This instrument prepared by:
Thomas N. Jones
Attorney at Law
339 Main Street, Suite 100
Franklin, Tennessee 37064
Contact: Leigh Anne Sailors
615-794-0807
File #24395.2019

Karen Johnson Davidson County
Batch# 290591 DEEDWARR
09/24/2019 02:17:30 PM 10 pgs
Fees: $53.00 Taxes: $1,468.90
20190924-0097053

ADDRESS OF NEW OWNER:	SEND TAX BILLS TO:	MAP AND PARCEL NO.:
Robert Longfellow Stewart 419 McIver Street Nashville, TN 37211	New Owner	133 01 0 086.00

EXECUTOR'S DEED

KNOW ALL PERSONS by these presents that I, Sondra F. Morris, being the duly appointed Executrix, (a copy of the Letters Testamentary being attached hereto as Exhibit A) of the Estate of Robert N. Moore, Jr., (the "Decedent"), who died testate on February 28, 2017, (attached as Exhibit "B" is the Death Certificate of the Decedent). The Last Will and Testament of the Decedent was duly admitted to Probate on April 4, 2017, in the Probate Court for Williamson County, Tennessee, Docket Number P9060 (See Attached Exhibit "C" for Order of Probate). In accordance with Article VI Section 1 of the said Will, the Executrix, being Sondra F. Morris, was granted the full authority to convey real property belonging to the Decedent Robert N. Moore Jr. The Executrix further states that a Tennessee TennCare Release has been received and is attached hereto as Exhibit "D". And further **Sondra F. Morris in her capacity as the Executrix**, (hereinafter referred to as the "Grantor does hereby bargain, sell and transfer unto **Robert Longfellow Stewart,** (hereinafter the "Grantee") the following described real estate and all improvements thereon:

> Land in Davidson County, Tennessee and being described as Lot No. 43 on the Map of Patterson's Subdivision of Maple Hill as of record in Book 332, Page 75, Register's Office of Davidson County, Tennessee. Said Lot No. 43 fronts 50 feet

on the southerly side of Molver Street and runs back between parallel lines 175 feet to an alley.

Being the same property conveyed to Robert N. Moore, Jr. by Deed in Lieu of Foreclosure dated January 3, 2011 from John F. Trudel and wife, Anne L. Trudel and being of record as Instrument Number 20110107-0002178, Register's Office of Davidson County, Tennessee.

The said property is being transfer and conveyed subject to the follows:

1. 2019 property taxes which are a lien but are not yet due and payable and the said taxes having been prorated at the time of this deed and the payment of the taxes shall becoming the responsibility of the Grantees for payment when due, and the said Grantee shall hold harmless the Grantor therefrom.
2. Any and all notes and matters as set forth on the Plan of record in Plat Book 332, Page 75, said Register's Office.

TO HAVE AND TO HOLD the said tract or parcel of land, with the appurtenances, estate, title and interest thereto belonging to the said Grantee, his heirs and assigns, forever;

AND the Grantor does covenant with the said Grantee that the Grantor is lawfully seized and possessed of said land in fee simple and has a good right to convey it and the same is unencumbered, unless otherwise herein set out;

AND the Grantor further covenants and binds her heirs and representatives to warrant and forever defend the title to the said land to the said Grantee, his heirs and assigns, against the lawful claims of all persons whomsoever, but only in her capacity as Executrix.

This is improved property is known as: 419 McIver Street, Nashville, Tennessee 37211.

Executed on this 20th day of September, 2019.

Estate of Robert N. Moore, Jr.

By: _____
Name: Sondra F. Morris
Title: Executrix

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

Before me, the undersigned Notary Public, within and for the County and State aforesaid, personally appeared **Sondra F. Morris**, with whom I am personally acquainted, [*or proved to me on the basis of satisfactory* evidence], and who, upon oath, acknowledged herself to be the Executrix of the Estate of Robert N. Moore, Jr., and that she as such executed the foregoing instrument for the purpose therein contained, by signing the name of the Estate of Robert N. Moore, Jr. in her capacity as Executrix of the said Estate.

WITNESS my hand on this 20th day of September, 2019.

_____
NOTARY PUBLIC

My Commission Expires: 6-10-23

THOMAS N JONES
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

STATE OF TENNESSEE
COUNTY OF Williamson

The actual consideration or value, whichever is greater, for this transfer is $397,000.00.

AFFIANT

Sworn to and subscribed before me on this 20th day of September, 2019.

NOTARY PUBLIC

REBECCA SHUKIS
TENNESSEE NOTARY PUBLIC
My Comm Exp. 12/15/2021
COUNTY OF WILLIAMSON

My Commission expires on: 12/15/21

- Exhibit A -

IN THE CHANCERY COURT FOR WILLIAMSON COUNTY, TENNESSEE

IN THE MATTER OF THE ESTATE OF
Robert N.Moore, Jr., DECEASED
Resident of Williamson County, Tennessee

NO. P9060

PROBATE

Address: Williamson County

Date of Death: February 28, 2017

Executor(s): Sondra F. Morris

LETTERS TESTAMENTARY

It appearing to the Chancery Court that the above-named deceased person has made a Last Will and Testament appointing the above-named Executor(s) to the same, which Will has been exhibited in this Court and proved and admitted to probate according the laws of the State of Tennessee, and the Executor(s) having qualified according to law;

THESE LETTERS THEREFORE ARE ISSUED to the above-named Executor(s), being now empowered to enter upon the execution of said will and to administer this estate as required by law.

In witness whereof, I have issued these Letters Testamentary, this the 4 day of April, 2017.

ELAINE B. BEELER, CLERK AND MASTER
By _____

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

I do solemnly swear that I will honestly and faithfully discharge the duties required by law as Executor of the estate of the above-named deceased person, to the best of my knowledge and ability. So help me God.

Sondra F Morris

Subscribed and sworn to before me, this the 4 day of April, 2017.

ELAINE B. BEELER, CLERK AND MASTER
By _____

SEAL CHANCERY COURT TN CO WILLIAMSON

CERTIFICATE

I, Clerk and Master of this Court, certify that: (i) this is a Court of Records; (ii) the above is a true, full, and correct copy of the Letters Testamentary issued by this Court in this estate; (iii) these Letters are still in full force and effect as of this date; and (iv) these Letters appear on file in the office of the Clerk and Master for Williamson County, Tennessee.

Witness my hand and seal, this the _____ day of _____, 20____.

ELAINE B. BEELER, CLERK AND MASTER
By _____

- Exhibit B -

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): Robert Nathaniel Moore, Jr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): February 28, 2017
4. TIME OF DEATH (Approx.): 3:39 AM
5a. AGE - Last Birthday (Years): 82
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): April 10, 1934
7. BIRTHPLACE (City and State or Foreign Country): Williamson County, TN

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: [X] 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): Vanderbilt University Medical Center
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: [ ] Married [ ] Married, but separated [ ] Widowed [X] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Real Estate Broker
11b. KIND OF BUSINESS/INDUSTRY: Land Development
12. SOCIAL SECURITY NUMBER: -8857
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Williamson
13c. CITY OR TOWN: Franklin
13d. STREET AND NUMBER: 424 South Margin Street
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37064
14. WAS DECEDENT EVER IN US ARMED FORCES? [X] Yes [ ] No

NAME OF DECEDENT (For use by Physician or Institution)

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)
[X] 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)
[X] 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)
[X] White
[ ] Black or African American
[ ] American Indian or Alaska Native (Name of the enrolled or principal tribe)
[ ] Asian Indian
[ ] Chinese
[X] 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): Robert Nathaniel Moore, Sr.
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Catherine Morrow

DISPOSITION

20a. INFORMANT'S NAME: Sondra F. Morris
20b. RELATIONSHIP TO DECEDENT: Personal Representative
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 2932 Glenway Drive Nashville Tennessee 37221

21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Williamson Memorial Gardens
21c. LOCATION-City or Town and State: Franklin, TN

SC

22a. SIGNATURE OF FUNERAL DIRECTOR: ► Pamela J. Stephens
22b. LICENSE NUMBER: 5116
22c. SIGNATURE OF EMBALMER: ► John Harper
22d. LICENSE NUMBER: EM: 3415
23a. NAME AND ADDRESS OF FUNERAL HOME: Williamson Memorial Funeral Home and Cremation Services 3609 Columbia Ave Franklin TN 37064
23b. LICENSE NUMBER OF FUNERAL HOME: 615

REGISTRAR

24. REGISTRAR'S SIGNATURE: ► [signature] BR
25. DATE FILED (Month, Day, Year): 3/8/17

CERTIFIER

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

26. CERTIFIER (Check only one):
26a [X] 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.

27a. SIGNATURE OF CERTIFIER: ► Todd J. Rice
27b. LICENSE NUMBER: MD 35262
27c. DATE SIGNED (Month, Day, Year): March 7, 2017
27d. NAME AND ADDRESS: Todd Rice 1161 21st Ave. S. MCN room T-1218, Nashville, Tennessee 37232

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)	a. Acute Hypoxic Respiratory Failure	1 day
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. Due to (or as a consequence of):	
	c. Due to (or as a consequence of):	
	d. Due to (or as a consequence of):	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I: Atrial fibrillation with RVR, T-cell lymphoma

29a. WAS AN AUTOPSY PERFORMED? [ ] Yes [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [X] No

30. MANNER OF DEATH: [X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [ ] No [X] 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)
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? [ ] Yes [ ] No
34d. PLACE OF INJURY - at home, farm, street, factory, office, building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

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

09109203

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.

MAR 08 2017

Lori B. Ferranti, PhD, MSN, MBA, RN
State Registrar/Asst. Commissioner

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

0 9 1 0 9 2 0 3
Date Issued

CERTIFICATION OF VITAL RECORD

20190924009705 3

- Exhibit C -

IN THE CHANCERY COURT OF WILLIAMSON COUNTY, TENNESSEE

2017 APR -4 PM 3:20

IN RE:	)	
	)	
THE ESTATE OF	)	
ROBERT N. MOORE, JR.,	)	No. P9060 ENTERED 4/4/17
Deceased,	)	
	)	
SONDRA F. MORRIS,	)	
Petitioner.	)	

ORDER ADMITTING WILL TO PROBATE

Based on an examination of the Petition and the Decedent's Last Will and Testament with attaching Affidavits, the Court finds the following:

1. Decedent was a resident of Williamson County, Tennessee.

2. Decedent died on February 28, 2017.

3. Decedent left a Last Will and Testament dated April 13, 2016, which was properly signed and witnessed.

4. Petitioner was appointed Executor in Article I of the decedent's Last Will and Testament. The Executor is excused from bond by the terms of the Will.

5. The requirements of inventory and accounting are waived by the decedent in paragraph 5 of Article VI of the Will.

BASED UPON THE FOREGOING FINDINGS, THE COURT ORDERS THE FOLLOWING:

1. Decedent's Last Will and Testament dated April 13, 2016, be admitted to probate.

2. After issuing the oath to Petitioner, Letters Testamentary be issued to Sondra F. Morris, without bond.

3. Notice be issued to creditors as required by T.C.A. § 30-2-306.

4. Petitioner shall not be required to file an inventory or any accountings with the Court.

5. Petitioner shall file an annual status report with the Court, the first one being due on April 5, 2018, 2018.

6. Petitioner may distribute the special bequests of personal property to the beneficiaries as set forth in the will.

201909240097053

ENTERED this 4 day of April, 2017.

Elaine Beeler, Clerk and Master

APPROVED FOR ENTRY:

William L. Harbison (#7012)
Kim A. Brown (#9911)
Sherrard Roe Voigt & Harbison, PLC
150 3rd Ave. South, Suite 1100
Nashville, TN 37201
(615) 742-4200
bharbison@srvhlaw.com
Attorneys for Petitioner

201909240097053

- Exhibit D -

State of Tennessee
Department of Finance and Administration
Bureau of TennCare
Third Party Liability Division
310 Great Circle Road, 4th Floor
Nashville, Tennessee 37243
Toll Free: 866-389-8444 • FAX: 615-413-1941

FILED
WILLIAMSON COUNTY
CLERK & MASTER
2017 APR 26 AM 11:40
ENTERED

Bill Haslam
Governor

Larry B. Martin
Commissioner

4/19/2017

WILLIAM HARBISON
LEGAL COUNSEL
150 3RD AVE S., STE 1100
NASHVILLE, TN 37201

RE: ROBERT MOORE, JR.
Last Four Of SSN 8857

Dear WILLIAM HARBISON:

This letter constitutes notification of the release of the State of Tennessee's Bureau of TennCare against the above estate for the marked reason:

X This serves as a release of the Bureau of TennCare's interest in recovery from the above referenced estate as required by T.C.A. §71-5-116(c) (2). Based on a review of the information provided on the Request for Release of Estate Recovery Cost Claim form, we do not find long term TennCare benefits paid by the State of Tennessee on behalf of this individual.

___ This release is based upon the surviving spouse deferral, which meets the criteria defined in T.C.A. §71-5-116(c). The State of Tennessee does reserve the right to file a claim for long term care/nursing home services against the estate of the surviving spouse upon the death of the surviving spouse.

___ This release is based upon the decedents age exception, which meets the criteria defined in T.C.A. §71-5-116(c). The State of Tennessee recovers payments made only on behalf of individuals fifty-five years of age or older.

If there are questions, you may contact the Estate Recovery Unit at (866) 389-8444.

Sincerely,

Angela J. Howard

True Copy Certification

I, Marjorie Kaup Haines, 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.

Marjorie Kaup Haines
Signature

State of TN

County of Williamson

Personally appeared before me, Chris Mule, a notary public for this county and state, Marjorie Kaup Haines who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Notary's Signature

My Commission Expires: 1/17/2020
Notary' Seal (if on paper)

CHRIS MULE
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY