Document prepared by:
Brenda Rhoton Clark, Attorney
1224 2nd Ave. So, Suite 102
Nashville, TN 37210;615.649.6841

Karen Johnson Davidson County
Batch# 450370 DEEDQC
08/05/2020 10:32:51 AM 3 pgs
Fees: $17.00 Taxes: $0.00
20200805-0086725

QUITCLAIM DEED

STATE OF TENNESSEE
COUNTY OF DAVIDSON
The actual consideration or value, whichever is greater, for this transfer is inheritance and is $0.00.
Subscribed and sworn to before me on this 11th day of August, 2020.

BRENDA CLARK STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY MY COMMISSION EXPIRES 7-9-2022

Janet Parham
Brenda Clark
Notary Public
My Commission Expires: 07-09-2022

NEW OWNER:
Agnes Hampton
106 Vista Drive
Clemson, SC 29631

SEND TAX BILLS TO:
Same

MAP-PARCEL NUMBERS
081 06 0 011.00

Decedent, Kerlene Hampton Jordan ("Decedent") died on August 11, 2019, in Nashville, Davidson County, Tennessee, leaving a Last Will and Testament executed on November 18, 2010. The Will was admitted to probate in the Davidson County Probate Court in the matter of *The Estate of Kerlene Hampton Jordan*, Estate No. 19P1680. Her husband, Sandy Jordan Jr., died on January 21, 2005, and a copy of his Death Certificate is attached hereto as Exhibit A. The Executor, by signing this Deed, releases any rights the estate may have to recover this property in the event of the subsequent insolvency of this estate. A TennCare release has been issued and is of record in the probate matter.

In accordance with the provisions of the Last Will and Testament of Kerlene Hampton Jordan, Janet Parham, as Executor of the Estate of Kerlene Hampton Jordan, hereinafter referred to as "Grantor", does hereby transfer and convey to Grantee, Agnes Hampton, hereinafter referred to as "Grantee", her heirs and assigns, a certain tract or parcel of land in Davidson County, State of Tennessee, described as follows, to-wit:

Land in Davidson County, Tennessee, being Lot No. 92 on the Plan of Cumberland Gardens, as of record in Book 2900, pages 3 and 4, Register's Office for said County.

Said Lot No. 92 fronts 51 feet on the northerly side of O'Neal Drive and extends back 158.3 feet on the easterly line and 172.2 feet on the westerly line to a dead line, measuring 80 feet thereon.

This being the same property conveyed to Sandy Jordan, Jr. and wife, Kerlene P. Jordan, dated June 24, 1959, and filed on September 4, 1959, and recorded in book 2958, page 533, said Register's Office.

This conveyance is subject to all restrictive covenants, easements and set back lines which are applicable to the above described property.

This is improved property known as 2704 O'Neal Drive, Nashville, Tennessee 37208.

WITNESS MY HAND on this 11th day of August, 2020.

BRENDA CLARK STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY MY COMMISSION EXPIRES 7-9-2022

Janet Parham
JANET PARHAM
Executor of the Estate of Kerlene Hampton Jordan

Document prepared by:
Brenda Rhoton Clark, Attorney
1224 2nd Ave. So, Suite 102
Nashville, TN 37210;615.649.6841

State of Tennessee)
County of Davidson)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, JANET PARHAM, with whom I am personally acquainted, and who acknowledged that she executed the instrument for the purposes therein contained.

Subscribed and sworn to before me on this 4th day of August, 2020.

Brenda Clark
NOTARY PUBLIC

07-09-2022
My Commission Expires

BRENDA CLARK
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 7-9-2022

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

05-04471

STATE FILE NUMBER 2005 003265

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Sandy Jordan Jr
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): January 21, 2005
4. SOCIAL SECURITY NUMBER: -8866A
5. AGE LAST BIRTHDAY (Years): 79
5b. UNDER 1 YEAR: OR
5c. UNDER 1 DAY: OR
6. DATE OF BIRTH (Month, Day, Year): 1/27/1925
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
8a. PLACE OF DEATH (Check only one): HOSPITAL 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
8c. FACILITY NAME (If not inst tut on g ve street and number): St Thomas Hospital 080
8c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
8d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Kerlene Hampton
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Nurse Assistant
12b. KIND OF BUSINESS/INDUSTRY: None
13a. RESIDENCE STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2704 O'Neal Dr Nashville, Tenn
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37208
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
15. RACE (American Indian, Black, White, etc.) (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12 X; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Sandy Jordan, Sr
18. MOTHER'S NAME (First, Middle, Maiden Surname): Nelmo Valentine

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Kerlene Jordan
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2704 O'Neal Dr Nashville, Tenn 37208

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): Middle Tenn State Veterans
20c. LOCATION (City or Town, State): Pegram, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 207
21c. SIGNATURE OF EMBALMER: [signature]
21d. LICENSE NUMBER OF EMBALMER: 5072
22a. NAME AND ADDRESS OF FUNERAL HOME: Davis Campbell McClain 1404 Jefferson St Nashville, Tenn 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 403

REGISTRAR

23. REGISTRAR'S SIGNATURE: [signature]
24. DATE FILED (Month, Day, Year): February 4, 2005

CERTIFIER

25a. PHYSICIAN: To the best of my knowledge, death occurred at the date and place and due to the cause(s) and manner as stated.
1 [ ] SIGNATURE AND TITLE OF PHYSICIAN: [signature]
25b. LICENSE NUMBER: MD 17145
25c. DATE SIGNED (Month, Day, Year): 2/4/05
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):

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)

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Pneumonia
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b. Severe COPD
DUE TO (OR AS A CONSEQUENCE OF):
c.
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:

29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [ ] Natural 2 [ ] 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):

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.

11244482 REV. 6/05

RDA 1309

Tennessee Code Annotated 68-3-101

Edward G. Bishop III
State Registrar

EXHIBIT
tabbies
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1 1 2 4 4 4 8 2

Date Issued: AUG 16 2019

CERTIFICATION OF VITAL RECORD