Karen Johnson Davidson County
Batch# 227885 DEEDQC
05/09/2019 01:21:30 PM 6 pgs
Fees: $32.00 Taxes: $0.00
20190509-0043696

THIS INSTRUMENT PREPARED BY:
Paul C. Hayes
Howard Mobley Hayes & Gontarek, PLLC
2319 Crestmoor Road
Nashville, Tennessee 37215
(615) 627-4444

EXECUTOR'S QUITCLAIM DEED

Consideration Certificate

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The actual consideration for this transfer is $0. This transfer is exempt from real estate transfer tax pursuant to Tenn. Code Ann. § 67-4-409(a)(3)(D).

Anne M Darken

ANNE M. DARKEN, as Trustee, Affiant

Subscribed and sworn to before me,
this 9th day of May, 2019.

Paul C. Hayes

Notary Public
My Commission Expires: 5/3/2021

PAUL C. HAYES
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires MAY 3, 2021

Address of new owner:	Send Tax Bills to:	Map-Parcel Number:
Anne M. Darken, as Trustee of the Anne M. Darken Trust 227 Deer Park Circle Nashville, TN 37205	Anne M. Darken, as Trustee of the Anne M. Darken Trust 227 Deer Park Circle Nashville, TN 37205	103-16-H-008

KNOW ALL MEN BY THESE PRESENTS that **Anne M. Darken, as Executrix of the Estate of Carmela T. Manfredo, deceased** (the "Decedent"), who died on March 22, 2018, for and in consideration of the sum of Ten and No/100 ($10.00) Dollars, cash in hand paid, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, and in connection with the distribution of the estate of the Decedent pursuant to the Decedent's Last Will

and Testament that was duly admitted to probate in Davidson County, Tennessee (Case No. 18P-958 in the Seventh Circuit Court, Probate Division), hereby quitclaims and conveys unto **Anne M. Darken, as Trustee of the Anne M. Darken Trust created under the Last Will and Testament of Carmela T. Manfredo dated September 13, 2013** (the "Grantee"), its successors and assigns, all of the right, title, and interest of the Decedent and the Decedent's estate in and to certain real property located in Davidson County, Tennessee, being more particularly described as follows:

> A Condominium Apartment in Davidson County, Tennessee, being Unit No. 20 of Stanford Place, a horizontal property regime pursuant to the Tennessee Horizontal Property Act, as shown on the Plan Exhibit "B" to the Master Deed of record in Book 10018, Page 140, as amended in Book 10058, Page 623, Register's Office for said County, to which source reference is hereby made for more complete details of description, together with the said apartment's appurtenant undivided interest in the general and limited common elements of the Condominium.
>
> Being the same property conveyed to Francis J. Manfredo and spouse, Carmela T. Manfredo, by Warranty Deed dated July 10, 2003 from Vincent L. Parrish and spouse, Jane B. Parrish, of record as Instrument Number 20030711-0096387, Register's Office for Davidson County, Tennessee. Carmela T. Manfredo obtained fee simple title to the subject property by surviving her spouse, Francis J. Manfredo, who died on June 7, 2015. A copy of the Certificate of Death of Francis J. Manfredo is attached hereto as Exhibit A.
>
> This conveyance is made subject to (1) all matters shown of record in Plat Book 10018, Page 140, said Register's Office, including without limitation Exhibit "B", with Owner's Certificate, which Plan shows minimum building set back lines and easements and to which Plan reference is hereby made for a more complete description, and (2) the provisions of the condominium Master Deed of record in Book 10018, page 140, amended in Book 10058, page 623, said Register's Office, which submits said property to a Horizontal Property Regime pursuant to the provisions of the Tennessee Horizontal Property Act and sets forth restrictions, assessments, liens and other matters.
>
> This is improved property commonly known as 4040 Woodlawn Drive #20, Nashville, TN 37205.

This deed was prepared without the benefit of a title search and uses the legal description for the property herein conveyed as reflected in the deed of conveyance to the Decedent.

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

WITNESS my hand this the 9th day of May, 2019.

ANNE M. DARKEN, as Executrix of the ESTATE OF CARMELA T. MANFREDO

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, **ANNE M. DARKEN, Executrix of the ESTATE OF CARMELA T. MANFREDO**, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and while under oath stated that she executed the within instrument, in his duly authorized capacity, for the purposes therein contained.

WITNESS my hand and official seal on this the 9th day of May, 2019.

Notary Public
My Commission Expires: 5/3/2021

PAUL C. HAYES
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires MAY 3, 2021

EXHIBIT A

Certificate of Death of Francis Joseph Manfredo

[Copy Attached]

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): FRANCIS JOSEPH MANFREDO
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): June 7, 2015
4. TIME OF DEATH (Spelled): 3:18 pm
5a. AGE-Last Birthday (Years): 90
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): August 7, 1924
7. BIRTHPLACE (City and State or Foreign Country): New Hamburg, New York

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): 4040 Woodlawn Drive #20
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Carmela Miuccio
11a. DECEDENT'S USUAL OCCUPATION: Purchasing
11b. KIND OF BUSINESS/INDUSTRY: IBM
12. SOCIAL SECURITY NUMBER: [redacted] 3312
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 4040 Woodlawn Drive #20
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37205
14. WAS DECEDENT EVER IN US ARMED FORCES? ☒ Yes ☐ No

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): Frank Manfredo
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Louisa Mille

DISPOSITION

20a. INFORMANT'S NAME: Anne Darken
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 227 Deer Park Circle Nashville, TN. 37205

21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Crawford-Mortuary & Crematory
21c. LOCATION - City or Town and State: Nashville, Tennessee

22a. SIGNATURE OF FUNERAL DIRECTOR: Wade B. Crawford
22b. LICENSE NUMBER: 4114
22c. SIGNATURE OF EMBALMER:
22d. LICENSE NUMBER:

23a. NAME AND ADDRESS OF FUNERAL HOME: Crawford Mortuary & Crematory 2714 Grandview Avenue Nashville, Tennessee 37211
23b. LICENSE NUMBER OF FUNERAL HOME: 713

REGISTRAR

24. REGISTRAR'S SIGNATURE: Tony Bruce Rudy for DR
25. DATE FILED (Month, Day, Year): June 9 2015

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 EXECUTED CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS

27a. SIGNATURE OF CERTIFIER:
27b. LICENSE NUMBER: 48448
27c. DATE SIGNED (Month, Day, Year): 6/8/15
27d. NAME AND ADDRESS: Laura Tharpe, M.D. 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. 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. Atherosclerotic Cardiovascular Disease — Due to (or as a consequence of)
c. _____ — Due to (or as a consequence of)
d. _____

Approximate Interval Onset to death

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) _____
33a. DATE OF INJURY (Month, Day, Year)
33b. TIME OF INJURY
33c. INJURY AT WORK? ☐ Yes ☐ No
33d. PLACE OF INJURY - (At home, farm, street, factory, office, building, etc. (Specify)
33e. DESCRIBE HOW INJURY OCCURRED
33f. LOCATION OF INJURY (Street and Number, City or Town, State)

TH-1659 (Rev. 10/2011) RDA 1399

8056759

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.

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

8056759
Date Issued

JUN 09 2015

SEAL OF THE STATE OF TENNESSEE — DEPARTMENT OF AGRICULTURE — 1796

CERTIFICATION OF VITAL RECORD

201905090043696

CERTIFICATE OF AUTHENTICITY

I, Paul C. Hayes, 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.

Paul C. Hayes

Paul C. Hayes

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, Lisa D. Hill, a notary public for this county and state, Paul C. Hayes, who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Lisa D. Hill

Notary Public

My Commission Expires: 5-3-2021

Notary's Seal (if on paper)

