FROM: CARLA JEAN HOLMAN TO: CANDICE NICKENS

QUITCLAIM DEED

THIS INSTRUMENT HAS BEEN PREPARED FROM INFORMATION SUPPLIED BY THE PARTIES WITHOUT COUNSEL OR ADVICE TO LEGAL CONSEQUENCES OR TAX RELATED MATTERS. NO TITLE EXAMINATION OR SETTLEMENT HAS BEEN PERFORMED AND LARRY H. HAGAR, ATTORNEY, NOR UNDERHILL, NIEWOLD, & EVANS LAW FIRM SHALL NOT BE RESPONSIBLE FOR ANY MATTER THAT COULD HAVE BEEN RESOLVED BY A TITLE EXAMINATION, SETTLEMENT OR LEGAL AND/OR TAX RELATED COUNSEL

THIS INSTRUMENT WAS PREPARED BY: LARRY H. HAGAR, ESQ BPR#011275
UNDERHILL, NIEWOLD, HAGAR & EVANS
The Market Street Building
219 Second Avenue, North, Suite 100
Nashville, TN 37201

Karen Johnson Davidson County
Batch# 302689 DEEDQC
10/18/2019 02:11:05 PM 4 pgs
Fees: $22.00 Taxes: $0.00

20191018-0106941

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The actual consideration or value, whichever is greater, for this transfer is zero.

Carla Jean Holman
AFFIANT

Sworn to and subscribed before me this the 17th day of October 2019

NOTARY PUBLIC

My Commission Expires: March 2, 2020

ADDRESS NEW OWNER:	SEND TAX BILLS TO:	MAP/PARCEL NO.:
CANDICE NICKENS	CANDICE NICKENS	MAP 71-15
1226 Joseph Street	1226 Joseph Street	PARCEL 290.00
Nashville, TN 37207	Nashville, TN 37207	

FOR AND IN CONSIDERATION OF THE SUM OF ZERO CENTS ($0.00), cash in hand paid, and other good and valuable consideration, the receipt and legal sufficiency of which are hereby acknowledged, CARLA JEAN HOLMAN, widow of Robert Holman Sr, having died intestate, unmarried on March 11, 2009, the death certificate attached as Exhibit (1) and sole heir of Robert Holman, Jr., Robert Holman Jr., having died intestate, on January 17, 2012, the death

certificate attached as Exhibit (2) and without issue, son of CARLA JEAN HOLMAN., Robert Holman, Sr. having died on March 11, 2009 his share passing by tenants by the entirety to his wife and widow Carla Jean Holman, and does hereby convey, transfer, release, relinquish, and quitclaim unto CANDICE NICKENS, her heirs and assigns, all right, title, and interest in and to a certain tract or parcel of land in Davidson County, State of Tennessee, described as follows, to wit:

> LAND in Davidson County, Tennessee, being Lot No. 40 in Sharp and Horn's Second Addition to Nashville, Tennessee, of record in Book 161, page 53, Register's Office for said County.
>
> Said Lot. No. 40 fronts 50 feet on the west side of Joseph Street and runs back between parallel lines, 145 feet to an alley.
>
> BEING the same property that was conveyed to Robert Holman and wife, Carla Jean Holman and Robert Holman, Jr. by deed in Book 8295, page 235, recorded in the Register of Deeds office in Davidson County. Robert Holman Sr, since deceased, on March 11, 2009 unprobated and Robert Holman Jr, since deceased, leaving no spouse or issue on January 17, 2012.
>
> This is improved property known as 1226 Joseph Street, Tennessee 37207. Copies of death certificates of Robert Holman Sr. and Robert Holman Jr. are filed and recorded simultaneously with deed.

IN WITNESS WHEREOF, I have hereunto set my hand on this the 19th day of October, 2019.

Carla Jean Holman

STATE OF TENNESSEE)
COUNTY OF Davidson)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named, Carla Jean Holman, the bargainor, with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence), and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, on this the 18th day of October, 2019.

NOTARY PUBLIC

My Commission Expires: March 2, 2020

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT 1

0901418

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Robert Lee Holman Sr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): March 11, 2009
4. SOCIAL SECURITY NUMBER: -5361
5a. AGE - LAST BIRTHDAY (Years): 79
5b. UNDER 1 YEAR: MOS. / DAYS.
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Apr 5, 1929
7. BIRTHPLACE (City and State or Foreign Country): Guthrie, KY.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 1224 Joseph Ave.
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Carla J. Ritz
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Contractor
12b. KIND OF BUSINESS/INDUSTRY: Owned Business
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1224 Joseph Ave.
CENSUS TRACT: 3014
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37207
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
Specify, if yes:
15. RACE—American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12) College (1-4 or 5+): 5

NAME OF DECEDENT For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Forrest Daniel Holman
18. MOTHER'S NAME (First, Middle, Maiden Surname): Roberta Pauline Day

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Carla J. Holman
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1224 Joseph Ave. Nashville, Tennessee 37207

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Spring Hill Cemetery
20c. LOCATION—City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 6054
21c. SIGNATURE OF EMBALMER: George A. Dobbs
21d. LICENSE NUMBER OF EMBALMER: 4337
22a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Funeral Home 2707 Gallatin Rd. Nashville, TN 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 331

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda R Bowers/DR
24. DATE FILED (Month, Day, Year): March 16, 2009

CERTIFIER

25a. PHYSICIAN—To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 [X] SIGNATURE AND TITLE OF PHYSICIAN: [signature]
25b. LICENSE NUMBER: 44186
25c. DATE SIGNED (Month, Day, Year): 3-13-2009
26a. MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated. 2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER
26c. DATE SIGNED (Month, Day, Year)
PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): David B. Trimble, MD 1718 Patterson St Nashville TN 37203

CAUSE OF DEATH

28. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Respiratory Failure
DUE TO (OR AS A CONSEQUENCE OF): b. Chronic Obstructive Pulmonary Disease
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
DUE TO (OR AS A CONSEQUENCE OF): c.
DUE TO (OR AS A CONSEQUENCE OF): d.
SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Congestive Heart Failure
29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [X] No
30. MANNER OF DEATH: 1 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
31d. DESCRIBE HOW INJURY OCCURRED
31e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

PH-1659 (REV. 6/99)

3323241

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Sharon M. Leinbach
STATE REGISTRAR

MAR 16 2009
Date Issued

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT 2

1200472

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Robert Lee Holman, Jr.		2. SEX: Male	3. DATE OF DEATH (Month, Day, Year): January 17, 2012
4. TIME OF DEATH (Approx.): 10:00 pm	5a. AGE-Last Birthday (Years): 50	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): January 10, 1962	7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee		

TYPE/PRINT IN PERMANENT BLACK INK

6a. 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) _____

6b. FACILITY NAME (If not institution, give street and number): 1224 Joseph Avenue	6c. CITY OR TOWN: Nashville	6d. 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)	11a. DECEDENT'S USUAL OCCUPATION: Painter	11b. KIND OF BUSINESS/INDUSTRY: Construction / Painting
12. SOCIAL SECURITY NUMBER: -6837	13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee	13b. COUNTY: Davidson	13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 1224 Joseph Avenue	13e. INSIDE CITY LIMITS? ☒ Yes ☐ No	13f. ZIP CODE: 37207	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

18. FATHER'S NAME (First, Middle, Last): Robert Lee Holman, Sr.	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Carla Jean Ritz

20a. INFORMANT'S NAME: Carla Holman	20b. RELATIONSHIP TO DECEDENT: Mother	20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1224 Joseph Ave. Nashville, TN 37207

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)	21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Spring Hill Cemetery	21c. LOCATION - City or Town and State: Nashville, Tennessee	
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Nathaniel Holman	22b. LICENSE NUMBER: 5974	22c. SIGNATURE OF EMBALMER: ▶ Nathaniel Holman	22d. LICENSE NUMBER: 5975
23a. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill Funeral Home & Cemetery · 5110 Gallatin Road Nashville, TN 37216			23b. LICENSE NUMBER OF FUNERAL HOME: 1046
24. REGISTRAR'S SIGNATURE: ▶ Linda L. Bowers, RA		25. DATE FILED (Month, Day, Year): Jan 30, 2012	

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 EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

27a. SIGNATURE OF CERTIFIER: ▶ S Wilwayco, MD	27b. LICENSE NUMBER: 29092	27c. DATE SIGNED (Month, Day, Year): 01/25/2012	
	27d. NAME AND ADDRESS: Stephanie Wilwayco 5201 Charlotte Ave. Nashville TN 37209		

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. Chronic obstructive Pulmonary Disease	3 years
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	Due to (or as a consequence of): b. Interstitial Pulmonary Fibrosis	
	Due to (or as a consequence of): c.	
	Due to (or as a consequence of): d.	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
Hepatocellular disease, Type 2 Diabetes Mellitus

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)	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. 9/2011)

RDA 1399

COPYRIGHT ©2011 BY STATE OF TENNESSEE. ALL RIGHTS RESERVED. PROTECTED UNDER FED. COPYRIGHT ACT OF 1976. ANY UNAUTHORIZED REPRODUCTION OR USE MAY RESULT IN CIVIL AND CRIMINAL PENALTIES AND WILL BE PROSECUTED TO THE MAXIMUM EXTENT POSSIBLE UNDER THE LAW.

8051201

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

8051201 5/14/2015
Date Issued

CERTIFICATION OF VITAL RECORD