Karen Johnson Davidson County
Batch# 547752 DEEDQC
01/06/2021 08:35:33 AM 6 pgs
Fees: $32.00 Taxes: $0.00
20210106-0002149

Quitclaim Deed

Tax Bills:
DEBORAH D. Sullivan
Care of
MR. Cooper Home Loans
P.O. Box 8180 60
Cleveland, OH. 44181

RECORDING REQUESTED BY DEBORAH D. Sullivan
AND WHEN RECORDED MAIL TO:
DEBORAH D. Sullivan , Grantee(s)
813 GARRETT WAY Ct.
Antioch, Tn. 37013
Consideration: $ No Consideration
Property Transfer Tax: $
Assessor's Parcel No.: 173 11 0A 75.00
PREPARED BY: DEBORAH D. Sullivan certifies herein that he or she has prepared this Deed.

Deborah D. Sullivan — Signature of Preparer
10-23-20 — Date of Preparation
DEBORAH D. Sullivan — Printed Name of Preparer

THIS QUITCLAIM DEED, executed on 10-23-20 in the County of Davidson, State of TENNESSEE
by Grantor(s), ~~James H. Sullivan~~ Deborah D. Sullivan
whose post office address is 813 GARRETT WAY Ct. Antioch, Tn. 37013
to Grantee(s), DEBORAH D. Sullivan,
whose post office address is 813 GARRETT WAY Ct. Antioch, Tn. 37013

WITNESSETH, that the said Grantor(s), ~~James H. Sullivan~~ Deborah D. Sullivan
for good consideration and for the sum of 0
($ 0) paid by the said Grantee(s), the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said Grantee(s) forever, all the right, title

interest and claim which the said Grantor(s) have in and to the following described parcel of land, and improvements and appurtenances thereto in the County of DAVIDSON, State of TENNESSEE and more specifically described as set forth in EXHIBIT "A" to this Quitclaim Deed, which is attached hereto and incorporated herein by reference.

IN WITNESS WHEREOF, the said Grantor(s) has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in presence of:

GRANTOR(S):

DECEASED
Signature of Grantor

JAMES H. SULLIVAN
Print Name of Grantor

Signature of First Witness to Grantor(s)

Print Name of First Witness to Grantor(s)

Deborah D. Sullivan
Signature of Second Grantor (if applicable)

DEBORAH D. SULLIVAN
Print Name of Second Grantor (if applicable)

Signature of Second Witness to Grantor(s)

Print Name of Second Witness to Grantor(s)

GRANTEE(S):

Deborah D. Sullivan
Signature of Grantee

DEBORAH D. SULLIVAN
Print Name of Grantee

x Dennis M Andrews
Signature of First Witness to Grantee(s)

DENNIS M ANDREWS
Print Name of First Witness to Grantee(s)

Signature of Second Grantee (if applicable)

Print Name of Second Grantee (if applicable)

x
Signature of Second Witness to Grantee(s)

Print Name of Second Witness to Grantee(s)

NOTARY ACKNOWLEDGMENT

State of Tennessee

County of Davidson

On 10/23/20, before me, Sharon Kay Brant, a notary public in and for said state, personally appeared, Deborah D. Sullivan

who are known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities, and that by their signatures on the instrument the persons, or the entity upon behalf of which the persons acted, executed the instrument.

WITNESS my hand and official seal.

Sharon K Brant

Signature of Notary

Affiant Known ✓ Produced ID _____

Type of ID _____

SHARON K. BRANT
STATE OF TENNESSEE NOTARY PUBLIC
(Seal)
ROBERTSON COUNTY
My Commission Expires 07-20-2022

Schedule "A"

Land in Davidson County, Tennessee, being Lot No. 54 on the Plan of Section Three Stanford Village , as of record in Instrument No. 20011217-0139079, Register's Office for Davidson County, Tennessee to which plan reference is made for a more complete description.

Being the same property conveyed to James H. Sullivan and wife, Deborah D. Sullivan by deed dated September 27, 2002 from Beazer Homes Corp. dba Phillips Builders of record in Instrument No. 20021002-0119621, Register's Office for Davidson County, Tennessee.

STATE OF TENNESSEE
Office of Vital Records

1000150

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last): James Herbert Sullivan
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): January 07, 2010
4. SOCIAL SECURITY NUMBER: -0990
5a. AGE-LAST BIRTHDAY (Years): 54
6. DATE OF BIRTH (Month, Day, Year): Dec.16,1955
7. BIRTHPLACE (City and State or Foreign Country): Franklin, Tennessee
8. EVER IN U.S. ARMED FORCES? 1 Yes 2 X No
9. WAS DEATH INJURY RELATED TO: 1 X Injury at Work 2 Environmental 3 DOA 4 Hospital Inpatient 5 Residence 6 Other (Specify)
10a. FACILITY NAME (If not institution, give street and number): Vanderbilt University Medical Ctr.
10c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
10d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Deborah D. Keene
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Instructor/Owner
13. KIND OF BUSINESS/INDUSTRY: Dance Studio
15a. RESIDENCE STATE: Tennessee
15b. COUNTY: Davidson
15c. CITY, TOWN OR LOCATION: Antioch
15d. STREET AND NUMBER OR RURAL LOCATION: 813 Garrett Way Court
15e. INSIDE CITY LIMITS? 1 X Yes 2 No
15f. ZIP CODE: 37013
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes 0 X No
16. RACE (American Indian, Black, White, etc.) (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):
17. FATHER'S NAME (First, Middle, Last): Elma Herbert Sullivan
18. MOTHER'S NAME (First, Middle, Maiden Surname): Ruth Smith
19a. INFORMANT'S NAME (Type/Print): Deborah D. Sullivan
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 813 Garrett Way Court, Antioch, TN 37013
20a. METHOD OF DISPOSITION: 1 X Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Woodlawn Memorial Park
20c. LOCATION (City or Town, State): Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Robert E. Fuqua
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 6060
21c. SIGNATURE OF EMBALMER: Mary Katherine Moore
21d. LICENSE NUMBER OF EMBALMER: 5995
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn-Koesch-Patton Funeral Home and Memorial Park, 660 Thompson Lane, Nashville, TN 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933
23. REGISTRAR'S SIGNATURE: Linda R. Boudreaux RR
24. DATE FILED (Month, Day, Year): January 14, 2010
25a. ENTIRELY - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.
1 SIGNATURE AND TITLE OF PHYSICIAN: Nishitha Reddy MD
25b. LICENSE NUMBER: 42381
25c. DATE SIGNED (Month, Day, Year): 1/14/10
26a. 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 as stated.
2 SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER
26c. DATE SIGNED (Month, Day, Year)
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr. Nishitha Reddy, 1301 Medical Center Drive, Ste 1710, Nashville, TN 37232
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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. CARDIAC ARREST due to Acute myeloid leukemia
DUE TO (OR AS A CONSEQUENCE OF): b. AML
DUE TO (OR AS A CONSEQUENCE OF): c.
DUE TO (OR AS A CONSEQUENCE OF): d.
Approximate Interval: Between Onset and Death
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
29a. WAS AN AUTOPSY PERFORMED? 1 Yes 2 X No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No
30. MANNER OF DEATH: 1 X Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation 6 Could not be determined
30a. DATE OF INJURY (Month, Day, Year)
30b. TIME OF INJURY
31c. INJURY AT WORK? 1 Yes 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)

3576690

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

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

Tonya Y. Foreman

Tonya Y Foreman, Local Registrar
Davidson County, Tennessee

JAN 14 2010
Date Issued

Sharon M. Leinbach
STATE REGISTRAR

CERTIFICATION OF VITAL RECORD

KAREN JOHNSON
REGISTER OF DEEDS

www.nashville.gov/rod

PO Box 196398
Nashville, TN 37219-6398
(615) 862-6790 phone
(615) 880-2039 fax

The following oath of consideration is required on all deeds transferring property:

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration or true value, whichever is greater for this transfer is $ -0-.

Deborah D. Sullivan
Affiant

Subscribed and sworn before me, this 20 day of November, 2020

Sharon K. Brant
Notary

SHARON K. BRANT
STATE OF TENNESSEE NOTARY PUBLIC
ROBERTSON COUNTY
My Commission Expires 07-20-2022