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# 313792 DEEDQC
11/08/2019 02:35:54 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20191108-0115796

The actual consideration or value whichever is greater for this transfer is NO MONETARY CONSIDERATION.

Latha Raju, Affiant

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Sworn to and subscribed before me
This 30th day of October, 2019.

NOTARY PUBLIC

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

My Commission Expires: 7/9/22

QUITCLAIM DEED

ADDRESS OF NEW OWNERS:	SEND TAX BILLS TO:	MAP & PARCEL NO.
Latha Raju 6905 Harpeth Glen Trace Nashville, TN 37221	Same	155 03 0 D 061.00

FOR NO MONETARY CONSIDERATION, I, Latha Raju, by these presents do hereby quitclaim and convey to Saravanan Raju and Kannan Raju a remainder interest, reserving for myself a life estate, in the following described tract of land:

Land in Davidson County, TN, being Lot No. 61 on the plan of Section 1, Allens Green of record in Book 7900, page 632, Register's Office for said County, to which plan reference is hereby made for a more complete description.

Being the same property conveyed to Raju Ramasamy and wife, Latha Raju, by warranty deed dated February 27, 1995, of record in Book 9604, Page 762, Register's Office for Davidson County, Tennessee.

Thereafter, on October 8, 2019, Raju Ramasamy died as shown by a copy of the death certificate attached hereto.

Subject to restrictions of record in Book 9231, Page 789; easement in Book 8278, Page 236; Charter in Book 9231, Page 826; Agreement in Book 9278, Page 36; Book 8626, Page 884, and all matters shown on the Plan of Record.

This improved property known as 6905 Harpeth Glen Trace, Nashville, TN 37221.

Witness my hand this 30th day of October, 2019.

Latha Raju

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

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

Witness my hand and official seal, this 30th day of October, 2019.

BARBARA J. MOSS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
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 056821

DECEDENT

1. DECEDENT'S LEGAL NAME: RAJU RAMASAMY
2. SEX: MALE
3. DATE OF DEATH: 10/08/2019
4. TIME OF DEATH (Approx.): 23:30
5a. AGE: 64
5b. UNDER 1 YEAR — Months / Days:
5c. UNDER 1 DAY — Hours / Minutes:
6. DATE OF BIRTH: 04/13/1955
7. BIRTHPLACE: INDIA
8a. PLACE OF DEATH: PARK, IN AMBULANCE
8b. FACILITY NAME: 3.074034, -86.878115
8c. CITY OR TOWN: NASHVILLE
8d. COUNTY OF DEATH: DAVIDSON
9. MARITAL STATUS: MARRIED
10. SURVIVING SPOUSE (name prior to first marriage): LATHA SUBRAMANIAM
11a. DECEDENT'S USUAL OCCUPATION: PROFESSOR
11b. KIND OF BUSINESS/INDUSTRY: MEHARRY MEDICAL COLLEGE
12. SOCIAL SECURITY NUMBER: 485-98-3841
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY OR TOWN: NASHVILLE
13d. STREET AND NUMBER: 6905 HARPETH GLEN TRACE
13e. INSIDE CITY LIMITS?: YES
13f. ZIP CODE: 37221
14. WAS DECEDENT EVER IN US ARMED FORCES?: NO
15. DECEDENT'S EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE
16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO
17. DECEDENT'S RACE: ASIAN INDIAN

TYPE/PRINT IN PERMANENT BLACK INK — NAME OF DECEDENT (DO NOT ABBREVIATE OR NICKNAME)

PARENTS

18. FATHER'S NAME: RAMASAMY UNK
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: NALLAMMAL UNK

INFORMANT

20a. INFORMANT'S NAME: LATHA RAJU
20b. RELATIONSHIP TO DECEDENT: WIFE
20c. MAILING ADDRESS: 6905 HARPETH GLEN TRACE, NASHVILLE, TN 37221

DISPOSITION

21a. METHOD OF DISPOSITION: CREMATION
21b. PLACE OF DISPOSITION: WEST HARPETH CREMATORY
21c. LOCATION: NASHVILLE, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ /e/ J. GARRETT BYRD
22b. LICENSE NUMBER: 16311
22c. SIGNATURE OF EMBALMER: ▶
22d. LICENSE NUMBER:
23a. NAME AND ADDRESS OF FUNERAL HOME: WEST HARPETH FUNERAL HOME AND CREMATORY, 6962 CHARLOTTE PIKE, NASHVILLE, TN 37209-4208
23b. LICENSE NUMBER: 1016

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ /e/ EDWARD G BISHOP III
25. DATE FILED: 10/14/2019

CERTIFIER

26. CERTIFIER
25a. ☐ PHYSICIAN – TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.
25b. ☑ 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: ▶ /e/ ERIN M CARNEY, M.D.
27b. LICENSE NUMBER: 50160
27c. DATE SIGNED: 10/14/2019
27d. NAME AND ADDRESS: ERIN M CARNEY, M.D. 650 R.S. GASS BLVD. NASHVILLE, TN 37216

MEDICAL CERTIFICATION

28. PART I. ENTER THE CHAIN OF EVENTS (DISEASES, INJURIES, OR COMPLICATIONS) THAT DIRECTLY CAUSE D 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. ATHEROSCLEROTIC CARDIOVASCULAR DISEASE	
	DUE TO (OR A CONSEQUENCE OF)	
	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? YES
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? YES

30. MANNER OF DEATH: NATURAL
31. DID TOBACCO USE CONTRIBUTE TO DEATH?: UNKNOWN
32. IF FEMALE: N/A
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:

TH-1659 (Rev. 8/2017) RDA 10112

11621830

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

Lisa Piercey, MD, MBA, FAAP
Commissioner

1 1 6 2 1 8 3 0

Date Issued: Oct-14-2019

CERTIFICATION OF VITAL RECORD