Karen Johnson Davidson County
Batch# 447543 DEEDQC
07/31/2020 08:24:56 AM 3 pgs
Fees: $17.00 Taxes: $0.00
20200731-0084406

EXECUTOR'S QUITCLAIM DEED

ADDRESS OF NEW OWNER AS FOLLOWS:	SEND TAX BILLS TO:	MAP & PARCEL NO.
Frances O'Connor, Trustee Robert G. Williams Family Trust 4736 Apollo Drive Antioch, TN 37013	same	148 12 0 0 076.00

THIS INSTRUMENT WAS PREPARED BY:
Elizabeth L. Adams, Attorney
7100 Hardwood Lane - College Grove, TN 37046
Phone: 615-293-5598 - Fax: 615-791-6096 - Email: eadams@adamslaw-tn.com

ROBERT GREGORY WILLIAMS, a resident of Davidson County, State of Tennessee, died on September 20, 2018, as evidenced by a copy of the death certificate attached as *Exhibit A*, leaving a Last Will and Testament of Robert G. Williams, dated September 22, 2017. The will was admitted to probate on February 26, 2020 in the Seventh Circuit Court of Davidson County, Tennessee (Probate Division), Docket Number 19P1949. The will named Frances O'Connor as Personal Representative. The Personal Representative is duly qualified. All debts of the decedent have been paid. The Personal Representative by signing this Quitclaim Deed releases any right the Personal Representative has to recover this property in the event of the subsequent insolvency of this estate. In accordance with the provisions of the Last Will and Testament of Robert Gregory Williams, dated September 22, 2017, FRANCES O'CONNOR, PERSONAL REPRESENTATIVE, quitclaims to FRANCES O'CONNOR AS TRUSTEE OF THE ROBERT G. WILLIAMS FAMILY TRUST all right, title and interest in the following described real estate in Davidson County, Tennessee:

> BEING Lot No. 21, Section 2-A, Hazelwood, as of record in Plat Book 3500, Page 27, Register's Office for Davidson County, Tennessee.
>
> BEING the same property conveyed to ROBERT GREGORY WILLIAMS by Quitclaim Deed from RUTH ANN WILLIAMS, of record in Instrument Number: 00011521-0000190, Register's Office for Davidson County, Tennessee.

This transfer is by Quitclaim and the Personal Representative makes no warranties about the title.

There are no debts or encumbrances remaining that are or might become a lien on the interest in the described real estate. T.C.A. § 67-4-409(a)(3)(D) exempts this instrument from tax and T.C.A. § 67-4-409(a)(5) further provides the valuation oath is unnecessary, the affidavit being used to evidence transfer of title to the property to a beneficiary.

This is improved property located at 899 Irma Drive, Antioch, Tennessee 37013.

WITNESS MY HAND at Nashville, Tennessee this 10 day of July, 2020.

Frances N. O'Connor

ESTATE OF ROBERT GREGORY WILLIAMS
By: Frances O'Connor, Personal Representative

STATE OF ~~TENNESSEE~~)
COUNTY OF Davidson)

Sworn to and subscribed before me, FRANCES O'CONNOR, PERSONAL REPRESENTATIVE OF THE ESTATE OF ROBERT G. WILLIAMS, who signed, sealed and delivered the foregoing instrument in my presence on this the 10th day of July, 2020.

K. Phelps

Notary Public

My Commission Expires: 3/7/23.

KATRICE PHELPS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires Mar. 7, 2023

STATE OF TENNESSEE
Office of Vital Records

[redacted]

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 054020

DECEDENT

TYPE/PRINT IN PERMANENT BLACK INK

NAME OF DECEDENT (No. and St., Apt. No., City or Town, State, and Zip Code)

1. DECEDENT'S LEGAL NAME: ROBERT GREGORY WILLIAMS					2. SEX: MALE	3. DATE OF DEATH: 09/20/2018
4. TIME OF DEATH (Approx.): 21:14	5a. AGE: 54	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH: 04/19/1964	7. BIRTHPLACE: NASHVILLE, TN	
8a. PLACE OF DEATH: INPATIENT						
8b. FACILITY NAME: VANDERBILT UNIVERSITY MEDICAL CENTER		8c. CITY OR TOWN: NASHVILLE			8d. COUNTY OF DEATH: DAVIDSON	
9. MARITAL STATUS: DIVORCED	10. SURVIVING SPOUSE (name prior to first marriage)		11a. DECEDENT'S USUAL OCCUPATION: MECHANIC		11b. KIND OF BUSINESS/INDUSTRY: AUTOMOBILE REPAIR	
12. SOCIAL SECURITY NUMBER: [redacted]	13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE		13b. COUNTY: DAVIDSON		13c. CITY OR TOWN: ANTIOCH	
13d. STREET AND NUMBER: 899 IRMA DRIVE		13e. INSIDE CITY LIMITS?: YES	13f. ZIP CODE: 37013		14. WAS DECEDENT EVER IN US ARMED FORCES?: NO	
15. DECEDENT'S EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED	16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO		17. DECEDENT'S RACE: WHITE			

PARENTS

18. FATHER'S NAME: VERGIL W WILLIAMS JR	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: PATRICIA ANN DEFORD

DISPOSITION

20a. INFORMANT'S NAME: FRANCES N O'CONNOR	20b. RELATIONSHIP TO DECEDENT: SISTER	20c. MAILING ADDRESS: 4736 APOLLO DRIVE, ANTIOCH, TN 37013	
21a. METHOD OF DISPOSITION: BURIAL	21b. PLACE OF DISPOSITION: MT OLIVET CEMETERY	21c. LOCATION: NASHVILLE, TN	
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ /e/ WILLIAM R. APPLETON	22b. LICENSE NUMBER: 2700	22c. SIGNATURE OF EMBALMER: ▶ /e/ Rick D Chester	22d. LICENSE NUMBER: 3416
23a. NAME AND ADDRESS OF FUNERAL HOME: WOODBINE FUNERAL HOME, INC , 3620 NOLENSVILLE ROAD, NASHVILLE, TN 37211			23b. LICENSE NUMBER: 396

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ /e/ EDWARD G. BISHOP III	25. DATE FILED: 10/02/2018

CERTIFIER

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

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: ▶ /e/ FRANCIS BALUCAN	27b. LICENSE NUMBER: 615-343-5165	27c. DATE SIGNED: 09/25/2018
27d. NAME AND ADDRESS: FRANCIS BALUCAN 1211 MEDICAL CENTER DR, NASHVILLE, TN 37232		

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. HYPOXIC RESPIRATORY FAILURE	2 MINUTES
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 A CONSEQUENCE OF) b. SEPSIS	3 DAYS
	DUE TO (OR A CONSEQUENCE OF) c. AMYOTROPHIC LATERAL SCLEROSIS	5 YEARS
	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: URINARY TRACT INFECTION

29a. WAS AN AUTOPSY PERFORMED?: NO

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

30. MANNER OF DEATH: NATURAL	31. DID TOBACCO USE CONTRIBUTE TO DEATH?: NO	32. IF FEMALE: 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

TH-1659 (Rev. 8/2017)

RDA 10112

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[redacted] identified as able to be a true and correct representation of the [redacted] issued by the Tennessee Department of Health. Alteration or erasure voids this [redacted]

Issued under authority of Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977

Edward G. Bishop III
State Registrar

John Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

10483649

CERTIFICATION OF VITAL RECORD