This instrument prepared by:
Ms. Andrea D. Anderson
104 Briar Oaks Ct
Old Hickory, Tennessee 37138

KEVIN ZIEK
STATE OF TENNESSEE NOTARY PUBLIC
RUTHERFORD COUNTY

State of Tennessee Davidson County
The actual consideration for this transfer is $0.00
Frances Fuston Anderson
Affiant
Subscribed and sworn to before me, this 4th day of February, 2020.
Kevin Ziek
Notary Public
My commission expires: 3/19/23

Quitclaim Deed

Address New Owner(s) as follows:	Send Tax Bills to:	Map and Parcel Number:
Frances Fuston Anderson 1167 Old Hickory Blvd Nashville, TN 37207	Frances Fuston Anderson 1167 Old Hickory Blvd Nashville, TN 37207	041 08 0 041.00

For and in consideration of One dollar ($1.00), cash in hand paid, the receipt of which is hereby acknowledged, I, Frances Anderson Trustee of the John H. Anderson and Frances Anderson Revocable Trust, by these presents do hereby quitclaim and convey unto Frances Fuston Anderson, her successors and assigns, all my right, title and interest in and to following described tract of land:

Land in Davidson County, Tennessee, Being Lot No 17 on the map of Hickory Acres Subdivision, Section One, not of record, and described according to a survey by Geo. W. Watkins, Surveyor, July 15, 1952, as follows;

Beginning at a point on the southerly margin of Old Hickory Blvd., the common corner of Lots 17 and 18; then with the line between said lots, southwestwardly 263.6 feet to the north line of Lot 2, thence with the north line of Lots 2 and 3, northwestwardly 197 feet to the corner of Lot 16; thence with the line between lots 16 and 17, northeastwardly 311.8 feet to the southerly margin of Old Hickory Blvd.; thence with the margin of the same, southwardly 172 feet to the beginning.

Being the same property conveyed to John H. Anderson and Frances Anderson Trustees of the John H. Anderson and Frances Anderson Revocable Trust of record in instrument no. 201511230118648, RODC.

Karen Johnson Davidson County
Batch# 353524 DEEDQC
02/05/2020 10:07:26 AM 2 pgs
Fees: $12.00 Taxes: $0.00
20200205-0013307

Witness my hand this 4th day of February 2020.

Frances Fuston Anderson
Grantor or Seller

State of Tennessee
County of Davidson

Personally appeared before me, Kevin Ziek, a Notary Public in and for said County and State, Frances Anderson, Trustee with whom I am personally acquainted, and who acknowledged that she as said Trustee, executed the within instrument for the purposes therein contained.

Witness my hand, at office, this 4th day of February 2020.

Kevin Ziek
Notary Public

KEVIN ZIEK
STATE OF TENNESSEE NOTARY PUBLIC
RUTHERFORD COUNTY

My commission expires: 3/19/2023

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 059034

DECEDENT (TYPE/PRINT IN PERMANENT BLACK INK)

1. DECEDENT'S LEGAL NAME	2. SEX	3. DATE OF DEATH
JOHN HARDEMAN ANDERSON	MALE	10/20/2019

4. TIME OF DEATH (Approx.)	5a. AGE	5b. UNDER 1 YEAR (Months / Days)	5c. UNDER 1 DAY (Hours / Minutes)	6. DATE OF BIRTH	7. BIRTHPLACE
04:08	89			04/26/1930	NASHVILLE, TN

8a. PLACE OF DEATH	8b. FACILITY NAME	8c. CITY OR TOWN	8d. COUNTY OF DEATH
DECEDENT'S HOME	1167 OLD HICKORY BLVD	NASHVILLE	DAVIDSON

9. MARITAL STATUS	10. SURVIVING SPOUSE (name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
MARRIED	FRANCES FUSTON	MAILER	NEWPAPER

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
-8842	TENNESSEE	DAVIDSON	NASHVILLE

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
1167 OLD HICKORY BLVD	YES	37207	YES

15. DECEDENT'S EDUCATION	16. DECEDENT OF HISPANIC ORIGIN?	17. DECEDENT'S RACE
HIGH SCHOOL GRADUATE OR GED COMPLETED	NO, NOT SPANISH/HISPANIC/LATINO	WHITE

PARENTS

18. FATHER'S NAME	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE
LESTER ANDERSON	MARY PATTON

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS
FRANCES ANDERSON	SPOUSE	1167 OLD HICKORY BLVD, NASHVILLE, TN 37207

DISPOSITION

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION	21c. LOCATION
BURIAL	SPRINGHILL CEMETERY	NASHVILLE, TN

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
/e/ WAYNE ANDREW SLIGHTER	5243	/e/ MELISSA SMARTT	20009

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER
COLE & GARRETT FUNERAL HOME AND CREMATION SERVICES - GOODLETTSVILLE, 127 N. MAIN STREET, GOODLETTSVILLE, TN 37072	718

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED
/e/ EDWARD G BISHOP III	10/23/2019

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.

27a. CERTIFIER	27b. LICENSE NUMBER	27c. DATE SIGNED
/e/ SASHA L. BOWERS	052952	10/23/2019

27d. NAME AND ADDRESS: SASHA L. BOWERS 1718 PATTERSON STREET, NASHVILLE, TN 37203

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

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. MYELODYSPLASTIC SYNDROME	
	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	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? NO

29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?

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

PH-1659 (Rev. 8-2017) RDA 10112

11622453

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

1 116 2 2 4 5 3

Date Issued: Oct-24-2019

CERTIFICATION OF VITAL RECORD