Return to:

VYLLA, LLC
6200 TENNYSON PARKWAY, SUITE 110
PLANO TX 75024

Send Tax Notices to:
MONICA BATES, UNMARRIED
4916 SHADOWLAWN DRIVE
HERMITAGE,TN 37076

FILE NO. 101-10253100

Karen Johnson Davidson County
Batch# 571483 DEEDQC
02/09/2021 02:35:30 PM 6 pgs
Fees: $32.00 Taxes: $0.00
20210209-0018631

QUITCLAIM DEED

THIS INSTRUMENT WAS PREPARED BY
BC LAW FIRM, P.A. Prepared By: 1803 S KANNER HWY, STUART, FL 34994
NO REPRESENTATION BY PREPARER AS TO ANY MATTERS OF TITLE OR LEGAL DESCRIPTION/SURVEY

ADDRESS NEW OWNER(S) AS FOLLOWS:	SEND TAX BILLS TO:	MAP PARCEL NUMBERS
MONICA BATES	MONICA BATES	076 05 0 063.00
4916 SHADOWLAWN DRIVE HERMITAGE, TN 37076	4916 SHADOWLAWN DRIVE HERMITAGE, TN 37076	

FOR AND IN CONSIDERATION OF THE SUM OF TEN DOLLARS, CASH IN HAND PAID BY THE HEREINAFTER NAMED GRANTEES, AND OTHER GOOD AND VALUABLE CONSIDERATIONS, THE RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED, **MONICA BATES SURVIVING SPOUSE OF DARRYL BATES, WHO DEPARTED THIS LIFE ON 06/16/2020,** HEREINAFTER CALLED THE GRANTOR, DO/DOES HEREBY BARGAIN, SELL, RELEASE, REMISE, QUITCLAIM AND CONVEY UNTO **MONICA BATES, UNMARRIED,** HEREINAFTER CALLED THE GRANTEE, HIS/HER/ITS SUCCESSORS, HEIRS AND ASSIGNS, ALL THE RIGHT, TITLE AND INTEREST IN AND TO A CERTAIN TRACT OR PARCEL OF LAND IN DAVIDSON COUNTY, STATE OF TENNESSEE, DESCRIBED AS FOLLOWS TO-WIT:

LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT NO. 58 ON THE PLAN OF HIDDEN HILL, OF RECORD IN BOOK 4860, PAGE 43, REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE.

BEING THE SAME PROPERTY CONVEYED TO DARRYL BATES AND WIFE, MONICA BATES, ON DEED DATED 07/10/2002 AND RECORDED ON 07/10/2002, AS INSTRUMENT NO. 20020710-0082939, AMONG THE REAL LAND RECORDS OF DAVIDSON COUNTY, TN.

Property known as, 4916 SHADOWLAWN DRIVE, HERMITAGE, TN 37076

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 hand this 22 day of September, 2020.

MONICA BATES

STATE OF TENNESSEE

COUNTY OF Davidson

Before me, Ella K. Butler of the state and county mentioned, personally appeared **MONICA BATES**, to me known to be the person(s) described in and who executed the foregoing instrument for the purposes therein contained.

(seal)

ELLA K. BUTLER
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

Ella K. Butler
Notary Public
Printed Name: Ella K. Butler
My Commission Expires: 07/09/2024

VALUATION AFFIDAVIT

I, or we, hereby swear or affirm that to the best of affiant's knowledge, information, and belief, the actual consideration for this transfer is $**10.00**.

Affiant

STATE OF TENNESSEE

COUNTY OF Davidson

Subscribed and sworn before me this the 22 day of September, 2020

Ella K. Butler
Notary Public
My commission expires: 07/09/2024

ELLA K. BUTLER STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY, TENN.

EXHIBIT "A"

Land in Davidson County, Tennessee, being Lot No. 58 on the Plan of Hidden Hill, of Record in Book 4860, Page 43, Register's Office for Davidson County, Tennessee.

APN: 076 05 0 063.00

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER 2020 035993

1. Decedent's Legal Name: DARRYL MAURICE BATES		2. Sex: MALE	3. Date of Death: 08/18/2020
4. Time of Death (Approx.): 09:00 AM	5a. Age: 58	6. Date of Birth: 08/30/1961	7. Birthplace: MADISON, TN
8a. Place of Death: DECEDENT'S HOME			
8b. Facility Name: 4916 SHADOWLAWN DRIVE	8c. City or Town: HERMITAGE		8d. County of Death: DAVIDSON
9. Marital Status: MARRIED	10. Surviving Spouse (name prior to first marriage): MONICA COOPER	11a. Decedent's Usual Occupation: FOOD AND BEVERAGE MANAGER	11b. Kind of Business/Industry: FOOD SERVICE
12. Social Security Number: 5596	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON	13c. City or Town: HERMITAGE
13d. Street and Number: 4916 SHADOWLAWN DRIVE	13e. Inside City Limits?: YES	13f. Zip Code: 37076	14. Was Decedent ever in US Armed Forces?: NO
15. Decedent's Education: SOME COLLEGE CREDIT, BUT NO DEGREE	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: BLACK OR AFRICAN AMERICAN	
18. Father's Name: JOE BATES	19. Mother's Name Prior to First Marriage: JANIE THOMAS		
20a. Informant's Name: MONICA BATES	20b. Relationship to Decedent: WIFE	20c. Mailing Address: 4916 SHADOWLAWN DRIVE, HERMITAGE, TN 37076	
21a. Method of Disposition: BURIAL	21b. Place of Disposition: SPRING HILL CEMETERY	21c. Location: NASHVILLE, TN	
22a. Signature of Funeral Director: ▶ /e/ SAMUEL BREWER	22b. License Number: 16278	22c. Signature of Embalmer: ▶ /e/ Chad Scott Keel	22d. License Number: 16263
23a. Name and Address of Funeral Home: SPRING HILL FUNERAL HOME AND CEMETERY, 5110 GALLATIN PIKE, NASHVILLE, TN 37216			23b. License Number: 1045
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 08/22/2020	

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/ HEATHER D ROWE	27b. License Number: 34753	27c. Date Signed: 08/22/2020
27d. Name and Address: HEATHER D ROWE 397 WALLACE ROAD C300, NASHVILLE, TN 37211		

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)	a. PROSTATE CANCER	
Sequentially list conditions, if any, leading to the cause stated on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	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?: UNKNOWN	32. If Female: 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

TH-1669 (Rev. 8/2017) RDA 8012

12097311

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 9 7 3 1 1

Date Issued: Jun-23-2020

CERTIFICATION OF VITAL RECORD

202102090018631

True Copy Certification

I, Kathy Nguyen, 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 Texas

County of Collin

Personally appeared before me, ~~[Name of Notary]~~ Irma Covarrubio, a notary public for this county and state, ~~[name of person making certification]~~ Kathy Nguyen who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Notary's Signature

My Commission Expires: 1·25·2024
Notary' Seal (if on paper)

IRMA COVARRUBIO
Notary Public, State of Texas
Comm. Expires 01-25-2024
Notary ID 128866780