Prepared By:
Ms. Ophia L. McCray
1027 12th Avenue North
Nashville, Tennessee 37208

After Recording Return To:
Angela Bonner
756 Garrison Drive
Nashville, Tennessee 37207

Karen Johnson Davidson County
Batch# 341083 DEEDQC
01/09/2020 11:27:21 AM 4 pgs
Fees: $22.00 Taxes: $0.00

20200109-0003181

MAP & PARCEL ID #: 05910027600

QUIT CLAIM DEED

BE IT KNOWN BY ALL, that Linda Bonner *("Grantor")*, whose address is 756 Garrison Drive, Nashville, Tennessee 37207 hereby ***REMISES, RELEASES AND FOREVER QUITCLAIMS TO*** Angela Bonner *("Grantees")*, **whose address is** 756 Garrison Drive, Nashville, Tennessee 37207 all rights, title, interest and claim to the following real estate property located at 756 Garrison Drive in the City/Township of Nashville, located in the County of Davidson and State of Tennessee and ZIP code of 37207, to-wit:

LAND in Davidson County, Tennessee, being Lot No. 24 Haynes Manor, Section 7, as of record in Book 6250, page 242, Register's Office for Davidson County, Tennessee, to which plan reference is hereby made for a more complete and accurate legal description.

BEING the same property conveyed to Bond & Bond Construction & Realty Co., Inc., by deed from Charlie Johnson and wife, Maggie T. Johnson, of record in Book 6914, page 364, Register's Office for Davidson County, Tennessee. Bond & Bond Construction & Realty Co., Inc., is now known as Bond & Bond Builders, Inc. SOURCE OF TITLE: BOOK 7179, PAGE 674

FOR A VALUABLE CONSIDERATION, in the amount of $1.00 dollar, given in hand and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged as of November 25, 2019.

STATE OF TENNESSEE
COUNTY OF DAVIDSON
The actual consideration or true value, whichever is greater for this transfer is
$ _____, Affiant
Subscribed and sworn before me this the
9 Day of January, 2020.
Brad Wise, Deputy Register

(Grantor's Signature)

Linda Bonner
(Grantor's Printed Name)

Angela Bonner
(Grantee's Printed Name)

(Grantee's Signature)

Signed in our presence:

(Witness #1 Signature)

(FIRST WITNESS NAME PRINTED TYPED)

(Witness #2 Signature)

(SECOND WITNESS NAME PRINTER/ TYPED)

Grantee's Address:
Angela Bonner
756 Garrison Drive
Nashville, Tennessee 37115

Grantor's Address:
Linda Bonner
756 Garrison Drive
Nashville, Tennessee 37207

Mail Subsequent Tax Bills To:
Angela Bonner
756 Garrison Drive
Nashville, Tennessee 37207

STATE OF TENNESSEE)
) **SS.**
COUNTY OF DAVIDSON)

The foregoing Quit Claim Deed was acknowledged before me on 11/25/2019 by Linda Bonner, who is personally known to me or who has produced a valid driver's license, a State issued ID and/or passport as identification, and such individual(s) having executed aforementioned instrument of his/her/their free and voluntary act and deed.

IN WITNESS THEREOF, to this Quit Claim Deed, I set my hand and seal.

Signed, sealed and delivered in the presence of:

Adric Lane
(Signature of Notary)

Adric Lane
(Printed Notary Name) Davidson, Tennessee

My Commission expires: 8/4/2020



STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 2016 025185

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Jordan Bonner Jr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 10, 2016
4. TIME OF DEATH (Hours): 0130
5a. AGE-Last Birthday (Years): 59
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): September 6, 1956
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN

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): Alive Hospice Residence
8c. CITY OR TOWN: Nashville 094
8d. COUNTY OF DEATH: Davidson 19

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: Sheet Metal Worker
11b. KIND OF BUSINESS/INDUSTRY: Sheet Metal Local # 177
12. SOCIAL SECURITY NUMBER: -2207
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 1900 Acklen Ave. Apt. # 503
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37212
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

NAME OF DECEDENT (If no 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)
☐ 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

PARENTS

18. FATHER'S NAME (First, Middle, Last): Jordan Bonner Sr.
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Bettye M. Cotham

DISPOSITION

20a. INFORMANT'S NAME: Bettye M. Bonner
20b. RELATIONSHIP TO DECEDENT: Mother
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1900 Acklen Ave. Apt.# 503
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, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Valerie D. Lockett
22b. LICENSE NUMBER: 6785
22c. SIGNATURE OF EMBALMER: ▶ Reid Van Ness
22d. LICENSE NUMBER: 4275
23a. NAME AND ADDRESS OF FUNERAL HOME: Highland Hills Funeral Hm. & Crematory 2422 Brick Church Pike, Nashville, TN. 37207
23b. LICENSE NUMBER OF FUNERAL HOME: 1258

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Lindsey Bowden, JR
25. DATE FILED (Month, Day, Year): May 19, 2016

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING 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
☐ 26a. 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: ▶ Robert Berkompas MD
27b. LICENSE NUMBER: 17891
27c. DATE SIGNED (Month, Day, Year): 5/18/16
27d. NAME AND ADDRESS: Robert Berkompas, M.D. 1718 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.

		Approximate Interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Pancreatic cancer	
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.	
	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

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)

PH-1559 (Rev. 10/2011) RDA 1399

11762156

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

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Date Issued: Dec 31 2019

CERTIFICATION OF VITAL RECORD