This Instrument Prepared by:
BARBARA J. MOSS
Elder Law of Nashville PLC
4525 Harding Pike, Suite 200
Nashville, TN 37205

From information furnished by the parties

Karen Johnson Davidson County
Batch# 244537 DEEDQC
06/17/2019 02:58:15 PM 4 pgs
Fees: $22.00 Taxes: $0.00

20190617-0058164

The actual consideration or value whichever is greater for this transfer is NO MONETARY CONSIDERATION.

Cheryl Ann Ganison, Trustee of the Lewis Jefferson Cox and Barbara Darden Cox Revocable Living Trust, Affiant

Cheryl Ann Ganison, Trustee of the Lewis Jefferson Cox and Barbara Darden Cox Revocable Living Trust, Affiant

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Sworn to and subscribed before me
This 11th day of June, 2019.

BARBARA J. MOSS STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

My Commission Expires JULY 09, 2022

NOTARY PUBLIC

My Commission Expires 7/9/22

QUITCLAIM DEED

ADDRESS OF NEW OWNERS:	SEND TAX BILLS TO:	MAP & PARCEL NO.
Cheryl Ann Ganison	Same	Map: 081-060
2720 London Plane Court		Parcel 13800
Waldorf, MD 20603		

FOR NO MONETARY CONSIDERATION, I, **Cheryl Ann Ganison, Trustee of the Lewis Jefferson Cox and Barbara Darden Cox Revocable Living Trust,**, by these presents do hereby quitclaim and convey unto **Cheryl Ann Ganison** individually all the right, title and interest in and to the following described tract of land:

Being Lot No. 25 on the Plan of Cumberland Gardens, of record in Book 2900, page 3 and 4, Register's Office for Davidson County, Tennessee, to which plat reference is hereby made for a more complete legal description.

Said Lot No. 25 fronts 60.0 feet on the easterly side of 28th Avenue, North and extends back 100.2 feet on the northerly line and 137.3 feet on the southerly line, to a dead line in the rear, measuring 70.7 feet thereon.

This conveyance is subject to any and all, recorded and unrecorded, zoning regulations, building restrictions and setback lines, easements and rights of way for public utilities.

Being the same property conveyed by Barbara D. Cox and husband, Lewis J. Cox, to Lewis Jefferson Cox and Barbara Darden Cox, Trustees of the Lewis Jefferson Cox and Barbara Darden Cox Revocable Living Trust by instrument 20090828-0080930, of record at said Register's Office.

Thereafter, Lewis Jefferson Cox died, as shown by Affidavit of Death filed at Instrument # 20160908-0094620. Barbara Darden Cox died in 2019 as shown by the Death Certificate attached hereto.

This is improved property known as 1816 28th Avenue, North, TN 37208.

Witness my hand this 11th day of June, 2019.

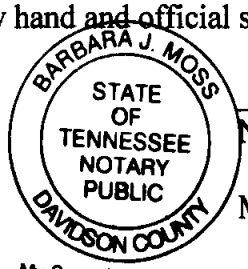
Cheryl Ann Ganison, Trustee of the Lewis Jefferson Cox and Barbara Darden Cox Revocable Living Trust

Cheryl Ann Ganison, Trustee of the Lewis Jefferson Cox and Barbara Darden Cox Revocable Living Trust

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, Cheryl Ann Ganison, the within named bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), acknowledged that she executed the within instrument as trustee of the Lewis Jefferson Cox and Barbara Darden Cox Revocable Living Trust for the purposes therein contained.

Witness my hand and official seal, this 11th day of June, 2019.



NOTARY PUBLIC

My Commission Expires: 7/9/22

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 029522

TYPE/PRINT IN PERMANENT BLACK INK

NAME OF DECEDENT (For use by Physician or Institution)

1. DECEDENT'S LEGAL NAME				2. SEX	3. DATE OF DEATH
BARBARA JEAN COX				FEMALE	05/27/2019
4. TIME OF DEATH (Approx.)	**5a. AGE**	**6b. UNDER 1 YEAR** Months / Days	**6c. UNDER 1 DAY** Hours / Minutes	**6. DATE OF BIRTH**	**7. BIRTHPLACE**
03:04 AM	84			10/12/1934	MERIDIAN, MS

8a. PLACE OF DEATH	8b. FACILITY NAME	8c. CITY OR TOWN	8d. COUNTY OF DEATH
DECEDENT'S HOME	4616 STERLING CROSS	NASHVILLE	DAVIDSON

9. MARITAL STATUS	10. SURVIVING SPOUSE (name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
WIDOWED		COLLGE COUNSELOR	EDUCATION

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
-8242	TENNESSEE	DAVIDSON	NASHVILLE

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
4616 STERLING CROSS	YES	37211	NO

15. DECEDENT'S EDUCATION	16. DECEDENT OF HISPANIC ORIGIN?	17. DECEDENT'S RACE
MASTER'S DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	BLACK OR AFRICAN AMERICAN

18. FATHER'S NAME	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE
JOTHAN DARDEN	ASILEAN SPEARS

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS
DEBORAH COX	DAUGHTER	4616 STERLING CROSS. NASHVILLE, TN 37211

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

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
▶ /e/ LORI GREGORY	5730	▶	

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER
NEPTUNE SOCIETY, 1187 OLD HICKORY BLVD STE 100, BRENTWOOD, TN 37027-4240	1246

24. REGISTRAR'S SIGNATURE	25. DATE FILED
▶ /e/ EDWARD G. BISHOP III	05/29/2019

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/ KRISTEN SLADEK COLLER	038920	05/29/2019

27d. NAME AND ADDRESS
KRISTEN SLADEK COLLER 1718 PATTERSON ST, NASHVILLE, TN 37203

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. METASTATIC MULTIPLE MYELOMA	YEARS
	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? 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	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

11215219

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 2 1 5 2 1 9

Date Issued: MAY 30 2019

CERTIFICATION OF VITAL RECORD