QUITCLAIM DEED

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The actual consideration or value, whichever is greater, for this transfer is $10.00.

Diane E. Auerweck, Executrix

DIANE E. AUERWECK, Executrix for
THE ESTATE OF HELEN ELIZABETH AUERWECK

STACEY ANGELLO
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY

Subscribed and sworn to before me,
this the 24th day of September, 2020.

Notary

My Commission Expires: 10-29-22

THIS INSTRUMENT PREPARED BY:
Stacey Angello
The Law Office of Stacey Angello
14345 Lebanon Rd. Suite A
Old Hickory, Tennessee 37138
(615) 449-2700

Karen Johnson Davidson County
Batch# 486754 **DEEDQC**
09/30/2020 01:43:15 PM 4 pgs
Fees: $22.00 Taxes: $0.00

20200930-0112801

Address of new owners:	Send Tax Bills to:	Parcel ID No.
Diane E. Auerweck 4800 Foley Dr. Nashville, Tennessee 37211	SAME	14704003700

THIS INSTRUMENT made and entered into on this the 24th day of September, 2020, by and between Diane Auerweck, Executrix for the Estate of Helen Elizabeth Auerweck, ("Grantor") and Diane Auerweck ("Grantee"):

KNOW ALL PERSONS BY THESE PRESENTS that for the sum of Ten and No/100 ($10.00) Dollars, cash in hand paid, and other goods and valuable consideration, the receipt and legal sufficiency of which are hereby acknowledged, and for the express purpose of making a transfer and conveyance, Grantor conveys, transforms, releases, relinquishes, and quitclaims unto Grantee, her heirs, successors, and assigns, all Grantors's right, title, and interest in and to the real property in the State of Tennessee, the following described tract of land located in Davidson County, including any legal or equitable interest whatsoever said Estate may have, and incorporated herein by reference:

> Land in Davidson County, Tennessee, being Lot No. 72 on the Plan of Beverly Heights Section II, as of record I Book 2331, page 42, Register's Office for said County, described as follows:
>
> BEGINNING at a point in the easterly margin of Foley Drive, the common corner of Lots Nos. 72 and 73; thence easterly with the line between said two Lots 181.2 to the common corner of Lots Nos. 71, 72, and 73; thence northerly with the line between said Lots Nos. 71 and 72, 202 feet to a point in the southerly margin of Wallace Road; thence westerly with margin of the same 192.4 feet to the beginning of a curve; thence around said curve in a southwesterly direction 40.16 feet to a point in the easterly margin of said Foley Drive; thence southerly with the margin of the same 191.75 feet to the point of beginning.

BEING the same property conveyed to George Shotwell and wife, Geraldine A. Shotwell, by deed from Southeastern Land Development Company, a Tennessee Corporation, of record in Book 2747, page 401, Register's Office for Davidson County, Tennessee.

BEING the same property conveyed to Kenneth Auerweck and wife, Helen E. Auerweck by deed from George Shotwell and wife, Geraldine A. Shotwell, of record in Book 4134, page 592, Register's Office for Davidson County, Tennessee.

For Informational Purposes ONLY

This is improved property known as: 4800 Foley Drive, Nashville, TN 37211.

Whenever used, the singular number shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

The Grantor makes no warranty, express or implied, as to title in the property herein described.

The preparer makes no representation or warranties as to the accuracy of the description or the status of the title to the property. This document has been prepared based upon information furnished to the preparer and without conducting a title search. It is the responsibility of the grantee to record this document and failure to do so could adversely affect the title of the property. The parties hereto signify their assent to this disclaimer by the execution and the acceptance of the instrument.

IN WITNESS WHEREOF, the Grantor has hereunto set her hand on this the 24th day of September, 2020.

Diane E. Auerweck, Executrix

DIANE E. AUERWECK, Executrix for
THE ESTATE OF HELEN ELIZABETH AUERWECK

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

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

WITNESS my hand, at office, this the 24th day of September, 2020.

Notary Public

My Commission Expires: 10-29-22

STACEY ANGELLO
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

9806007

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 98 046007

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): KENNETH LEE AUERWECK, SR.
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): NOVEMBER 7, 1998
4. SOCIAL SECURITY NUMBER: -4159
5a. AGE-LAST BIRTHDAY: 70
6. DATE OF BIRTH: APRIL 8, 1928
7. BIRTHPLACE (City and State or Foreign Country): LOUISVILLE, KY.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 2 No
9a. PLACE OF DEATH: 2 Outpatient 6 Residence
9b. FACILITY NAME: 4800 FOLEY DRIVE 910
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE 094
9d. COUNTY OF DEATH: DAVIDSON 19
10. MARITAL STATUS: MARRIED
11. SURVIVING SPOUSE: HELEN ELDRIDGE
12a. DECEDENT'S USUAL OCCUPATION: WAREHOUSE
12b. KIND OF BUSINESS/INDUSTRY: WESTERN ELECTRIC CO.
13a. RESIDENCE-STATE: TENN.
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 4800 FOLEY DRIVE
13e. INSIDE CITY LIMITS? 1 Yes
13f. ZIP CODE: 37211
14. WAS DECEDENT OF HISPANIC ORIGIN? 2 No
15. RACE-American Indian, Black, White, etc.: WHITE
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12
17. FATHER'S NAME (First, Middle, Last): FRANCES LEO AUERWECK
18. MOTHER'S NAME (First, Middle, Maiden Surname): LUCILLE HEGEUAUER
19a. INFORMANT'S NAME (Type/Print): HELEN E. AUERWECK
19b. RELATIONSHIP TO DECEASED: WIFE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4800 FOLEY DR., NASHVILLE, TN 37211
20a. METHOD OF DISPOSITION: 1 Burial
20b. PLACE OF DISPOSITION: MT. OLIVET CEMETERY
20c. LOCATION-City or Town, State: NASHVILLE, TENN.
21a. SIGNATURE OF FUNERAL DIRECTOR: WENDELL L. BYRD
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2556
21c. SIGNATURE OF EMBALMER: William R. Appleton
21d. LICENSE NUMBER OF EMBALMER: 3310
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODBINE FUNERAL HOME, INC. 5852 NOLENSVILLE ROAD, NASHVILLE, TENN. 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 760
23. REGISTRAR'S SIGNATURE: Jean L. Brown
24. DATE FILED (Month, Day, Year): November 19, 1998
25a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 SIGNATURE AND TITLE OF PHYSICIAN: Robert J. Wallace M.D.
25b. LICENSE NUMBER: MD 41249
25c. DATE SIGNED (Month, Day, Year): 13 Nov 98
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, 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): RODGER T. WALLACE MD 341 WALLACE RD, NASHVILLE TN 37211
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
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. LUNG CANCER — 1 YR
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. CIGARETTE SMOKING — MANY YEARS
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.
DIABETES MELLITUS, HYPERTENSION
29a. WAS AN AUTOPSY PERFORMED? 2 No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 2 No
30. MANNER OF DEATH: 4 Homicide
31a. DATE OF INJURY (Month, Day, Year):
31b. TIME OF INJURY:
31c. INJURY AT WORK? 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):
BIRTH NO.

PH-165R REV. 8-93

RDA 1399

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

12306608

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

1 2 3 0 6 6 0 8

Date Issued: Mar-18-2020

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER 2020 011194

1. Decedent's Legal Name: HELEN ELIZABETH AUERWECK		2. Sex: FEMALE	3. Date of Death: 02/18/2020
4. Time of Death (Approx.): 07:20 PM	5a. Age: 89	6. Date of Birth: 11/24/1930	7. Birthplace: LOUISVILLE, KY
8a. Place of Death: DECEDENT'S HOME			
8b. Facility Name: 4800 FOLEY DRIVE	8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON
9. Marital Status: WIDOWED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: DATA ENTRY	11b. Kind of Business/Industry: STATE OF TENNESSEE
12. Social Security Number: 400-34-9665	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON	13c. City or Town: NASHVILLE
13d. Street and Number: 4800 FOLEY DRIVE	13e. Inside City Limits?: YES	13f. Zip Code: 37211	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	
18. Father's Name: JOSEPH ELDRIDGE		19. Mother's Name Prior to First Marriage: MARGARET TAYLOR	
20a. Informant's Name: DIANE AUERWECK	20b. Relationship to Decedent: DAUGHTER	20c. Mailing Address: 4800 FOLEY DRIVE, NASHVILLE, TN 37211	
21a. Method of Disposition: BURIAL	21b. Place of Disposition: MT OLIVET CEMETERY	21c. Location: NASHVILLE, TN	
22a. Signature of Funeral Director: ▶ /e/ WENDELL L. BYRD	22b. License Number: 2556	22c. Signature of Embalmer: ▶ /e/ Richard S Morrison III	22d. License Number: 3137
23a. Name and Address of Funeral Home: WOODBINE FUNERAL HOME, INC. - HICKORY CHAPEL, 5852 NOLENSVILLE ROAD, NASHVILLE, TN 37211			23b. License Number: 760
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 02/27/2020	

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/ DAVID MCRAY	27b. License Number: 19791	27c. Date Signed: 02/26/2020
27d. Name and Address: DAVID MCRAY 1718 PATTERSON STREET, NASHVILLE, TN 37203		

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). 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	a. ALZHEIMER'S DEMENTIA, LATE ONSET	YEARS
	b.	
	c.	
	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?: 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: NOT PREGNANT WITHIN PAST YEAR	
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

PH-1659 (Rev. 8/2017) RDA 10112

12333807

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

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

1 2 3 3 3 8 0 7
Date Issued: Feb-28-2020

CERTIFICATION OF VITAL RECORD