Karen Johnson Davidson County
Batch# 502187 DEEDQC
10/28/2020 09:01:38 AM 3 pgs
Fees: $17.00 Taxes: $0.00
20201028-0124590

# EXECUTOR'S QUITCLAIM DEED

| ADDRESS OF NEW OWNER AS FOLLOWS: | SEND TAX BILLS TO: | MAP & PARCEL NO. |
|---|---|---|
| Jan B. Gatten<br>Jan B. Gatten Revocable Trust<br>5819 Cloverland Drive<br>Brentwood, TN 37027 | same | 171-08 39.00<br>6DU 83252 |

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

RUTH H. BELLAR, a resident of Davidson County, State of Tennessee, died on June 19, 2020, as evidenced by a copy of the death certificate attached as *Exhibit A*, leaving a Last Will and Testament of Ruth H. Bellar, dated December 13, 1990. The will was admitted to probate on September 3, 2020 in the Seventh Circuit Court of Davidson County, Tennessee (Probate Division), Docket Number 20P1319. The will named Jan B. Gatten 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 Ruth H. Bellar, dated December 13, 1990, JAN B. GATTEN, PERSONAL REPRESENTATIVE, quitclaims to JAN B. GATTEN, unmarried, all right, title and interest in the following described real estate in Davidson County, Tennessee:

> LAND in Davidson County, TN BEING Lot No. 140 on the Plan of Cloverland Acres, Section 13, Revision, of record in Book 6050, page 479, Register's Office for Davidson County, TN, to which plan reference is hereby made for a complete description thereof.
>
> BEING the same property conveyed to Ruth H. Bellar and Jan B. Gatten by Warranty Deed from James V. Haver and wife, Martha G. Haver, of record in Instrument Number 00011235-0000925, Register's Office for Davidson County, TN 37027.

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 5819 Cloverland Drive, Brentwood, TN 37027.

WITNESS MY HAND at Brentwood, Tennessee this 21st day of October, 2020.

Jan B. Gatten

ESTATE OF RUTH H. BELLAR
By: Jan B. Gatten,
Personal Representative

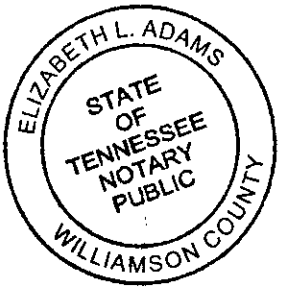
STATE OF TENNESSEE )
COUNTY OF DAVIDSON )

Sworn to and subscribed before me, JAN B. GATTEN, PERSONAL REPRESENTATIVE OF THE ESTATE OF RUTH H. BELLAR, who signed, sealed and delivered the foregoing instrument in my presence on this the 21 day of October, 2020.

Elizabeth L. Adams

Notary Public

My Commission Expires: March 19, 2023.



# STATE OF TENNESSEE
## Office of Vital Records

[redacted]

TENNESSEE DEPARTMENT OF HEALTH
**CERTIFICATE OF DEATH** STATE FILE NUMBER 2020 038276

| | | | | |
|---|---|---|---|---|
| 1. Decedent's Legal Name: RUTH HAGGARD HUFFINES BELLAR | | | 2. Sex: FEMALE | 3. Date of Death: 06/19/2020 |
| 4. Time of Death (Approx.): 08:40 PM | 5a. Age: 96 | 6. Date of Birth: 01/25/1924 | 7. Birthplace: JACKSON COUNTY, TN | |
| 8a. Place of Death: DECEDENT'S HOME | | | | |
| 8b. Facility Name: 5819 CLOVERLAND DRIVE | | 8c. City or Town: BRENTWOOD | | 8d. County of Death: DAVIDSON |
| 9. Marital Status: WIDOWED | 10. Surviving Spouse (name prior to first marriage) | 11a. Decedent's Usual Occupation: HOMEMAKER | | 11b. Kind of Business/Industry: OWN HOME |
| 12. Social Security Number: [redacted] | 13a. Residence-State or Foreign Country: TENNESSEE | 13b. County: DAVIDSON | | 13c. City or Town: BRENTWOOD |
| 13d. Street and Number: 5819 CLOVERLAND DRIVE | | 13e. Inside City Limits?: YES | 13f. Zip Code: 37027 | 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 | | |
| 19. Father's Name: CHESTER HUFFINES | | 19. Mother's Name Prior to First Marriage: ZELMA DYCUS | | |
| 20a. Informant's Name: JAN GATTEN | 20b. Relationship to Decedent: DAUGHTER | 20c. Mailing Address: 5819 CLOVERLAND DRIVE, BRENTWOOD, TN 37027 | | |
| 21a. Method of Disposition: BURIAL | 21b. Place of Disposition: WOODLAWN MEMORIAL PARK | 21c. Location: NASHVILLE, TN | | |
| 22a. Signature of Funeral Director: /e/ J. DAVID DIAL | 22b. License Number: 5144 | 22c. Signature of Embalmer: /e/ J. David Dial | 22d. License Number: 5170 | |
| 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: 07/02/2020 | | |

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/ HENRY HARRELL | 27b. License Number: 37203 | 27c. Date Signed: 07/01/2020 |
| 27d. Name and Address: HENRY HARRELL 222 22ND AVE. NORTH, 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. ATHEROSCLEROTIC CARDIOVASCULAR DISEASE | |
| | b. | |
| | c. | |
| | d. | |

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: SENILE DEMENTIA

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

12045975

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 0 4 5 9 7 5

Date Issued: Jul-02-2020

CERTIFICATION OF VITAL RECORD