUMENT WAS PREPARED FROM INFORMATION FURNISHED BY THE PARTIES HEREIN AND NO EXAMINATION OF THE PUBLIC RECORDS IN THE OFFICE OF THE REGISTER OF DEEDS HAS BEEN MADE BY THE PREPARER OF THIS INSTRUMENT TO DETERMINE OWNERSHIP OR STATUS OF TITLE.

EXHIBIT A

LEGAL DESCRIPTION

Land in Davidson County, Tennessee, being all of Lot 12 on the Plan of Glenceo Acres, Section I of record in Plat Book 1835, Page 136, 137 and 138, Register's Office of Davidson County, Tennessee, to which plan reference is hereby made for a more complete and accurate description.

201812060119235

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

STATE FILE NUMBER 124 -

CERTIFICATE OF DEATH

VS 300 MO 580-2211 (1-10)

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix)	2. SEX	3. IF FEMALE, LAST NAME PRIOR TO FIRST MARRIAGE	4. ACTUAL OR PRESUMED DATE OF DEATH (Month, Day, Year)
CHARLES HAWLEY CLAY	MALE		OCTOBER 17, 2012

5. SOCIAL SECURITY NUMBER	6a. AGE – Last Birthday (Years)	6b. UNDER 1 YEAR: MONTHS / DAYS	6c. UNDER 1 DAY: HOURS / MINUTES	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (City and State or Foreign Country)
2533	61			OCTOBER 10, 1951	KANSAS CITY, MISSOURI

9a. RESIDENCE (COUNTRY)	(STATE, TERRITORY or PROVINCE)	9b. COUNTY	9c. CITY, TOWN OR LOCATION
UNITED STATES	MISSOURI	JACKSON	KANSAS CITY

9d. STREET AND NUMBER	9e. APARTMENT NO.	9f. ZIP CODE	9g. INSIDE CITY LIMITS?
420 W. 59TH STREET		64113	☒ Yes ☐ No

10. WAS DECEDENT EVER IN U.S. ARMED FORCES?	11. MARITAL STATUS AT THE TIME OF DEATH	12. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage.)
☐ Yes ☒ No	☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never Married ☐ Unknown	KARLEEN SPEICHER

13. FATHER'S NAME (First, Middle, Last, Suffix)	14. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)
GEORGE HARRY CLAY	HARRIETT HAWLEY

15a. INFORMANT'S NAME (First, Middle, Last, Suffix)	15b. RELATIONSHIP TO DECEDENT	15c. MAILING ADDRESS (Street and Number, City, State, ZIP Code)
KARLEEN SPEICHER	WIFE	420 W. 59TH STREET, KANSAS CITY, MISSOURI 64113

16. PLACE OF DEATH (Check only one: see instructions.)

IF DEATH OCCURRED IN A HOSPITAL	IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL
☐ Inpatient ☐ Emergency Room/Outpatient ☐ DOA	☐ Hospice Facility ☐ Nursing Home/Long Term Care Facility ☒ Decedent's Home ☐ Other (Specify)

17. FACILITY NAME (If not institution, give street and number)	18. CITY OR TOWN, STATE AND ZIP CODE	19. COUNTY OF DEATH
420 W. 59TH STREET	KANSAS CITY, MISSOURI 64113	JACKSON

20a. METHOD OF DISPOSITION	20b. DATE OF DISPOSITION (Month, Day, Year)	21. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	22. LOCATION (City or Town, State)
☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)	10/19/2012	NEWCOMER'S CREMATORY	KANSAS CITY, MISSOURI

23. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY	24. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON ACTING AS SUCH	25. FUNERAL ESTABLISHMENT LICENSE NUMBER
STINE AND MC CLURE CHAPEL 3235 GILLHAM PLAZA, KANSAS CITY, MISSOURI 64109	▶ JERRY A POST	0000002741

26. ACTUAL OR PRESUMED TIME OF DEATH	27. WAS MEDICAL EXAMINER/CORONER CONTACTED?
10:10 P.M.	☐ Yes ☒ No

CAUSE OF DEATH (See instructions and examples in handbook)

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. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

		Approximate interval: Onset to Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Hypoxia	2 hours
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): respiratory failure	2 hours
	c. Due to (or as a consequence of): Spontaneous Pneumo Thorax	1 week
	d. Due to (or as a consequence of): Chronic Interstitial Lung disease	4 years

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

29. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No

30. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

31. DID TOBACCO USE CONTRIBUTE TO DEATH?	32. IF FEMALE	33. MANNER OF DEATH	
☐ Yes ☒ No ☐ Probably ☐ Unknown	☐ 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	☒ Natural ☐ Accident ☐ Suicide	☐ Homicide ☐ Pending investigation ☐ Could not be determined

34. DATE OF INJURY (Month, Day, Year) (Spell Month)	35. TIME OF INJURY	36. PLACE OF INJURY (e.g. decedent's home, construction site; restaurant; wooded area)	37. INJURY AT WORK?
			☐ Yes ☐ No

38a. LOCATION OF INJURY – STATE	38b. COUNTY	38c. CITY OR TOWN	38d. STREET AND NUMBER	38e. ZIP CODE

39. DESCRIBE HOW INJURY OCCURRED	40. IF TRANSPORTATION ACCIDENT (SPECIFY)
	☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

41. CERTIFIER (CHECK ONLY ONE)

☒ Certifying Physician – To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

☐ Medical Examiner/Coroner – On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

SIGNATURE ▶ Stanley P Sharp MD

42. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 28)	43. TITLE OF CERTIFIER
Stanley P. Sharp MD, 1310 Carondelet Dr 230, K.C. MO 64114	MD

44. CERTIFIER'S LICENSE NUMBER	45. CERTIFIER NPI NUMBER	46. DATE CERTIFIED (Month, Day, Year)
RCEB11	1962505081	10/18/2012

47. REGISTRAR'S SIGNATURE	48. FOR REGISTRAR ONLY – DATE FILED (Month, Day, Year)
▶ Clifford A. Dennis	October 18, 2012

49. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at time of death)	50. 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.)	51. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be.)	
☐ 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)	☒ No, not Spanish/Hispanic/Latino ☐ Yes, Mexican, Mexican American, Chicano ☐ Yes, Puerto Rican ☐ Yes, Cuban ☐ Yes, other Spanish/Hispanic/Latino (Specify)	☒ White ☐ Black or African American ☐ American Indian or Alaska Native (Name of the enrolled 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

52. DECEDENT'S USUAL OCCUPATION (INDICATE TYPE OF WORK DONE DURING MOST OF WORKING LIFE. DO NOT USE "RETIRED".)	53. KIND OF BUSINESS/INDUSTRY
CHIEF OPERATING OFFICER	SRA BENEFITS COMPANY

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THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW (sec. 193.245, 193.255, & 193.315 RSMo 1994)

STATE OF MISSOURI } ss

I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Missouri Department of Health. Witness my hand as County Registrar of Vital Statistics and the Seal of the Missouri Department of Health this date of

October 18, 2012

Clifford A. Dennis
Registrar of Vital Statistics

MO 580-1103 (6/99)
5210-008

201812060119235

VITAL RECORDS
2400 TROOST, SUITE 1200
KANSAS CITY, MO 64108
DEPT. 050 ORG. 2000

201812060119235

Tennessee Certification of Electronic Document

I, Staci Holcom (Signer's Name), do hereby make oath that I am a licensed attorney and/or the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

Staci Holcom
Signature

State of Kansas
County of Johnson

Personally appeared before me, Shelby O'Brien (Notary's Name), a notary public for this county and state, Staci Holcom (Signer's Name), who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Notary Signature

MY COMMISSION EXPIRES: March 28, 2021

NOTARY'S SEAL

SHELBY O'BRIEN
Notary Public, State of Kansas
My Appointment Expires
03-28-2021

(3) All electronic documents eligible for registration pursuant to this subsection are validly registered when accepted for recording by the county register. Electronic documents registered by county registrars prior to July 1, 2007 shall be considered validly registered with or without the certification provided in subsection (2).