Karen Y Johnson Davidson County
Batch# 171427 DEEDQC
12/07/2018 09:14:19 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20181207-0119358

| | |
|---|---|
| **THIS INSTRUMENT PREPARED BY:**<br>**Martin Heller Potempa & Sheppard**<br>2122 21st Avenue South<br>Nashville, Tennessee 37212<br>(615) 800-7096 | STATE OF TENNESSEE<br>COUNTY OF DAVIDSON<br><br>The actual consideration for this transfer is: $0.00<br><br>Beverly A. Chamberlain<br>Beverly Ann Chamberlain<br><br>Subscribed and sworn to before me, this 4 day of December 2018.<br><br>Tessa Lawson<br>NOTARY PUBLIC<br>My Commission Expires: 03-03-2020 |

TESSA LAWSON STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

# EXECUTOR'S QUITCLAIM DEED

| **Address New Owner:** | **Send Tax Bills To:** | **Tax Information:** |
|---|---|---|
| Martin Chamberlain<br>3024 Anderson Road<br>Nashville, TN 37217 | New Owner | Map & Parcel No.<br>150 05 0 039.00 |

**FOR AND IN CONSIDERATION** of Zero and No/100ths Dollars ($0.00) and other good and valuable consideration, the receipt of all of which is hereby acknowledged, Beverly Ann Chamberlain, widowed ("Grantor") does hereby quitclaim, transfer and convey unto Martin Chamberlain and his heirs, successors and assigns ("Grantee"), all of Grantor's right, title and interest in the real property in the County of Davidson, State of Tennessee, known as **3024 Anderson Road, Nashville, Tennessee 37217** and more particularly described as follows:

Land in Davidson County, Tennessee, being Lot No. 159 on the Plan of Section I, Cherry Hills, as of record in Book 3842, page 124, Register's Office for Davidson County, Tennessee.

Said Lot No. 159 fronts 91 feet on the northerly margin of Anderson Road and extends back 148.69 feet on the easterly line and 156.14 feet on the westerly line, to a line in the rear measuring 90.33 feet.

Being the same property conveyed to Richard M. Chamberlain and

wife, Beverly Ann Chamberlain, by Warranty Deed from Kenneth Wayne Kelso and wife, Emily B. Kelso, dated August 22, 1969, and recorded in Book 4359, Page 709 of the Register's Office for Davidson County, Tennessee.

Be it known that Richard M. Chamberlain predeceased the Grantor, as evidenced by the Certificate of Death (copy) attached hereto as **Exhibit 1**.

This conveyance is made subject to all limitations, restrictions, encumbrances, and appurtenances as may affect the premises herein described.

Whenever used, the singular shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

**IN WITNESS WHEREOF**, Grantor has executed this instrument on this 4 day of December, 2018.

Beverly A. Chamberlain

**BEVERLY ANN CHAMBERLAIN, GRANTOR**

STATE OF TENNESSEE
COUNTY OF Davidson

Personally appeared before me, the undersigned Notary Public, in and for the said county and state, the within named Beverly Ann Chamberlain, 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 4 day of December 2018.

Tessa Lawson

Notary Public

My Commission Expires: 03-03-2020

TESSA LAWSON
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

# Exhibit 1

[redacted]

# STATE OF TENNESSEE
## Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
**CERTIFICATE OF DEATH**

STATE FILE NUMBER 2017 102716

**DECEDENT**

TYPE/PRINT IN PERMANENT BLACK INK

NAME OF DECEDENT (Do not abbreviate. Enter middle name if none.)

| 1. DECEDENT'S LEGAL NAME | 2. SEX | 3. DATE OF DEATH |
|---|---|---|
| RICHARD MARTIN CHAMBERLAIN | MALE | 08/20/2017 |

| 4. TIME OF DEATH (Approx) | 5a. AGE | 5b. UNDER 1 YEAR Months | Days | 5c. UNDER 1 DAY Hours | Minutes | 6. DATE OF BIRTH | 7. BIRTHPLACE |
|---|---|---|---|---|---|---|---|
| 12:37 AM | 75 | | | | | 08/19/1942 | UNKNOWN, UNKNOWN |

8a. PLACE OF DEATH: ER/OUTPATIENT

| 8b. FACILITY NAME | 8c. CITY OR TOWN | 8d. COUNTY OF DEATH |
|---|---|---|
| SUMMIT MEDICAL CENTER | DONELSON | DAVIDSON |

| 9. MARITAL STATUS | 10. SURVIVING SPOUSE (name prior to first marriage) | 11a. DECEDENT'S USUAL OCCUPATION | 11b. KIND OF BUSINESS/INDUSTRY |
|---|---|---|---|
| MARRIED BUT SEPERATED | BEVERLY WAGNER | COMPUTER ANYALIST | GENESCO |

| 12. SOCIAL SECURITY NUMBER | 13a. RESIDENCE-STATE OR FOREIGN COUNTRY | 13b. COUNTY | 13c. CITY OR TOWN |
|---|---|---|---|
| 400-56-1857 | TENNESSEE | DAVIDSON | NASHVILLE |

| 13d. STREET AND NUMBER | 13e. INSIDE CITY LIMITS? | 13f. ZIP CODE | 14. WAS DECEDENT EVER IN US ARMED FORCES? |
|---|---|---|---|
| 3024 ANDERSON RD | YES | 37013 | NO |

| 15. DECEDENT'S EDUCATION | 16. DECEDENT OF HISPANIC ORIGIN? | 17. DECEDENT'S RACE |
|---|---|---|
| BACHELOR'S DEGREE | NO, NOT SPANISH/HISPANIC/LATINO | WHITE |

**PARENTS**

| 18. FATHER'S NAME | 19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE |
|---|---|
| LEO CHAMBERLAIN | BERYL UNKNOWN |

| 20a. INFORMANT'S NAME | 20b. RELATIONSHIP TO DECEDENT | 20c. MAILING ADDRESS |
|---|---|---|
| BEVERLY CHAMBERLAIN | WIFE | 3244 ANDERSON RD, NASHVILLE, TENNESSEE 37013 |

**DISPOSITION**

| 21a. METHOD OF DISPOSITION | 21b. PLACE OF DISPOSITION | 21c. LOCATION |
|---|---|---|
| CREMATION | HERMITAGE MEMORIAL GARDENS | NASHVILLE, TENNESSEE |

| 22a. SIGNATURE OF FUNERAL DIRECTOR | 22b. LICENSE NUMBER | 22c. SIGNATURE OF EMBALMER | 22d. LICENSE NUMBER |
|---|---|---|---|
| ▶ /e/ HERSCHEL DAVID BEGARLY | 5610 | ▶ | |

| 23a. NAME AND ADDRESS OF FUNERAL HOME | 23b. LICENSE NUMBER |
|---|---|
| HERMITAGE FUNERAL HOME AND MEMORIAL GARDENS, 535 SHUTE LANE, OLD HICKORY, TENNESSEE 37138 | 540 |

**REGISTRAR**

| 24. REGISTRAR'S SIGNATURE | 25. DATE FILED |
|---|---|
| ▶ /e/ LORI FERRANTI | 10/11/2017 |

**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 | 27b. LICENSE NUMBER | 27c. DATE SIGNED |
|---|---|---|
| ▶ /e/ LAURA WILE | 43404 | 09/29/2017 |

27d. NAME AND ADDRESS: LAURA WILE 22ND AVE N STE 502, 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.

| | | APPROXIMATE INTERVAL: ONSET TO DEATH |
|---|---|---|
| IMMEDIATE CAUSE (Final disease or condition resulting in death) | a. MYOCARDIAL INFARCTION | |
| DUE TO (OR A CONSEQUENCE OF) | b. CORONARY ARTERY DISEASE | |
| DUE TO (OR A CONSEQUENCE OF) | c. AORTIC STENOSIS | |
| DUE TO (OR A CONSEQUENCE OF) | d. HYPERTENSION | |

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: DIABETES MELLITUS, CHRONIC KIDNEY DISEASE

29a. WAS AN AUTOPSY PERFORMED? NO

29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?

| 30. MANNER OF DEATH | 31. DID TOBACCO USE CONTRIBUTE TO DEATH? | 32. IF FEMALE: |
|---|---|---|
| NATURAL | UNKNOWN | 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) RDA 10112

10349926

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.

SEP 20 2018

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

Edward G. Bishop III
State Registrar

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

1034992 6.
Date Issued

CERTIFICATION OF VITAL RECORD