Karen Johnson Davidson County
Batch# 463366 DEEDQC
08/25/2020 01:33:21 PM 3 pgs
Fees: $18.00 Taxes: $7.40
20200825-0096241

PREPARED BY:
KERRICA A. YEARGIN PERRY
Sister of John Darrell Yeargin

QUITCLAIM DEED

Address New Owner:	**Send Tax Bills To:**	**Map Parcel Nos.**
Kerrica A. Yeargin Perry **2732 Morgan Road** **Joelton, TN 37080**	**Same**	**Map 115** **Parcel 213**

FOR AND IN CONSIDERATION of Two-Thousand Dollars ($2000.00), cash in hand paid, and other good and valuable considerations, the receipt of which is hereby acknowledged, I, John Darrell Yeargin, unmarried, by these presents do hereby quitclaim and convey unto Kerrica A. Yeargin Perry, unmarried, our successors and assigns, all right, title and interest, to be held as sole tenant in and to the following tract of land:

LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT NUMBER 3 ON THE PLAN OF MAI BELL ACRES SUBDIVISION WHICH IS OF RECORD IN PLAT BOOK 6250, PAGE 120, REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE, TO WHICH PLAN REFERENCE IS HERE MADE FOR A MORE COMPLETE DESCRIPTION OF SAID LOT.

BEING IN PORTION OF THE SAME PROPERTY CONVEYED TO JOHN EDWARD YEARGIN AND WIFE, MAI BELL YEARGIN, BY DEED OF RECORD IN BOOK 3281, PAGE 631, REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE, THE SAID JOHN EDWARD YEARGIN AND MAI BELL YEARGIN HAVING SINCE DIED. and also 20170111-0003246 of which John E. Yeargin, Jr. has since died. @ GP

THIS CONVEYANCE IS MADE SUBJECT TO RESTRICTIVE COVENANTS OF RECORD **IN BOOK 19, PAGE 132** OF SAID REGISTER'S OFFICE, WHICH COVENANTS RUN WITH THE LAND.

Witnessed my hand this 27 day of JUNE, 2020.

JOHN DARRELL YEARGIN

OATH OF CONSIDERATION

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

I hereby swear or affirm that the actual consideration for this transfer is $2000.00.

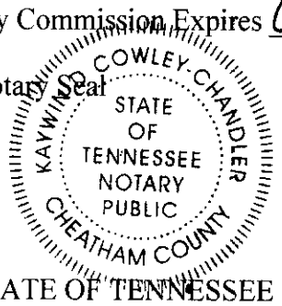
John D. Yeargin
Affiant / John Darrell Yeargin

Subscribed and sworn to before me this 17th day of June, 2020.

Kaywin D. Cowley-Chandler
Notary Public

My Commission Expires April 4, 2023

Notary Seal



STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

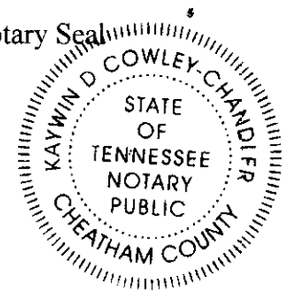
On June 17th, 2020, JOHN DARRELL YEARGIN personally came before me and, being duly sworn, did state that he or she is the person described in the above document and that he signed the above document in my presence.

Kaywin D. Cowley-Chandler
Signature of Notary Public

Notary Public, In and for the County of Cheatham
State of Tennessee

My commission expires: April 4, 2023

Notary Seal



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): John Edward Yeargin Jr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): December 14, 2016
4. TIME OF DEATH (Approx.): 3:50 am
5a. AGE-Last Birthday (Years): 74
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): October 17, 1942
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

TYPE/PRINT IN PERMANENT BLACK INK

8a. 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) _____

8b. FACILITY NAME (If not institution, give street and number): Life Care Center of Old Hickory Village
8c. CITY OR TOWN: Old Hickory
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: ☐ Married ☐ Married, but separated ☐ Widowed ☒ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Inspector
11b. KIND OF BUSINESS/INDUSTRY: Geoscience Labratory
12. SOCIAL SECURITY NUMBER: -5520
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Madison
13d. STREET AND NUMBER: 1506 Ocoee Trail
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37115
14. WAS DECEDENT EVER IN US 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

PARENTS

18. FATHER'S NAME (First, Middle, Last): John Edward Yeargin Sr.
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Mai Bell Smith

DISPOSITION

20a. INFORMANT'S NAME: Kerrica Ann Perry
20b. RELATIONSHIP TO DECEDENT: Daugther
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 2732 Morgan Road, Joelton, Tennessee 37080
21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Music City Crematory Service
21c. LOCATION - City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Nathaniel Holman
22b. LICENSE NUMBER: 5974
22c. SIGNATURE OF EMBALMER: ▶
22d. LICENSE NUMBER

REGISTRAR

23a. NAME AND ADDRESS OF FUNERAL HOME: Nashville Cremation Center, 8120 Sawyer Brown Road-Suite108, Nashville, TN 37221
23b. LICENSE NUMBER OF FUNERAL HOME: 1319
24. REGISTRAR'S SIGNATURE: ▶ William R. Hearn Jr DR
25. DATE FILED (Month, Day, Year): 12/20/2016

CERTIFIER

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

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
27a. SIGNATURE OF CERTIFIER: ▶ Thomas R. Miller MD
27b. LICENSE NUMBER: 7539
27c. DATE SIGNED (Month, Day, Year): 12/20/16
27d. NAME AND ADDRESS: 166 E. Main Hendersonville TN 37075

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.
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Esophageal Carcinoma — Approximate interval: Onset to death: 3-6mos
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. _____ 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.
Debility / Dysphagia
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 1399

08940560

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.

DEC 20 2016

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

Lori B. Ferranti, PhD, MSN, MBA, RN
State Registrar/Asst. Commissioner

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

0 8 9 4 0 5 6 0
Date Issued

CERTIFICATION OF VITAL RECORD