Karen Johnson Davidson County
Batch# 309198 DEEDQC
10/31/2019 10:53:48 AM 3 pgs
Fees: $17.00 Taxes: $0.00
20191031-0112009

THIS INSTRUMENT
PREPARED BY:
American Title & Escrow Services, LLC
134 Frierson Street
Brentwood, TN 37027

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

The actual consideration or value, whichever is greater, for this transfer is $0.00.

AFFIANT

Subscribed and sworn to before me this 25TH day of October, 2019.

JOYCE JORDAN STATE OF TENNESSEE NOTARY PUBLIC WILLIAMSON COUNTY
My Commission Expires DEC. 19 2020

My Commission Expires: 12-19-20 NOTARY PUBLIC

Address New Owners as Follows:	**Send Tax Bills To:**	**Map-Parcel:**
Patricia A. Richards 1930 Moran Ave Nashville, TN 37216	Same	073 05 0 045.00

QUITCLAIM DEED

In consideration of $10.00, and other good and valuable consideration, **PATRICIA A. RICHARDS, AN UNMARRIED WOMAN,** GRANTOR, for the express purpose of clarifying title to real property following the death of life tenant, hereby quitclaims and conveys all of her undivided right, title and interest to the hereinafter described property to **PATRICIA A. RICHARDS, AN UNMARRIED WOMAN,** GRANTEE. Said property conveyed herein is described as follows:

Land in Davidson County, Tennessee, being Lot No. 44 on the Plan of Virginia Manor of record in Plat Book 1835, Page 22, in the Register's Office for Davidson County, Tennessee, to which Plan reference is hereby made for a more complete description of the property.

Being the same property conveyed to Patricia A. Richards by Cash Deed for Tennessee from Alphonso Jackson, Secretary for Secretary of Housing and Urban Development, of Washington, D.C. of record in Instrument No. 20060714-0085160, Register's Office for Davidson County, Tennessee, dated July 06, 2006 and recorded on July 14, 2006. Thence being the same property conveyed to Ruth Richards as to a life estate and to Patricia A. Richards as to the remainder by Quitclaim deed from Patricia A. Richards (unmarried) of record in Instrument No. 20151008-0102790, Register's Office for Davidson County, Tennessee, dated October 7, 2015 and recorded on October 8, 2015. Ruth Richards having since died November 14, 2015 in Nashville, Tennessee leaving title to the subject property vested solely in Patricia A. Richards, an unmarried woman. A copy of Ruth Richards death certificate is attached hereto as Exhibit A.

Being improved property also known as: **1930 Moran Avenue Nashville, Tennessee 37216.**

Said property is conveyed subject to such restrictions, encumbrances, and limitations as may affect the premises.

Grantor makes no warranties as to the state of the title to the property but acquits any claim that Grantor has to said property and for that purpose thereof, makes this conveyance to Grantee.

This instrument has been prepared based solely upon information provided by the parties, and without the benefit of a title search.

IN WITNESS WHEREOF, the said parties hereto have hereunto set their signatures on this the 25th day of October, 2019.

Patricia A. Richards

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

Before me, the undersigned, a Notary Public within and for the State and County aforesaid, personally appeared **Patricia A. Richards**, with whom I am personally acquainted, (or whose identity was proved to me on the basis of satisfactory evidence) who executed the foregoing instrument for the purposes herein contained.

Witness my hand and seal, at office, this 25th day of October, 2019.

Notary Public

My Commission Expires: 12-19-20

JOYCE JORDAN
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY
My Commission Expires DEC. 19 2020

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT A

15073641

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Ruth Elizabeth Richards
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): November 14, 2015
4. TIME OF DEATH: 8:14 AM
5a. AGE-Last Birthday (Years): 92
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): August 10, 1923
7. BIRTHPLACE (City and State or Foreign Country): Page County, Iowa

TYPE/PRINT IN PERMANENT BLACK INK

8a. 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)

8b. FACILITY NAME (If not institution, give street and number): The Alive Hospice Residence
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

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: Teacher
11b. KIND OF BUSINESS/INDUSTRY: Education

12. SOCIAL SECURITY NUMBER: -7554
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 1930 Moran Ave.
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37216
14. WAS DECEDENT EVER IN U.S. 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

3 pt

PARENTS

18. FATHER'S NAME (First, Middle, Last): Anton Emmanuel Carlson
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Laura Fredrica Peterson

DISPOSITION

20a. INFORMANT'S NAME: Patricia Richards
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1930 Moran Ave., Nashville, TN 37216
21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Music City Crematory Service
21c. LOCATION - City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Sarah-Ashley Elizabeth Crowe
22b. LICENSE NUMBER: 6848
22c. SIGNATURE OF EMBALMER: ▶ N/A
22d. LICENSE NUMBER: N/A
23a. NAME AND ADDRESS OF FUNERAL HOME: Music City Mortuary, 2409 Kline Ave., Nashville, Tennessee 37211
23b. LICENSE NUMBER OF FUNERAL HOME: 1105

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Deah Blan (DE)
25. DATE FILED (Month, Day, Year): Nov 18 2015

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER RESPONSIBLE FOR CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS

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.
27a. SIGNATURE OF CERTIFIER: ▶ A Meadows
27b. LICENSE NUMBER: 45572
27c. DATE SIGNED (Month, Day, Year): 11/16/2015
27d. NAME AND ADDRESS: Anh T. Meadows, M.D. 1713 Patterson Street, Nashville, TN 37203

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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. ALZHEIMER'S DEMENTIA
Due to (or as a consequence of):
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):
Approximate interval: Onset to death

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
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 - (e.g. home, farm, street, factory, office, building, etc.) (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

TN-1699 (Rev. 10/2011)

ROA 1399

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

8248531

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

8248531

Date Issued: NOV 18 2015

SEAL OF THE STATE OF TENNESSEE — DEPARTMENT OF AGRICULTURE

DEPARTMENT OF HEALTH — DEPARTMENT OF AGRICULTURE — TENNESSEE

CERTIFICATION OF VITAL RECORD