QUITCLAIM DEED

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The actual consideration or value, whichever is greater, for this transfer is $10.00.

Michelle Stanley
Affiants

Subscribed and sworn to before me, this the 8th day of March, 2019.

Notary

My Commission Expires: 10-29-22

STACEY ANGELLO
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY

Karen Johnson Davidson County
Batch# 203942 DEEDQC
03/08/2019 02:08:01 PM 9 pgs
Fees: $47.00 Taxes: $0.00

20190308-0021567

THIS INSTRUMENT PREPARED BY:
Stacey Angello
The Law Office of Stacey Angello
14345 Lebanon Rd. Suite A
Old Hickory, Tennessee 37138
(615) 449-2700

Address of new owner:	Send Tax Bills to:	Map Parcel No.
Michelle Stanley 422 McCain Dr. Nashville, Tennessee 37211	SAME	Map: 1610 04 Parcel: 13.00

THIS INSTRUMENT made and entered into on this the 8th day of March, 2019, by and between MICHELLE STANLEY AND CRYSTAL COLLINS, ("Grantors") and MICHELLE STANLEY AND DANIEL JOSEPH STANLEY AND CRYSTAL COLLINS ("Grantees"):

KNOW ALL PERSONS BY THESE PRESENTS that for the sum of Ten and No/100 ($10.00) Dollars, cash in hand paid, and other goods and valuable consideration, the receipt and legal sufficiency of which are hereby acknowledged, Grantors convey, transform, release, relinquish, and quitclaim unto Grantees, Grantees' heirs and assigns, as tenants in common with right of survivorship, each a one-third (1/3) equal interest in all Grantors' right, title, and interest in and to the real property in the State of Tennessee, the following described tract of land located in Davidson County, and incorporated herein by reference:

> Land in Davidson County, Tennessee, being Lot No. 29 on the Plan of Whispering Hills Annex, of record in Book 2331, page 133, Register's Office for said County and more particularly described as follows:
>
> SAID Lot No. 29 fronts 88 feet on the northerly side of McCain Drive and extends back between lines 108.0 feet on the westerly side and 169.2 feet on the easterly side to a broken line in the rear on which it measures 128.5 feet.
>
> Being the same real property conveyed to Louie B. Mason, Sr., and wife Alene B. Mason, by deed from Elm Hill Homes, Inc., dated May 15, 1957, filed May 16, 1957, and recorded in book 2647, page 45, said Register's Office.
>
> Being the same real property conveyed to R.W. Harris and wife, Elizabeth Harris, by deed from Louie B. Mason, Sr. and wife Alene B. Mason, dated July 17, 1964, and recorded in book 3791, page 747 in said Register's Office.
>
> Being the same property conveyed to Michelle Stanley and Crystal Collins, pursuant to the duly-probated Last Will and Testament of Elizabeth Corene Harris. Probate Docket No. 18P1950.

For Informational Purposes ONLY
This is improved property known as: 422 McCain Dr., Nashville, Tennessee 37211.

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

The Grantors make no warranty, express or implied, as to title in the property herein described.

The preparer makes no representation or warranties as to the accuracy of the description or the status of the title to the property described herein. This deed has been prepared solely from information furnished to the preparer, without benefit of a title search or tax advice. It is the responsibility of the grantee to record this document and failure to do so could adversely affect the title of the property. The parties hereto signify their assent to this disclaimer by the execution and the acceptance of the instrument.

IN WITNESS WHEREOF, the Grantors have hereunto set their hand on this the 8th day of March, 2019.

Michelle Stanley

Michelle Stanley

Crystal Collins

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, **Michelle Stanley,** with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence), and who acknowledged that such person executed the within instrument for the purposes therein contained.

WITNESS my hand, at office, this the 8th day of March, 2019.

Notary Public

My Commission Expires: 10-29-22

STACEY ANGELLO STATE OF TENNESSEE NOTARY PUBLIC WILSON COUNTY

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, **Crystal Collins**, with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence), and who acknowledged that such person executed the within instrument for the purposes therein contained.

WITNESS my hand, at office, this the 8th day of March, 2019.

Notary Public

My Commission Expires: 10-29-22

STACEY ANGELLO STATE OF TENNESSEE NOTARY PUBLIC WILSON COUNTY

Copy

Last Will and Testament of Elizabeth Harris

FILED
2018 NOV 19 PM 1:24
RICHARD R. ROOKER, CLERK
D.C.

I, **Elizabeth Harris,** of Nashville, Davidson County, Tennessee, being of sound mind and disposing memory, do make, declare and publish this my Last Will and Testament, hereby revoking all former wills and codicils to wills heretofore made by me.

ITEM 1
FAMILY

A. **Daughter**. All references to my daughter refer to **Michelle Stanley**, who is referred to in this Will as my "daughter".

B. **Granddaughter**. All references to my granddaughter refer to **Crystal Collins**, who is referred to in this Will as my "granddaughter".

ITEM 2
FIDUCIARIES

2. **Executor/Executrix**. I nominate the following persons to serve as the Executor/ Executrix of this will, with such persons to act successively, in the order named:

1. **Michelle Stanley,** my daughter, of Nashville, Davidson County, Tennessee.
2. **Crystal Collins**, my granddaughter, of Nashville, Davidson County, Tennessee.

ITEM 3
REAL PROPERTY

To my daughter, **Michelle Stanley** and my granddaughter, **Crystal Collins**, I devise and bequeath all right, title, and interest, in equal portions, share and share alike, in the property where they are now living in Nashville, Davidson County, Tennessee, 422 McCain Dr., with postal code, 37211, which is more specifically described as follows:

Copy

Land in Davidson County, Tennessee, being Lot No. 29 on the Plan of Whispering Hills Annex, of record in book 2331, page 133, Register's Office for said County, and more particularly described as follows:

Said Lot No. 29 fronts 88 feet on the northerly side of McCain Drive and extends back between lines 108.0 feet on the westerly side and 169.2 feet on the easterly side to broken line in the rear on which it measures 128.5 feet.

Being the same real property conveyed to Louie B. Mason, Sr., and wife, Alene B. Mason, by deed from Elm Hill Homes, Inc., dated May 15, 1957, filed May 16, 1957, and recorded un book 2647, page 45, said Register's Office.

If my daughter, Michelle, does not survive me, then all to my granddaughter. If my granddaughter, Crystal, does not survive me, then all to my daughter.

This devise is contingent upon my ownership of this property at the time of my death.

ITEM 4
TANGIBLE PERSONAL PROPERTY

4.A. Distribution of Tangible Personal Property. I bequeath to my daughter, **Michelle Stanley** and my granddaughter, **Crystal Collins**, *if they shall survive me*, any property owned by me at the time of my death, in equal shares, share and share alike, including, but not limited to, household furnishings, automobiles, and personal effects, and except for any such items specifically bequeathed to another in any separate written document described in **Item 4.B.** hereof. If my daughter, Michelle, does not survive me, then all to my granddaughter, Crystal. If my granddaughter, Crystal, does not survive me, then all to my daughter, Michelle. If any items of tangible personal property are sold, the net sales proceeds shall be added to my residuary estate and distributed according to the terms set forth in **Item 5.**

4.B. Separate Written Document. After I sign this Will, I may leave a separate letter or other written document (either in my own handwriting or signed by me or both) addressing the distribution of certain items of my tangible personal property. If I prepare such a document, I will keep it with my Will. If my Executor finds such a document, it is my desire that

Copy

the wishes expressed in the document be carried out, even if the document does not meet all of the technical legal requirements necessary to qualify for admission to probate.

4.C. Ownership and Survivorship Required. Each bequest of an item of tangible personal property under this Item or in a separate written document described in **Item 4.B.** hereof, is contingent on my ownership of the item at the time of my death and upon the survivorship of the person to whom the item is bequeathed, unless I expressly provide otherwise.

ITEM 5
RESIDUARY ESTATE

I give all the rest of my estate (called my residuary estate), including real property, to my daughter, **Michelle Stanley** and my granddaughter, **Crystal Collins**, if they shall survive me, in equal shares, share and share alike. If my daughter, Michelle, does not survive me, then all to my granddaughter. If my granddaughter, Crystal, does not survive me, then all to my daughter.

In the event that a distribution pursuant to this paragraph is to be made to a minor, said distribution shall be made according to the terms described in **Item 7** of this document.

ITEM 6
ADMINISTRATIVE PROVISIONS

6.A. Waiver of Bond. I direct that no bond be required of any Executor or Executrix named hereunder.

6.B. Waiver of Inventory and Accounting. To the extent permitted by applicable law, no Executor or Executrix shall be required to file any inventory or file any accounting with respect to the performance of the Executor's or Executrix's duties.

6.C. Payment of Debts, Administration Expenses and Taxes. All of my legally enforceable debts (except secured debts, which may be paid or retained in the discretion of the Executor), my funeral expenses and the expenses of administration of my estate, both domicillary and ancillary, shall be paid by my Executor as soon as practicable after my death. My Executor shall pay out of my residuary estate all estate, inheritance, and other death taxes which shall become payable by reason of my death, whether in respect of property passing under this will or otherwise, as an expense of administration, without apportionment.

6.D. Life Insurance. The proceeds of any life insurance payable to my estate are to be free from the claims of creditors, and are to be held and distributed as provided by the terms of this will. My Executor may use (but shall not be required to use) any portion of such proceeds as my Executor deems advisable, exercising a reasonable discretion, for the payment of

Copy

debts, expenses and taxes, but only if my Executor deems such use of the proceeds to be in the best interests of my legatees and beneficiaries hereunder.

6.E. Real Property. Any real property I own at my death is to be administered as a part of my probate estate subject to the control of the Executor for purposes of administration, as authorized by Tennessee Code Annotated § 31-2-103. So long as the Executor serves, the Executor shall have the same power over the title to real property as an absolute owner would have, including but not limited to the power to sell, mortgage, lease, or otherwise convey any interest in any real estate without the joinder, consent or approval of any heir, legatee, beneficiary, court or other person, provided that in exercising such power the Executor shall be acting in a fiduciary, not an individual, capacity.

6.F. Powers of Executor/Executrix. In addition to any powers and other related administrative provisions granted or contained elsewhere in this will, if any, the Executor, in the exercise of a reasonable discretion with respect to all property, real and personal, at any time forming a part of my estate or any trust hereunder, may exercise any and all of the powers set forth in Tenn. Code Ann. § 35-50-110, to the extent applicable, all of which provisions and powers are herein by reference (as set out in this statute on the date I sign this will), even if this statute is amended or repealed hereafter and even if my estate or any trust hereunder is administered in a state other than Tennessee. I grant to my fiduciaries the power and authority to appoint resident fiduciaries to serve with them when applicable law so requires.

6.G. References to Fiduciaries. For convenience, the fiduciaries named in this Will (including any alternates or successors) are sometimes referred to as my Personal Representative and sometimes in the singular person and masculine gender, regardless of the number or gender of those actually named herein.

6.H. Distribution to Descendants. Unless specifically provided otherwise herein, references to descendants shall include both the biological and adopted descendants and shall only refer to then-living descendants. Distribution to the descendants of any deceased person under this will shall be *per stirpes*.

6.I. Captions. The captions and headings of this will are for convenience only and shall not define or limit the provisions contained herein.

ITEM 7
MINORS

If under this Will any property shall be payable outright to a person who is a minor, my Executor may, without court approval, pay all or part of such property to a parent or guardian of that minor, to a custodian under the Uniform Transfers to Minors act, or may defer payment of

Copy

such property until the minor reaches the age of majority, as defined by his or her state of residence. No bond shall be required for such payments.

ITEM 8
SPECIAL NOTATION

I intentionally leave nothing to anyone not mentioned in this Will.

IN WITNESS WHEREOF, I have hereunto subscribed my name to this my Last Will and Testament, consisting of this and the preceding four (4) typewritten pages, and for the purpose of identification, I have initialed each such page at the bottom thereof, all in the presence of the persons witnessing it, at my request, on this, the 16th day of August, 2018.

ELIZABETH HARRIS, Testatrix

Signed, sealed, published and declared by the Testatrix, **Elizabeth Harris**, to be her Last Will and Testament in the presence of all of us at one and the same time, and we, at her request and in her presence and in the presence of each other, have hereunto subscribed our names as witnesses, and we do hereby attest to the sound and disposing mind of said Testatrix and to the performance of the aforesaid act of execution at the place and on the date hereinabove set out.

WITNESSES:

Witness

Mary Agee
Print Name

Witness

Kathy Roberts
Print Name

Copy

Affidavit

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The undersigned, being first duly sworn, do hereby depose and say as follows:

1. The Testatrix, **Elizabeth Harris**, signed the foregoing paper writing, declaring it as and for her Will on this the 16th day of August, 2018 in our presence.

2. At the request of said Testatrix, we then each signed said paper writing as attesting witnesses thereto, in the presence of the Testatrix and in the presence of each other.

3. At the time she signed said paper writing, the Testatrix appeared to be over eighteen (18) years of age, of sound mind and disposing memory, and legally capable of making a Will.

WITNESSES:

Mary Agee
Witness

Mary Agee
Print Name

Kathy Roberts
Witness

Kathy Roberts
Print Name

SWORN TO AND SUBSCRIBED before me this 16th day of August, 2018.

Notary Public

My Commission Expires: 10-30-18

STACEY ANGELLO
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY

This Instrument Was Prepared By:

STACEY ANGELLO (#030441)
Attorney at Law
14345 Lebanon Rd. Suite A
Old Hickory, Tennessee 37138
615.449.27009p

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

LOCAL REGISTRAR

9600738

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT: For use by physician or institution

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): R W Harris
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): February 5, 1996
4. SOCIAL SECURITY NUMBER (of Decedent): 0450
5a. AGE – LAST BIRTHDAY (Years): 64
6. DATE OF BIRTH: May 23 1931
7. BIRTHPLACE (City and State or Foreign Country): Williamson, Tennessee
8. EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] 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): Southern Hills Medical Center
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): Elizabeth Walls
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Laborer
12b. KIND OF BUSINESS/INDUSTRY: NashvilleBridge&MoranCont
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 422 McCain Dr
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37211
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): 12; College (1-4 or 5+): 0

PARENTS

17. FATHER'S NAME (First, Middle, Last): William F. Harris
18. MOTHER'S NAME (First, Middle, Maiden Surname): Amanda White

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Elizabeth Harris
19b. RELATIONSHIP TO DECEASED: wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 422 McCain Dr. Nashville, TN 37211

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): Williamson Memorial Gardens
20c. LOCATION – City or Town, State: Franklin, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ C. Hall Stephens
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3880
21c. SIGNATURE OF EMBALMER: ▶ Jim Brewer
21d. LICENSE NUMBER OF EMBALMER: 2969
22a. NAME AND ADDRESS OF FUNERAL HOME: WILLIAMSON MEMORIAL FUNERAL HOME, LLC 3009 Columbia Ave. Franklin TN 37064
22b. LICENSE NUMBER OF FUNERAL HOME: 615

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Ruby Leonel Brown
24. DATE FILED (Month, Day, Year): February 16, 1996

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 [ ] SIGNATURE AND TITLE OF PHYSICIAN ▶
25b. LICENSE NUMBER
25c. DATE SIGNED (Month, Day, Year)
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): Mary McKlaney, M.D. 357 Wallace Road Suite 415 Nashville, TN 37211

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. COPD — Years
DUE TO (OR AS A CONSEQUENCE OF): b. Cholecystitis/Cholelithiasis — Days
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: 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: CAD, Bowel perforation
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 [ ] Natural 2 [X] Accident 3 [ ] Pending Investigation 4 [ ] Suicide 5 [ ] Homicide
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
31d. DESCRIBE HOW INJURY OCCURRED
32. PLACE OF INJURY – At home, farm, factory, street, office, etc. (Specify)
33. LOCATION (Street or R.F.D. Number, City or Town, State)