This instrument prepared by:
Tennessee Nations Title Agency,
Inc. 404 BNA Drive, Suite 310
Nashville, Tennessee 37217
615-360-2703
tn-closing@nationstitle.com

Karen Johnson Davidson County
Batch# 368962 DEEDWARR
03/06/2020 03:00:30 PM 9 pgs
Fees: $48.00 Taxes: $852.30
20200306-0025668

State of
Tennessee County
of ~~Davidson~~ Williamson

The actual consideration or value, whichever is greater for this transfer is: $230,350.00

Affiant Signature

Subscribed and sworn to before me on this the 3rd day of March, 2020

Notary Public

My Commission expires 8/7/22

LEIGH ANNE SAILORS
STATE OF TENNESSEE
NOTARY PUBLIC
WILLIAMSON COUNTY

NAME AND ADDRESS OF PROPERTY OWNER:
CJP PROPERTIES, LLC
7810 Chester Road
Fairview, TN 37062

SEND TAX BILLS TO:
PROPERTY OWNER

MAP AND PARCEL NUMBER: Tax ID: 07204008600

WARRANTY DEED

20NT00015

Effective the 3rd day of March, 2020 and for and in Consideration of the sum of $1.00 cash in hand paid by the hereinafter named grantees, and other good and valuable consideration, the receipt of which is hereby acknowledged,

WILFRED TAYLOR AS PERSONAL REPRESENTATIVE OF THE ESTATE OF ARTIEMAE LORIETTA TAYLOR, DECEASED, (see Exhibit A, as to Death Certificate and Exhibit B for Letters of Administration) in compliance with that Order to Approve Sale of the below described Property dated February 21, 2020 signed by the Honorable David Randall Kennedy, Jr. in the Circuit Court for Davidson County Tennessee, Probate Division, Docket Number 15P1003, (a copy being attached hereto as Exhibit C) hereinafter called the GRANTOR, have bargained and sold, and by these presents do transfer and convey unto CJP PROPERTIES, LLC, its successors and/or assigns, a certain tract or parcel of land in Davidson County, Tennessee, and being more particularly described as follows:

Being the southerly part of Lot No. 4 of Block "B" on the Plan of Inglewood Golf Club, as of record in Book 843, page 65, Register's Office for Davidson County, Tennessee, and being further described as follows:

Said part of Lot No. 4 fronts 61 feet on the easterly margin of Stratford Avenue and extends back 163.5 feet on the southerly line and 167.7 feet on the northerly line to a dead line in the rear measuring 59.26 feet, as described in deed of record in Book 5588, page 466, Register's Office for Davidson County, Tennessee.

Being the same property conveyed to Artiemae Taylor, by Warranty Deed from Jorge Ramos- Rivera and wife, Blanca I. Torres Ramos-Rivera, dated 12/05/2001 and recorded 12/12/2001 as Document No.20011212-0137210, Register's Office for Davidson County, Tennessee. Artiemae Taylor died 04/12/2015, estate probated at 15P1003, Probate Court for Davidson County, Tennessee.

The property has been released from any claims by the Tennessee Bureau of TennCare (See Attached Exhibit D).

1. 2020 PROPERTY TAXES ARE A LIEN BUT ARE NOT YET DUE AND PAYABLE AND WILL THE RESPONSIBILITY OF THE GRANTEE FOR PAYMENT THEREOF WHEN THEY BECOME DUE.

2. SUBJECT TO ANY AND ALL NOTES AND MATTERS ON THE PLAT OF RECORD IN IN BOOK 843, PAGE 65, SAID REGISTER'S OFFICE.

3. SUBJECT TO ANY BUILDING AND ZONING REGULATIONS OF THE CITY, COUNTY AND/OR STATE.

This is an improved property commonly known as 1405 Stratford Ave, Nashville, TN 37216

To have and to hold the said tract or parcel of land, with the appurtenances, estate, title, and interest thereto belonging to the said GRANTEES, their successors and assigns, forever. We do covenant with said GRANTEES that we are lawfully seized and possessed of said land in fee simple, have a good right to convey it, and the same is unencumbered, expect for those matters appearing of record and real property taxes. We do further covenant and bind ourselves, our heirs and representatives, to warrant and forever defend the title to the said land to the GRANTEES, their successors and assigns, against all the lawful claims of all persons whomsoever. Wherever used, the singular number shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

Witness my hand this the 3rd day of March, 2020

THE ESTATE OF ARTIEMAE LORIETTA TAYLOR

By:_____
WILFRED TAYLOR
PERSONAL REPRESENTATIVE

State of Tennessee
County of Davidson

Before me, the undersigned authority, a Notary Public of the State and county mentioned, personally appeared **WILFRED TAYLOR**, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged herself to be **PERSONAL REPRESENTATIVE** of **THE ESTATE OF ARTIEMAE LORIETTA TAYLOR, DECEASED,** and that he, as such Personal Representative, executed the foregoing instrument for the purpose therein contained, by signing the name of the Estate of Artiemae Lorietta Taylor by himself as Personal Representative.

Witness my hand and official seal at office, this the 3 day of March, 2020.

Notary Public

My commission expires: 03-08-2021

KATRINA KAREN HOFF
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires 03-08-2021

- Exhibit A -

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Actieme Taylor
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 12, 2015
4. TIME OF DEATH (Military): 9:30 PM
5. DATE OF BIRTH (Month, Day, Year): April 26, 1953
6. AGE (Last Birthday) (Years): 61
7. BIRTHPLACE (City and State or Foreign Country): Robertsport, Liberia
8. PLACE OF DEATH (Check only one): Inpatient
9. IF DEATH OCCURRED IN A HOSPITAL: ER/Outpatient
10. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: Other (Specify): Parking lot of school
11. FACILITY NAME (If not institution, give street and number): 1915 Charlotte Ave.
12. CITY OR TOWN: Nashville
13. COUNTY OF DEATH: Davidson
14. MARITAL STATUS: Married, but separated
15. SURVIVING SPOUSE (If wife, give name prior to first marriage)
16a. DECEDENT'S USUAL OCCUPATION: Nurse
16b. KIND OF BUSINESS/INDUSTRY: Centennial Medical Clic
17. SOCIAL SECURITY NUMBER: 410-[illegible]-345
18a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
18b. COUNTY: Davidson
18c. CITY OR TOWN: Nashville
18d. STREET AND NUMBER: 1405 Stratford Avenue
18e. INSIDE CITY LIMITS: Yes
18f. ZIP CODE: 37216
19. WAS DECEDENT EVER IN US ARMED FORCES?: No
20. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death): Associate degree (e.g., AA, AS); Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
21. 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
22. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be): Black or African American; Other Asian (Specify): Liberian

PARENTS

23. FATHER'S NAME (First, Middle, Last): Myles W. Taylor, Sr.
24. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Julia E. Taylor

DISPOSITION

25. INFORMANT'S NAME: Darlene Clarke-Oloah
26. RELATIONSHIP TO DECEDENT: Daughter
27. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1405 Stratford Avenue Nashville, TN 37216
28. METHOD OF DISPOSITION: Burial
29. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Greenwood North Cemetery
30. LOCATION - City or Town and State: Goodlettsville, TN
31a. SIGNATURE OF FUNERAL DIRECTOR: Donna Smith Haynes
31b. LICENSE NUMBER: 5681
31c. SIGNATURE OF EMBALMER: Donna Smith Haynes
31d. LICENSE NUMBER: 5682
32a. NAME AND ADDRESS OF FUNERAL HOME: New Generation Funeral Home, 2930 Murfreesboro Pike, Antioch, TN
32b. LICENSE NUMBER OF FUNERAL HOME: 1217

REGISTRAR

33. REGISTRAR'S SIGNATURE: [signature]
34. DATE FILED (Month, Day, Year): 4/16/15

CERTIFIER

35. CERTIFIER (Check only one): 35a. PHYSICIAN - To the best of my knowledge, death occurred at the date 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.

35b. 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.
36a. SIGNATURE OF CERTIFIER: [signature] M.D.
36b. LICENSE NUMBER: 41883
36c. DATE SIGNED (Month, Day, Year): April 13, 2015
36d. NAME AND ADDRESS: Miguel A Laboy, M.D.; 850 S.S. Gass Boulevard, Nashville, TN 37216; MEC15-0869

MEDICAL CERTIFICATION

37. 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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Pending
Sequentially list conditions, if any, leading to the cause stated on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.
b. Due to (or as a consequence of):
c. Due to (or as a consequence of):
d. Due to (or as a consequence of):
Approximate Interval: Onset to death
38. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
39a. WAS AN AUTOPSY PERFORMED? No
39b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? No
40. MANNER OF DEATH: Accident; Pending investigation
41. DID TOBACCO USE CONTRIBUTE TO DEATH? Unknown
42. IF FEMALE: Not pregnant within past year
43a. DATE OF INJURY (Month, Day, Year)
43b. TIME OF INJURY
43c. INJURY AT WORK? No
43d. PLACE OF INJURY - (At home, farm, street, factory, office, building, etc. (Specify)
43e. DESCRIBE HOW INJURY OCCURRED
43f. LOCATION OF INJURY (Street and Number, City or Town, State)

PH-1659 (Rev. 9/2011) RDA 1393

7701013

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.

7701013

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued

CERTIFICATION OF VITAL RECORD

202003060025668

- Exhibit B -

IN THE CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE

(PROBATE DIVISION)

LETTERS OF ADMINISTRATION

TO: **WILFRED TAYLOR** DOCKET NO: **15P1003**

It appearing to the Court that ***ARTIEMAE LORIETTA TAYLOR*** *has died leaving no Will, and the Court being satisfied as to your claim to said Administration, you have given Bond pursuant to Order, if required, qualified as directed by law, and the Court having ordered that Letters of Administration be issued to you;*

THESE ARE, THEREFORE, to authorize and empower you, the said ***WILFRED TAYLOR,*** *to take into your possession and control all the goods, chattels, claims, and papers of the said estate, and to return a true and perfect inventory thereof to this Court; to collect and pay all debts, and to do and transact all the duties in relation to said estate, and to deliver the residue thereof to those who are by law entitled.*

WITNESS, Richard R. Rooker, Clerk of the Probate Court, at office, this July 10th, 2015.

RICHARD R. ROOKER, Clerk

_____ D.C.

STATE OF TENNESSEE)

DAVIDSON COUNTY)

I, RICHARD R. ROOKER, Clerk of the Probate Court, do hereby certify that the foregoing is a full, true and perfect copy of the Letters of Administration issued to **WILFRED TAYLOR** as **Administrator** of the estate of **ARTIEMAE LORIETTA TAYLOR**, deceased, and I do further certify that **WILFRED TAYLOR** is still acting as Administrator of the estate, and all acts as such are entitled to full faith and credit, as it appears from the official record in my office in Nashville, Tennessee, this the 10th day of July, 2015.

RICHARD R. ROOKER, Clerk

_____ D.C.

- Exhibit C -

IN THE CIRCUIT COURT FOR DAVIDSON COUNTY, TENNESSEE
PROBATE DIVISION

IN RE:	)	
	)	
ESTATE OF	)	
ARTIEMAE LORIETTA TAYLOR,	)	No. 15P1003
	)	
Decedent.	)	

ORDER TO APPROVE SALE OF REAL PROPERTY
(1405 STRATFORD AVENUE, NASHVILLE, TN 37216)

Motion of the Personal Representative to approve the contract for sale of the residential real property commonly known as 1405 Stratford Avenue, Nashville, TN 37216 came before the court for hearing on this the 21st day of February, 2020. The court has considered the Contract presented and terms, the Real Estate Brokers Price Opinion Letter as to value, and statements of counsel and the Personal Representative. The Court finds the Motion should be granted and has determined:

1. The Estate is insolvent, and sale of the subject real property of the estate is appropriate and necessary to pay claims and expenses.
2. The property has two mortgages which shall be paid off at closing.
3. There is no objection to the motion.
4. The offer for the sale of the property for $230,000.00 is reasonable and should be approved according to its terms but with no repairs to be made.
5. The Personal Representative as Seller should be authorized to pay for the related closing expenses including property taxes, tax pro-rations, a title policy, administration fee for title search, settlement closing fees, documentation

preparation fees, real estate commissions and a reasonable legal fee or expenses incident to the closing.

IT IS THEREFOR ORDERED that the Personal Representative may proceed to accept the Real Estate Sales Agreement submitted for the sale of the Estate Property which is real property commonly known as 1405 Stratford Avenue, Nashville, TN 37216.

IT IS FURTHER ORDERED the Personal Representative is hereby authorized and approved to close on the sale of property and to execute a General Warranty Deed to convey title to real property identified as 1405 Stratford Avenue, Nashville, TN 37216 to the parties and in settlement to pay off the mortgages, closing attorney in connection with the closing, pay tax prorations, a title policy, administration fee for title search, and title search, settlement closing fees, documentation preparation fees, and a reasonable legal fee or expenses incident to the closing.

IT IS FURTHER ORDERED that all net proceeds from the sale of the property shall be disbursed by the closing agent and paid into the Probate Court Clerk to be held pending further orders of this Court.

DATED this 24 day of Dec, 2020.

Judge David Randall Kennedy, Sr.

Approved for Entry:

William Timothy Hill, BPR #9487
PRICE, HILL & KOLARICH
201 4th Avenue North, Suite 1800
Nashville, TN 37219
tim@wthillatty.com
(615) 256-1577

CERTIFICATE OF SERVICE

I hereby certify that a true and exact copy of the foregoing document has been served by first-class mail, postage prepaid, on this the _____ day of _____, 2020, to the following:

Wilfred Taylor, Executor
518 East Noctum Drive
Nashville, TN 37207

Darlene Clarke-Okah
1405 Stratford Avenue
Nashville, TN 37216

Estate of George Marshall
c/o Darlene Clarke-Okah, Administratrix
1405 Stratford Avenue
Nashville, TN 37216

Anthony Adjei
3300 Civil Conference Drive, Apt 2C
North Last Vegas, NV 89030

William Timothy Hill

Division of TennCare

STATE OF TENNESSEE
DIVISION OF TENNCARE
310 GREAT CIRCLE ROAD, 4th FLOOR
NASHVILLE, TENNESSEE 37243
Phone# 866-389-8444 / Fax# 615-413-1941

1/22/2020

KATRINA HOFF
404BNA DR., BUILDING 200
SUITE 310
NASHVILLE, TN 37217

RE: ARTIMAE TAYLOR
Last Four Of SSN 3645

Dear KATRINA HOFF:

The Division of TennCare releases its claim against the probate estate of the above decedent for the marked reason:

X T.C.A. §71-5-116(c) (2) - Based upon a review of the information you provided, we do not find long-term TennCare benefits paid by the State of Tennessee on behalf of the decedent

____ T.C.A. §71-5-116(c) - The decedent is survived by a spouse; therefore, the claim is deferred. TennCare reserves the right to assert a claim upon the death of the surviving spouse.

____ T.C.A. §71-5-116(c) - The decedent was under the age of fifty-five at the time of death; therefore, the estate recovery claim is waived.

If there are questions, you may contact the Estate Recovery Unit at (866) 389-8444.

Note this release only applies to decedent's probate estate and does not apply to trusts or any assets held in trust. For trust inquires, please contact us by phone for referral to TennCare's Office of the General Counsel.

Sincerely,

Tangela J. Howard

Tangela Howard
Supervisor

I, Thomas N. Jones, do hereby make oath that I am a licensed 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.

THOMAS N. JONES

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

Personally appeared before me, Leigh Anne Sailors, a notary public for this county and state, Thomas N. Jones, who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

NOTARY PUBLIC

My Commission Expires: 08/07/2022

