This instrument prepared by:
Thomas N. Jones
Attorney at Law
Thomas N. Jones & Associates
339 Main Street, Suite 100
Franklin, TN 37064
Attn: Leigh Anne Sailors
File #24525.2020

Karen Johnson Davidson County
Batch# 491628 DEEDWARRSP
10/07/2020 02:34:30 PM 6 pgs
Fees: $33.00 Taxes: $1,498.50
20201007-0116594

NEW OWNER:	SEND TAX BILL TO:	MAP & PARCEL:
James A. Stein, Jr. 3304 Charlotte Ave Nashville tn 37209	Same	092 09 0 362.00

SPECIAL WARRANTY DEED

For and in consideration of the sum of Ten and No/100 ($10.00) Dollars, cash in hand paid, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, **Marcia Ingham and Sharon Coggin as tenants in common,** (hereinafter called the "Grantors"), have bargained and sold, and by these presents does hereby transfer and convey unto **James A. Stein, Jr.**, (hereinafter called the "Grantee"), his heirs and assigns, a certain tract of land in Davidson County, Tennessee, described as follows:

Land in Davidson County, Tennessee and being Lot No. 28 on the Plan of Map of Subdivision of part of Willcox 25-acre tract and being of record in Plat Book 161, Page 159 and on the re-subdivision of the Wilcox Property of record in Plat Book 421 Page 42, Register's Office of Davidson County, Tennessee.

Being the same property vested Sarah Deason St. Charles, Marcia Ingham and Sharon Coggin as Joint Tenants with rights of survivorship by Quitclaim Deed from Mitchell A. Watts as Trustee dated June 11, 1996 and being of record in Book 10107, Page 684, Register's Office of Davidson County Tennessee. The said Sarah Deason St. Charles having since become deceased on May 9, 2017. (SEE ATTACHED EXHIBIT A FOR DEATH CERTIFICATE) The said Sarah Deason St. Charles having been the sole heir at law of Martha Deason and husband, Henry R. Deason, both deceased, leaving no other children. And further being the same property conveyed to Martha Deason by Quitclaim Deed from Charlie Black and wife, Ethel Black, Robert J. Black and wife, Maude Black, George Black and wife, Jessie Black, Betty Leaver and husband Walter C. Leaver and Cora Moore

and husband Henry Moore dated September 30, 1925 and being filed of record on January 22, 1926 and recorded in Book 700, Page 14, Register's Office for Davidson County, Tennessee; and further by Deed from Cora Moore and husband, Henry Moore and Bettie Leaver and husband Walter Leaver dated February 28, 1921 and being filed of record in Book 554, Page 608, Register's Office for Davidson County, Tennessee.

This conveyance is subject to the following:

1. 2020 property taxes are a lien and are now due and payable and are being prorated between the parties and being paid simultaneously with the recording of this instrument.
2. Any and all building and zoning regulations of City, County and State.
3. Any and all notes and matters on the Plan of record in Plat Book 161, Page 159 and Plat Book 421, Page 42, said Register's Office of Davidson County.

This is unimproved property is known as: 3302 Charlotte Avenue, Nashville, Tennessee 37209.

TO HAVE AND TO HOLD said tract of land, with the appurtenances, estate, title and interest thereto belonging to said Grantee, his heirs and assigns, forever; and Grantors do covenant with Grantee that they are lawfully seized and possessed of said land in fee simple, have a good right to convey it, and the same is unencumbered, except as herein set out; and Grantors do further covenant and bind themselves, to warrant and forever defend the title to said land to said Grantee, his heirs and assigns, against the lawful claims of all person claiming by, through or under said Grantors, but not otherwise.

WITNESS ours hands on this 6th day of October, 2020.

~~Marcia Ingham~~ Sharon Coggin

~~Sharon Coggin~~ Marcia Ingham

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

Personally appeared before me, the undersigned, Notary Public of said County and State, Marcia Ingham, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand this 6th day of October, 2020.

Notary Public

My Commission Expires: 6-10-23

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

Personally appeared before me, the undersigned, Notary Public of said County and State, Sharon Coggin with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand this 6th day of October, 2020.

Notary Public

My Commission Expires: 6-10-23

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

The actual consideration or value, whichever is greater, for this transfer is $405,000.00.

Affiant

Sworn to and subscribed to me, the undersigned, this 6th day of October, 2020.

Notary Public

My Commission Expires: 6-10-23

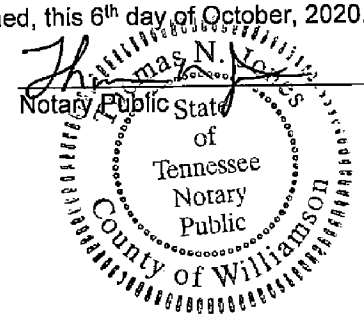


Exhibit A

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER 2017 024508

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Sarah Vandelia St. Charles
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): May 9, 2017
4. TIME OF DEATH: 5:23 p.m.
5a. AGE-Last Birthday (Years): 94
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): November 1, 1922
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

Prepared by Medical Certifier

8a. PLACE OF DEATH (Check only one): ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ 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): 5510 Kelly Road
8c. CITY OR TOWN: Brentwood
8d. COUNTY OF DEATH: Davidson 19

9. MARITAL STATUS: ☐ Married ☐ Married, but estranged ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Homemaker
11b. KIND OF BUSINESS/INDUSTRY: Domestic

12. SOCIAL SECURITY NUMBER: -2031
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Brentwood

13d. STREET AND NUMBER: 5510 Kelly Road
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37027
14. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

15. DECEDENT'S EDUCATION (Check the one 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 HISPANO ORIGIN? (Check the one 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): Henry Deason
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Martha Black

DISPOSITION

20a. INFORMANT'S NAME: Marcia Ingham
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 2203 Bridgeway Street Murfreesboro, TN 37128

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Woodlawn Memorial Park
21c. LOCATION - City or Town and State: Nashville, Tennessee

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Ashley Ann Luer
22b. LICENSE NUMBER: 16204
22c. SIGNATURE OF EMBALMER: ▶ Trena Payne
22d. LICENSE NUMBER: 6643

23a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn-Roesch-Patton Funeral Home 660 Thompson Lane Nashville, TN 37204
23b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ [signature]
25. DATE FILED (Month, Day, Year): 5/15/2017

CERTIFIER

26. CERTIFIER (Check only one)
27a. ☒ PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.
27b. ☐ 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: [signature] Kenneth W. Anderson MD
27b. LICENSE NUMBER: MD 012469
27c. DATE SIGNED (Month, Day, Year): 5.11.17
27d. NAME AND ADDRESS OF CERTIFIER: Kenneth Anderson 501 Pike Ave Lebanon TN 37087

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. laryngeal mass with lymphadenopathy
Due to (or as a consequence of): b. pneumonia malignancy
Due to (or as a consequence of): c.
Due to (or as a consequence of): d.
Approximate interval: Onset to death: a. unk

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

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: ☒ Was 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)

PM-1557 (Rev. 10/2011) RDA 1397

11889213

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. Unauthorized reproduction of this document is prohibited.

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

1188B92113

Edward G. Bishop III, State Registrar
Lisa Piercey, MD, MBA, FAAP, Commissioner
Date Issued: Sep 21 2020

CERTIFICATION OF VITAL RECORD

202010070116594

I, Thomas N. Jones, do hereby make oath that I am a licensed attorney and/or the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

THOMAS N. JONES

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

Personally appeared before me, Leigh Anne Sailors, a notary public for this county and state, Thomas N. Jones, who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

NOTARY PUBLIC

My Commission Expires: 08/07/2022

