AFTER RECORDING RETURN TO:
GODEEDS, INC.
Attn: LegalZoom Dept.
8940 Main Street
Clarence, NY 14031
File No. 532421345-58232559

This document prepared by:
JOHN O. WINDSOR, ESQ.
1775 Lelia Drive Suite E (2nd floor)
Jackson, MS 39216
866-333-3081

Karen Johnson Davidson County
Batch# 238213 DEEDQC
06/04/2019 08:54:30 AM 5 pgs
Fees: $27.00 Taxes: $0.00
20190604-0052885

Tax ID No.: 172-08-0A-111.00-C

QUIT CLAIM DEED

THIS DEED made and entered into on this 29 day of May, 2019, by and between **Michael R. White, individually and as surviving spouse of Grace J. White, who died** 5-16-19, a mailing address of 1601 Hunters Branch Road, Antioch, TN 37013, hereinafter referred to as Grantor(s) and **Michael R. White, a widower**, a mailing address of 1601 Hunters Branch Road, Antioch, TN 37013, hereinafter referred to as Grantee(s).

WITNESSETH: That the said Grantor(s), for and in consideration of the sum of ZERO and NO/100 ($0.00) DOLLARS, do this day remise, release, quitclaim and convey to the said Grantee(s) the following described real estate located in DAVIDSON County, TENNESSEE:

LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT NO. 111 ON THE PLAN OF HUNTERS BRANCH, SECTION 2-A OF RECORD IN BOOK 6250, PAGE 819 AND AMENDED IN BOOK 6815, PAGE 77, REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE.

SAID LOT NO. 111 FRONTS 91.93 FEET ALONG THE WESTERLY MARGIN OF HUNTERS BRANCH ROAD AND EXTENDS BACK 108.66 FEET ON THE NORTHERLY LINE AND 91.96 FEET ON THE SOUTHERLY LINE TO A DEAD LINE IN THE REAR MEASURING 66.13 FEET THEREON.

Also known as: 1601 Hunters Branch Road, Antioch, TN 37013

SUBJECT TO EASEMENTS, COVENANTS, CONDITIONS, RESTRICTIONS, RESERVATIONS, AND LIMITATIONS OF RECORD, IF ANY.

Being the same property conveyed to Michael R. White and Grace J. White from Philhall Corporation in a prior Deed recorded under Book 7132 Page 574, recorded on 02/10/1987 in DAVIDSON County, TENNESSEE.

And that said conveyance does not render the Grantor(s) insolvent nor is it for the purpose of defrauding any of the creditors of the Grantor(s).

Tax ID No.: 172-08-0A-111.00-C

IN WITNESS WHEREOF, the said Grantor(s) has/have signed and sealed this deed, the day and year above written.

Michael R. White

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned notary public of the aforesaid County and State, Michael R. White, the within named bargainer, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who acknowledged that he/she executed the within instrument for the purposes therein contained.

Witness my hand, at offices, the 29 day of MAY, 2019.

Notary Public
My Commission expires: My Commission Expires June 21, 2020

CARLOS ROBERTO BERRIOS
STATE OF TENNESSEE NOTARY PUBLIC
RUTHERFORD COUNTY

VALUATION AFFIDAVIT

I, hereby swear or affirm that to the best of knowledge, information, and belief of the Affiant, that the actual consideration for this transfer is $0.00.

Affiant

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Sworn to before me this 29 day of MAY, 2019.

Notary Public
My Commission Expires: My Commission Expires June 21, 2020

CARLOS ROBERTO BERRIOS
STATE OF TENNESSEE NOTARY PUBLIC
RUTHERFORD COUNTY

Name and address for person(s) responsible for taxes:

Michael R. White
1601 Hunters Branch Road
Antioch, TN 37013

Name and address of property owner:

Michael R. White
1601 Hunters Branch Road
Antioch, TN 37013

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 027697

DECEDENT (TYPE/PRINT IN PERMANENT BLACK INK — NAME OF DECEDENT — Not to be altered by Physician or Institution)

1. DECEDENT'S LEGAL NAME				2. SEX	3. DATE OF DEATH
GRACE JULENE WHITE				FEMALE	05/16/2019

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
04:36	74					08/15/1944	AUBURN, AL

8a. PLACE OF DEATH: DECEDENT'S HOME

8b. FACILITY NAME	8c. CITY OR TOWN	8d. COUNTY OF DEATH
1601 HUNTERS BRANCH RD	ANTIOCH	DAVIDSON

9. MARITAL STATUS	10. SURVIVING SPOUSE (name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
MARRIED	MICHAEL WHITE	HOMEMAKER	HER OWN HOME

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
-0235	TENNESSEE	DAVIDSON	ANTIOCH

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
1601 HUNTERS BRANCH RD	YES	37013	NO

15. DECEDENT'S EDUCATION	16. DECEDENT OF HISPANIC ORIGIN?	17. DECEDENT'S RACE
HIGH SCHOOL GRADUATE OR GED COMPLETED	NO, NOT SPANISH/HISPANIC/LATINO	WHITE

PARENTS

18. FATHER'S NAME	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE
WILLIAM HILL	MABLE KITCHENS

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS
MICHAEL WHITE	HUSBAND	1601 HUNTERS BRANCH RD, ANTIOCH, TN 37013

DISPOSITION

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION	21c. LOCATION
CREMATION	NASHVILLE FUNERAL AND CREMATION	NASHVILLE, TN

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
▶ /e/ JONATHAN SCOTT KEENE	5939	▶	

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER
NASHVILLE FUNERAL AND CREMATION, 210 MCMILLAN STREET, NASHVILLE, TN 37203-7505	1136

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED
▶ /e/ EDWARD G. BISHOP III	05/20/2019

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/ KENNETH W ANDERSON	012869	05/16/2019

27d. NAME AND ADDRESS: KENNETH W ANDERSON 501 PARK AVENUE SUITE C, LEBANON, TN 37087

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). 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	a. SENILE DEGENERATION OF THE BRAIN	MONTHS
	DUE TO (OR A CONSEQUENCE OF)	
	b.	
	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?	29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
NO	

30. MANNER OF DEATH	31. DID TOBACCO USE CONTRIBUTE TO DEATH?	32. IF FEMALE:
NATURAL	NO	NOT PREGNANT WITHIN PAST YEAR

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

11165095

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.

Edward G. Bishop III
State Registrar

1 1 1 6 5 0 9 5

Date Issued MAY 22 2019

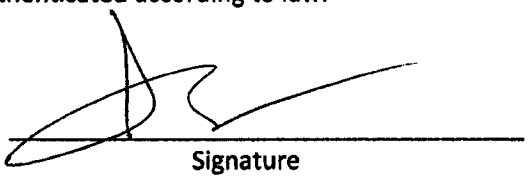
THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

CERTIFICATION OF VITAL RECORD

2019000100852995

TRUE COPY CERTIFICATION

I, Frank Dec, do hereby make oath that I am a licensed attorney and/or 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.



Signature

STATE OF NEW YORK

COUNTY OF ERIE

Personally appeared before me, JIM ROALDI, a notary public for this country and state, FRANK DEC, who acknowledges that this certification of an electronic document is true and correct and who signature I have witnessed.



Notary Public's Signature

My Commission Expires 6/6/21

Notary's Seal

JAMES ROALDI
Notary Public, State of New York
Qualified in Erie County
Commission Expires June 06, 2021