Karen Johnson Davidson County
Batch# 309256 DEEDQC
10/31/2019 01:13:30 PM 5 pgs
Fees: $27.00 Taxes: $0.00
20191031-0112087

Prepared By:	Record and Return To:	Mail Tax Statements to:
Vidmar & Hardesty, Ltd., John Vidmar (TN Bar#032525) P.O. Box 211031 Columbus, Ohio 43221	Close line, LLC 734 West Port Plaza Dr. Ste 240 St Louis, MO 63146	William Summers 4513 Woodside Road Old Hickory, TN 37138

Order Number: 11220TN-S1-D

QUIT-CLAIM DEED

KNOW ALL MEN BY THESE PRESENTS, that the Grantor(s) **William Summers, widowed and not remarried and the surviving spouse of Pat Summers,** for Ten Dollars ($10.00) and other valuable consideration paid, does hereby bargain, sell, remise, release, quit claim, and convey unto the Grantee(s), **William Summers, an unmarried man,** whose address is 4513 Woodside Road, Old Hickory, TN 37138, the following described real property located in the County of Davidson, State of Tennessee and further described as follows:

Being Lot Number 42 on the plan of Woodside Subdivision, Section 1, as of record in Book 5050, Page 75, Register's Office for Davidson County, Tennessee, to which plan reference is hereby made.

Be the same more or less, but subject to all legal highways.

This description is the same as the description contained in the prior deed referenced herein.

Subject to all easements and restrictions of record, zoning ordinances, real estate taxes and assessments, if any, prorated to the date of this deed.

County Parcel Number: 64-8-55.00
Street address of property: 4513 Woodside Road, Old Hickory, TN 37138
Prior Instrument Reference by which Grantor(s) acquired title: Instrument No. 20040730-0091337 in the Recorder's Office, Davidson County, Tennessee.

Whereas, William Summers and Pat Summers, aka Patricia Marlene Summers, were married to each other at the time they acquired to above described property and thus

held title to the above described property as presumed tenants by the entireties. The said Pat Summers died on August 10, 2019, as evidenced by a Certificate of Death, attached hereto as Exhibit "A", thereby vesting fee simple title in the above described premises in William Summers, by operation of law.

Signed this 10 day of October, 2019.

Signature of Grantor(s):

William Summers

STATE OF TN, COUNTY OF Davidson, SS:

BE IT REMEMBERED That on this 10th day of October, 2019 before me, the subscriber, a Notary Public in and for said state, duly commissioned and qualified, personally came William Summers, known to me, or proved to me on the basis of satisfactory evidence, to be the Grantor(s) in the foregoing deed, and acknowledged by the signing thereof to be his free and voluntary act and deed.

In testimony whereof, I have hereunto subscribed my name and affixed my official seal on the day and year last aforesaid.

Jana Drury
Notary Public
Jana Drury

JANA DRURY
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF SUMNER
My Comm. Expires January 29, 2020

Property Address: 4513 Woodside Road, Old Hickory, TN 37138
Tax Parcel: 64-8-55.00

Oath of Consideration

I or we, William Summers, the Affiant(s), herby swear or affirm that to the best of my/our knowledge, information and belief, that the actual consideration for this transfer is $ 0.00.

Signed this 10th day of October, 2019.

Signatures of Affiant(s):

Sworn and subscribed before me this 10th day of October 2019

Jana Drury
Notary Public
Jana Drury

JANA DRURY
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF SUMNER
My Comm. Expires January 29, 2020

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2019044506

DECEDENT

1. DECEDENT'S LEGAL NAME (Type/Print in permanent black ink): PATRICIA MARLENE SUMMERS
2. SEX: FEMALE
3. DATE OF DEATH: 08/10/2019
4. TIME OF DEATH (24hr): 09:52AM
5a. AGE: 72
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH: 02/22/1947
7. BIRTHPLACE: MOUNT PLEASANT, PA
8a. PLACE OF DEATH: INPATIENT
8b. FACILITY NAME: TRISTAR SUMMIT MEDICAL CENTER - HERMITAGE
8c. CITY OR TOWN: HERMITAGE
8d. COUNTY OF DEATH: DAVIDSON
9. MARITAL STATUS: MARRIED
10. SURVIVING SPOUSE (name prior to first marriage): WILLIAM G. SUMMERS
11a. DECEDENT'S USUAL OCCUPATION: SCHOOL PRINCIPAL
11b. KIND OF BUSINESS/INDUSTRY: EDUCATION
12. SOCIAL SECURITY NUMBER: 176-66-5285
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY OR TOWN: OLD HICKORY
13d. STREET AND NUMBER: 4513 WOODSIDE ROAD
13e. INSIDE CITY LIMITS?: YES
13f. ZIP CODE: 37138
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: WHITE

PARENTS

18. FATHER'S NAME: JOHN KUHN
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: LILLIAN DILLON

20a. INFORMANT'S NAME: WILLIAM G. SUMMERS
20b. RELATIONSHIP TO DECEDENT: HUSBAND
20c. MAILING ADDRESS: 4513 WOODSIDE ROAD, OLD HICKORY, TN 37138

DISPOSITION

21a. METHOD OF DISPOSITION: CREMATION
21b. PLACE OF DISPOSITION: NASHVILLE CREMATION SERVICE
21c. LOCATION: NASHVILLE, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: /s/ HERSCHEL DAVID BEGARLY
22b. LICENSE NUMBER: 5640
22c. SIGNATURE OF EMBALMER:
22d. LICENSE NUMBER:
23a. NAME AND ADDRESS OF FUNERAL HOME: HERMITAGE FUNERAL HOME AND MEMORIAL GARDENS, 535 SHUTE LANE, OLD HICKORY, TN 37138
23b. LICENSE NUMBER: 540

REGISTRAR

24. REGISTRAR'S SIGNATURE: /s/ EDWARD G BISHOP III
25. DATE FILED: 08/12/2019

CERTIFIER

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: /s/ RACHEL MARIE KINGREE
27b. LICENSE NUMBER: 045698
27c. DATE SIGNED: 08/12/2019
27d. NAME AND ADDRESS: RACHEL MARIE KINGREE 565T FRIST BOULEVARD SUITE 309 HERMITAGE, TN 37076

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. CARDIAC ARREST	HOURS
	DUE TO (OR A CONSEQUENCE OF)	
	b. SEPTIC SHOCK	HOURS
	DUE TO (OR A CONSEQUENCE OF)	
	c. URINARY TRACT INFECTION	
	DUE TO (OR 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	d. CHRONIC IMMUNOSUPPRESSION	YEARS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: RHEUMATOID ARTHRITIS, DIABETES MELLITUS, CANCER UNKNOWN TYPE, STAGE, PRIMARY LOCATION.

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?: NO
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:

PF-15 (Rev 8/2017) RDA 10112

11243589

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 4 3 5 8 9

Date Issued: AUG 12 2019

SEAL OF THE STATE OF TENNESSEE — DEPARTMENT OF AGRICULTURE

DEPARTMENT OF HEALTH — DEPARTMENT OF AGRICULTURE — TENNESSEE

CERTIFICATION OF VITAL RECORD

20191031011208?

CERTIFICTION OF ELECTRONIC DOCUMENT

I, Michael P. Bell, do hereby make oath that I am a licensed Maryland 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.

Michael P. Bell

State of MARYLAND

County of MONTGOMERY

Personally, appeared before me, Michelle Beauge, a notary public for this County and State, Michael P. Bell, who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

MICHELLE BEAUGE
NOTARY PUBLIC
MONTGOMERY COUNTY
MARYLAND
MY COMMISSION EXPIRES MAY 18, 2021

Notary Name: Michelle Beauge
My Commission Expires: May 18, 2021