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

20190617-0058165

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

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

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

NOTARY PUBLIC

My Commission Expires 7/5/22

BARBARA J. MOSS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires
JULY 09, 2022

QUITCLAIM DEED

ADDRESS OF NEW OWNERS:	SEND TAX BILLS TO:	MAP & PARCEL NO.
Cheryl Ann Ganison 2720 London Plane Court Waldorf, MD 20603	Same	Map: 081-06-0 Parcel 134

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. 24 on the Plan of Cumberland Gardens, as of record in Book 2900, page 3 and 4, Register's Office for Davidson County, Tennessee.

Said Lot No. 24 fronts 57.5 feet on the easterly side of 28th Avenue North and extends back 137.3 feet on the northerly line and 172.9 feet on the southerly line to a dead line, measuring 67.8 feet thereon.

This conveyance is subject to all restrictive covenants, easements and set back lines which are applicable to the above described property.

Being the same property conveyed by Barbara D. Cox individually to Lewis Jefferson Cox and Barbara Darden Cox, Trustees of the Lewis Jefferson Cox and Barbara Darden Cox Revocable Living Trust by instrument 20030930-0143788, 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 1814 28th Avenue, North, Nashville, 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.



My Commission Expires
JULY 09, 2022

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

1. DECEDENT'S LEGAL NAME: BARBARA JEAN COX					2. SEX: FEMALE	3. DATE OF DEATH: 05/27/2019
4. TIME OF DEATH (approx.): 03:04 AM	5a. AGE: 84	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH: 10/12/1934	7. BIRTHPLACE: MERIDIAN, MS	
8a. PLACE OF DEATH: DECEDENT'S HOME						
8b. FACILITY NAME: 4616 STERLING CROSS			8c. CITY OR TOWN: NASHVILLE		8d. COUNTY OF DEATH: DAVIDSON	
9. MARITAL STATUS: WIDOWED	10. SURVIVING SPOUSE (name prior to first marriage)		11a. DECEDENT'S USUAL OCCUPATION: COLLGE COUNSELOR		11b. KIND OF BUSINESS/INDUSTRY: EDUCATION	
12. SOCIAL SECURITY NUMBER: 425-64-8242	13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE		13b. COUNTY: DAVIDSON		13c. CITY OR TOWN: NASHVILLE	
13d. STREET AND NUMBER: 4616 STERLING CROSS		13e. INSIDE CITY LIMITS?: YES	13f. ZIP CODE: 37211		14. WAS DECEDENT EVER IN US ARMED FORCES?: NO	
15. DECEDENT'S EDUCATION: MASTER'S DEGREE	16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO		17. DECEDENT'S RACE: BLACK OR AFRICAN AMERICAN			
18. FATHER'S NAME: JOTHAN DARDEN			19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: ASILEAN SPEARS			
20a. INFORMANT'S NAME: DEBORAH COX	20b. RELATIONSHIP TO DECEDENT: DAUGHTER		20c. MAILING ADDRESS: 4616 STERLING CROSS, NASHVILLE, TN 37211			
21a. METHOD OF DISPOSITION: CREMATION	21b. PLACE OF DISPOSITION: NASHVILLE CREMATION SERVICE		21c. LOCATION: NASHVILLE, TN			
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ /e/ LORI GREGORY	22b. LICENSE NUMBER: 5730	22c. SIGNATURE OF EMBALMER: ▶			22d. LICENSE NUMBER	
23a. NAME AND ADDRESS OF FUNERAL HOME: NEPTUNE SOCIETY, 1187 OLD HICKORY BLVD STE 100, BRENTWOOD, TN 37027-4240					23b. LICENSE NUMBER: 1246	
24. REGISTRAR'S SIGNATURE: ▶ /e/ EDWARD G. BISHOP III				25. DATE FILED: 05/29/2019		

26. CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

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.

27a. CERTIFIER: ▶ /e/ KRISTEN SLADEK COLLER	27b. LICENSE NUMBER: 038920	27c. DATE SIGNED: 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	DUE TO (OR A CONSEQUENCE OF)	YEARS
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: NATURAL	31. DID TOBACCO USE CONTRIBUTE TO DEATH?: UNKNOWN	32. IF FEMALE: 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