Prepared By:

Steven E. Dodson
1085 Sunset Road
Brentwood, TN 37027

Karen Johnson Davidson County
Batch# 442482 DEEDQC
07/22/2020 02:58:12 PM 3 pgs
Fees: $17.00 Taxes: $0.00

20200722-0080719

After Recording Return To:

Steven E. Dodson
1085 Sunset Road
Brentwood, TN 37027

Space Above This Line For Recorder's Use

Map & Parcel Number: 165130A05200CO

Address New Owner As Follows:

Steven E. Dodson, Trustee
The Lanelle Boehms Dodson Revocable Living Trust
1085 Sunset Road
Brentwood, TN 37027

Mail Tax Statements To:

Steven E. Dodson
The Lanelle Boehms Dodson Revocable Living Trust
1085 Sunset Road
Brentwood, TN 37027

Tennessee Quitclaim Deed

KNOW ALL MEN BY THESE PRESENTS THAT:

Lanelle Dodson, not married, of 9594 S Harpeth Rd, Nashville, TN 37221, USA, (the "Grantor"), for and in consideration of 10.00 Dollars, does hereby sell, remise, release, and convey, as well as quitclaim, unto Lanelle Boehms Dodson and Steven E. Dodson as trustees of The Lanelle Boehms Dodson Revocable Living Trust, dated July 2, 2020, (the "Grantee") as the sole tenant, the following described real estate located in the county of Davidson, State of Tennessee:

> Land in Davidson County, Tennessee, being Lot No. 394 on the Plan of Section 4, Peppertree Forest, PUD, as of record in Plat Book 7900, Page 426, Register's Office for said County to which reference is made for a more complete description. This is improved real property known as 804 Trailside Circle, Antioch, TN 37013.

Being the same property conveyed to Dan Dodson and wife, Lanelle Dodson by deed as described in the Davidson County Tennessee Register's Deed bock DB-20000713, Page 0069266.

Dan Dodson deceased on February 9, 2015. He was survived by his wife, Lanelle Dodson. As a result of his death, Lanelle Dodson became the sole owner of this property known as 804 Trailside Circle, Antioch, TN 37013, being the survivor of property held in a tenancy by the entirety with Dan Dodson.

IN WITNESS WHEREOF the Grantor has executed this instrument this 18 day of July, 2020.

Signed in the presence of:

Signature Of Witness
Mehul Asthana
Printed Name Of Witness
5543 Edmondson Pike Nashville, TN
Address Of Witness

Lanelle Dodson (Grantor)

Address: 9594 S Harpeth Rd
Nashville, TN 37221

Notary Acknowledgement

STATE OF TENNESSEE

COUNTY OF Davidson

Before me, Rakesh Dumpeti, a Notary Public in and for the said state and county, duly commissioned and qualified, personally appeared Lanelle Dodson, 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 18 day of July, 2020.

Notary Public, the State of Tennessee
County of Davidson
My commission expires: 03-06-24

RAKESH NITIN DUMPETI
My Commission Expires 03-06-2024
DAVIDSON COUNTY, TENNESSEE

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Kyle Daniel Dodson
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): February 9, 2015
4. TIME OF DEATH (Hour): 11:30 PM
5a. AGE-Last Birthday (Years): 87
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): February 22, 1927
7. BIRTHPLACE (City and State or Foreign Country): Linden, Tennessee

TYPEWRITE IN PERMANENT BLACK INK

NAME OF DECEDENT (To be completed by Physician or Funeral Director)

5a. 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)

5b. FACILITY NAME (If not institution, give street and number): 251 Marsh Creek Road
5c. CITY OR TOWN: Linden
5d. COUNTY OF DEATH: Perry

9. MARITAL STATUS: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Lanelle Boehms
11a. DECEDENT'S USUAL OCCUPATION: Deputy
11b. KIND OF BUSINESS/INDUSTRY: Perry County Sheriffs Department

12. SOCIAL SECURITY NUMBER: -2620
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Perry
13c. CITY OR TOWN: Linden

13d. STREET AND NUMBER: 251 Marsh Creek Road
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37096
14. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No

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

18. FATHER'S NAME (First, Middle, Last): Claude Allen Dodson
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Bess Bell Wilsdorf

20a. INFORMANT'S NAME: Lanelle Dodson
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 251 Marsh Creek Road Linden, TN 37096

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Dr. O.A. Kirk Memorial Cemetery
21c. LOCATION – City or Town and State: Linden TN 37096

22a. SIGNATURE OF FUNERAL DIRECTOR: Dale W. Young
22b. LICENSE NUMBER: 3959
22c. SIGNATURE OF REGISTRAR: Dale W. Young
22d. LICENSE NUMBER: 4059

23a. NAME AND ADDRESS OF FUNERAL HOME: Young Funeral Home, P.O. Box 699, Linden, Tennessee 37096
23b. LICENSE NUMBER OF FUNERAL HOME: 1042

24. REGISTRAR'S SIGNATURE: Susan Mull DEP
25. DATE FILED (Month, Day, Year): 02-23-15

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.
26b. ☐ 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.

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

27a. SIGNATURE OF CERTIFIER
27b. LICENSE NUMBER: D0648
27c. DATE SIGNED (Month, Day, Year): 2-15-15
27d. NAME AND ADDRESS: Dr. Kenneth Salhany, P.O. Box 219 Lobelville, TN 37097

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. cerebral hypoxic encephalopathy — Due to (or as 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. hypoxemia — Due to (or as a consequence of):	
	c. bronchogenic lung cancer — 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.
b. Left adrenal metastasis
HTN

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 – at 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-1659 (Rev. 10/2011) RDA 1369

7606563

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.

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

7606563

Date Issued FEB 23 2015

CERTIFICATION OF VITAL RECORD