Karen Johnson Davidson County
Batch# 349279 DEEDQC
01/28/2020 08:40:43 AM 5 pgs
Fees: $27.00 Taxes: $0.00

20200128-0009905

STATE OF TENNESSEE
COUNTY OF DAVIDSON
The actual consideration or true value, whichever is greater for this transfer is
$ 0.00
Affiant
Subscribed and sworn before me this the
28 Day of January, 2020.
, Deputy Register

This Instrument Prepared By: Barbara Northington at 4012 W Hamilton Rd, Nashville, TN 37218, USA

Quitclaim Deed

KNOW ALL MEN BY THESE PRESENTS THAT:

Willie Theresa Sowell, not married, of 209 Kennith Dr, Nashville, TN 37207, USA, (the "Grantor"), for and in consideration of $ 0.00 Dollars, does hereby sell, remise, release, and convey, as well as quitclaim, unto Aaron O'Bryant Pillow, not married, of 2738 Combs Dr, Nashville, TN 37207, USA, and Williera La'Kel Renee Sowell, not married, of 2738 Combs Dr, Nashville, TN 37207, USA, (collectively the "Grantee"), the following described real estate located in the county of Davidson, State of Tennessee:

Lot 165 TRINITY HILLS VILLAGE SECTION TWO FIRST ADDN 055X163XIR.

Being all or part of the same property described in the County Register's Deed book ~~4460,~~ 4752 Page ~~45 and 46.~~ 882.

TO HAVE AND TO HOLD the aforesaid real estate, together with all the appurtenances and hereditaments attached to the property, unto the Grantee, Grantee's heirs and assigns, forever. WKG

IN WITNESS WHEREOF the Grantor has executed this instrument this 27 day of January, 2020.

Signed in the presence of:

Herbert Sowell

Signature

Herbert Sowell

Name

Willie Theresa Sowell

Willie Theresa Sowell

Grantor Acknowledgement

STATE OF TENNESSEE

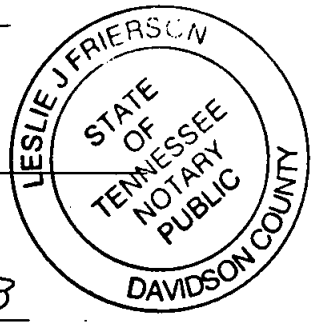
COUNTY OF DAVIDSON

Before me, Leslie J Frierson, a Notary Public in and for the said state and county, duly commissioned and qualified, personally appeared Willie Theresa Sowell, known to me (or proven to me on the basis of satisfactory evidence) to be the person described in and who executed this Quitclaim Deed, and acknowledged that they executed this Quitclaim Deed with lawful authority as a free and voluntary act.

WITNESS my hand and Notarial Seal at office this 27 day of January, 2020.

Notary Public, the State of Tennessee

County of DAVIDSON



My commission expires: 10/2/2023

Register's Fee $ _____

Mail Tax Notice to: Aaron O Pillow, 2738 Combs Dr, Nashville, TN 37207, USA
Parcel Number: 060 13 0 143.00

STATE OF TENNESSEE
Office of Vital Records

0 4 0 9 4 8 2

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2004 034327

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEDENT'S NAME (First Middle Last): William E Sowell
2 SEX: Male
3 DATE OF DEATH (Month Day Year): August 7, 2004
4 SOCIAL SECURITY NUMBER: 4691
5 AGE LAST BIRTHDAY (Yrs.): 55
5b UNDER 1 YEAR MOS. DAYS / UNDER 1 DAY HOURS MIN.
6 DATE OF BIRTH (Month Day Year): June 14, 1949
7 BIRTHPLACE (City and State or Foreign Country): Nashville, TN
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a PLACE OF DEATH (Check only one): HOSPITAL 1 [X] Inpatient 2 ER/Outpatient 3 DOA; OTHER 4 Nursing Home 5 Residence 6 Other (Specify)
9b FACILITY NAME (If not institution give street and number): Baptist Hospital 079
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): Theresa Nesbitt
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Meter Reader
12b KIND OF BUSINESS/INDUSTRY: Nashville Electric Service
13a RESIDENCE STATE: TN
13b COUNTY: Davidson
13c CITY TOWN OR LOCATION: Nashville
13d STREET AND NUMBER OR RURAL LOCATION: 209 Kennith Drive
CENSUS TRACT
13e INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f ZIP CODE: 37207
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes No-If yes specify Cuban Mexican Puerto Rican etc.) Yes 0 [X] No
15 RACE American Indian Black White etc. (Specify): Black
16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): C Beg (1 4 5): 3

PARENTS

17 FATHER'S NAME (First Middle Last): William Proby
18 MOTHER'S NAME (First Middle Maiden Surname): Mary Sowell

INFORMANT

19a INFORMANT'S NAME (Type/Print): Mrs Theresa Sowell
19b RELATIONSHIP TO DECEASED: Wife
19c MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code): 209 Kennith Drive Nashville, TN 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): Greenwood North Cemetery
20c LOCATION-City or Town State: Nashville TN
21a SIGNATURE OF FUNERAL DIRECTOR: Linda Johnson
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 4063
21c SIGNATURE OF EMBALMER: Patrick L. Tucker
21d LICENSE NUMBER OF EMBALMER: 5072
22a NAME AND ADDRESS OF FUNERAL HOME: Johnson's House of Atena 1107 Buchanan Street Nashville, TN 37208
22b LICENSE NUMBER OF FUNERAL HOME: 704

REGISTRAR

23 REGISTRAR'S SIGNATURE: Marsha H. Jones
24 DATE FILED (Month Day Year): August 20, 2004

CERTIFIER

25a PHYSICIAN To the best of my knowledge death occurred at the time and place and due to the cause(s) and manner as stated. 1 [ ] SIGNATURE AND TITLE OF PHYSICIAN
25b LICENSE NUMBER: 23572
25c DATE SIGNED (Month Day Year): 8/20/04
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 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): John Williams, M D , 300 20th Avenue North, 9th Floor, Nashville, Tennessee

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

28 PART I Enter the diseases 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. embolic Stroke
DUE TO (OR AS A CONSEQUENCE OF): b. endocarditis
DUE TO (OR AS A CONSEQUENCE OF): c. Renal failure
DUE TO (OR AS A CONSEQUENCE OF): d.

Sequentially list conditions if any leading to immediate cause Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I
29a WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [ ] No
29b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [X] Yes 2 [ ] No

30 MANNER OF DEATH: 1 [ ] Natural 2 [X] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a DATE OF INJURY (Month Day Year)
31b TIME OF INJURY M
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 1658 REV 6/99
BIRTH NO
RDA 1389

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

-11671643

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

1 1 6 7 1 6 4 3
Date Issued: Jan-27-2020

CERTIFICATION OF VITAL RECORD