Karen Johnson Davidson County
Batch# 537547 DEEDWARR
12/18/2020 09:25:30 AM 4 pgs
Fees: $23.00 Taxes: $1,350.50
20201218-0150030

WARRANTY DEED

TRACI NEWBY
STATE OF TENNESSEE NOTARY PUBLIC
GILES COUNTY

State of Tennessee
County of Davidson

THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $365,000.00

Affiant

SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 11th day of December, 2020

Notary Public

MY COMMISSION EXPIRES: 5/22/2023

(AFFIX SEAL)

THIS INSTRUMENT WAS PREPARED BY
South Oak Title of Nashville, LLC, 4301 Hillsboro Road #110, Nashville, TN 37215

ADDRESS NEW OWNER(S) AS FOLLOWS:	SEND TAX BILLS TO:	MAP PARCEL NUMBERS
Lauren S. Cooper	Lauren S. Cooper	142-13-0C-030.00CO
(NAME)	(NAME)	
8570 Sawyer Brown Road	8570 Sawyer Brown Road	142-13-0C-030.00CO
(ADDRESS)	(ADDRESS)	
Nashville, TN 37221	Nashville, TN 37221	
(CITY) (STATE) (ZIP)	(CITY) (STATE) (ZIP)	

For and in consideration of the sum of Ten Dollars ($10.00), cash in hand paid by the hereinafter named GRANTEES, and other good and valuable considerations, the receipt of which is hereby acknowledged, I, **Carolyn Norman, a single woman,** hereinafter called the GRANTORS, have bargained and sold, and by these presents do transfer and convey unto **Lauren S. Cooper, a married woman,** hereinafter called the GRANTEES, their heirs and assigns, a certain tract or parcel of land in Davidson County, State of Tennessee, described as follows, to-wit:

Unit No. 8570, together with the carport designated No. 8570-C, in River Plantation, Section Ten, Phase II-D, a Condominium, a Horizontal Property Regime, located on Sawyer Brown Road, Bellevue, Davidson County, Tennessee, as shown on the plat of River Plantation, Section Ten, Phase 11-D, Condominium Apartments, recorded in Plat Book 9700, pages 203 and 204, Register's Office for Davidson County, Tennessee, and described in a Master Deed recorded in Book 9394, page 598, said Register's Office for Davidson County, Tennessee, to which reference is hereby made, and in annexation document in Book 10136, page 708, Register's Office for Davidson County, Tennessee. The easements, restrictive covenants, conditions and regulations imposed upon and relating to the apartments, property, co-owners and tenants of River Plantation, Section Ten, Phase I1-D, Condominium Apartments, contained in the Master Deed and By-Laws appended thereto, recorded in Book 9394, page 598, at. seq., as applied in Section Ten, Phase 11-A; Section Ten, Phase 11-B; Section Ten Phase 11-C; Section Ten, Phase 11-D; and Section Ten, Phase II-E, by annexation documents in Book 9780, page 284; Book 9669, page 111; Book 10024, page 409; Book 10136, page 708; and Book 10417, page 348, Register's Office for Davidson County, Tennessee, are incorporated in this deed by reference and made a part thereof the same as though copied herein.

Being the same property conveyed to Harold D. Norman and Carolyn Norman by Warranty Deed dated from David L. Cannon and wife, Barbara A. Cannon of record in Official Records Instrument No. 200701090003781, Register's Office for Davidson County, Tennessee.

Harold D. Norman departed from this life on October 25, 2020. His death certificate is filed contemporaneously with this instrument. Carolyn Norman, the grantor herein, became the owner as the surviving tenant by the entirety at Harold D. Norman's death.

unimproved ☐

This is improved ☑ property, known as 8570 Sawyer Brown Road, 8570, Nashville, TN 37221
(House Number) (Street) (P.O. Address) (City or Town) (Postal Zip)

TO HAVE AND TO HOLD the said tract or parcel of land, with the appurtenances, estate, title and interest thereto belonging to the said GRANTEES, their heirs and assigns forever; and we do covenant with the said GRANTEES that we are lawfully seized and possessed of said land in fee simple, have a good right to convey it and the same is unencumbered, unless otherwise herein set out; and we do further covenant and bind ourselves, our heirs and representatives, to warrant and forever defend the title to the said land to the said GRANTEES, their heirs and assigns, against the lawful claims of all persons whomsoever. Wherever used, the singular number shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

Witness my/our hands this 11th day of December, 2020.

Carolyn Norman

Carolyn Norman

State of Tennessee
County of Davidson

Personally appeared before me Carolyn Norman, with whom I am personally acquainted, and who acknowledged that she executed the foregoing instrument for purposes therein contained.

WITNESS my hand and seal this 11th day of December, 2020.

Notary Public
My Commission Expires: 9-21-24

KELLY GREENE ELROD
STATE OF TENNESSEE
NOTARY PUBLIC
RUTHERFORD COUNTY
My Commission Expires 09-21-2024

File No.: 20-6162

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2020 066446

1. Decedent's Legal Name		2. Sex	3. Date of Death
HAROLD D. NORMAN		MALE	10/25/2020
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**
01:59 AM	81	01/25/1939	NASHVILLE, TN

8a. Place of Death			
DECEDENT'S HOME			
8b. Facility Name	**8c. City or Town**		**8d. County of Death**
8570 SAWYER BROWN RD.	NASHVILLE		DAVIDSON
9. Marital Status	**10. Surviving Spouse (name prior to first marriage)**	**11a. Decedent's Usual Occupation**	**11b. Kind of Business/Industry**
MARRIED	CAROLYN BATTS	AUTOMOTIVE AFTERMARKET	SELF EMPLOYED
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**	**13c. City or Town**
409-56-0436	TENNESSEE	DAVIDSON	NASHVILLE
13d. Street and Number	**13e. Inside City Limits?**	**13f. Zip Code**	**14. Was Decedent ever in US Armed Forces?**
8570 SAWYER BROWN RD.	YES	37221	YES
15. Decedent's Education	**16. Decedent of Hispanic Origin?**	**17. Decedent's Race**	
8TH GRADE OR LESS	NO, NOT SPANISH/HISPANIC/LATINO	WHITE	
18. Father's Name		**19. Mother's Name Prior to First Marriage**	
WILLIAM NORMAN		MARY HAY	
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**	
CAROLYN J. NORMAN	WIFE	8570 SAWYER BROWN RD., NASHVILLE, TN 37221	
21a. Method of Disposition	**21b. Place of Disposition**	**21c. Location**	
BURIAL	HARPETH HILLS MEMORY GARDENS	NASHVILLE, TN	
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**	**22d. License Number**
▶ /e/ ROBERT CLINTON ROMINE	6476	▶ /e/ Trudy Ann Howell	6874
23a. Name and Address of Funeral Home			**23b. License Number**
HARPETH HILLS MEMORY GARDENS, FUNERAL HOME AND CREMATION CENTER, 9090 HIGHWAY 100, NASHVILLE, TN 37221			849
24. Registrar's Signature		**25. Date Filed**	
▶ /e/ EDWARD G BISHOP III		10/27/2020	

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	27b. License Number	27c. Date Signed
▶ /e/ ANH THI MEADOWS	045572	10/27/2020

27d. Name and Address: ANH THI MEADOWS 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. CHRONIC MYELOMONOCYTIC LEUKEMIA	
	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	31. Did Tobacco Use Contribute to Death?	32. If Female:
NATURAL	NO	N/A

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-1659E RDA 10112

12528803

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 5 2 8 8 0 3

Date Issued: Oct-28-2020

CERTIFICATION OF VITAL RECORD

20201218015003O

True Copy Certification

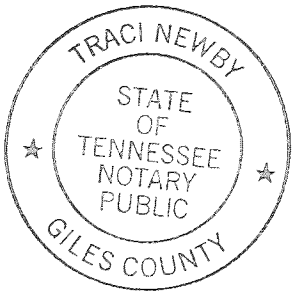
I, Marcus Hunt, do hereby make oath that I am a licensed attorney and/or the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

Signature

State of Tennessee

County of Davidson

Personally appeared before me, Traci Newby, a notary public for this county and state, Levi Dunagan, who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.



Notary Public
My Commission Expires: 05/22/2023