Karen Johnson Davidson County
Batch# 588558 DEEDQC
03/10/2021 09:58:23 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20210310-0031284

This Instrument Prepared By and Returned To:
D. Dylan Potter, Attorney at Law
4301 Hillsboro Road, Suite 300
Nashville, Tennessee 37215

QUITCLAIM DEED

ADDRESS NEW OWNER:	SEND TAX BILLS TO:	MAP & PARCEL:
Billy J. Thornton 713 Ronnie Road Madison, TN 37115	Same	42.03.103

KNOW ALL MEN BY THESE PRESENTS that for the sum of Ten and No/100 ($10.00) Dollars, cash in hand paid I, **BILLY J. THORNTON** do hereby quitclaim and by these presents do transfer and convey all of my right, title and interest unto **BILLY J. THORNTON,** his successors and assigns, the following tract of land in Davidson County, Tennessee described as follows:

Land in Davidson County, Tennessee, being Lot No. 13 of Castle Grove, Section A, of record in Book 2900, Page 102, Register's Office for said County.

Said Lot No. 13 is more particularly described as follows:

Beginning at a point on the Westerly margin of Ronnie Road which is the Northeasterly corner of Lot No. 14 of said subdivision and Southeasterly corner of said Lot No. 13. Thence Southwesterly along the line between said Lots 13 and 14, a distance of 249.1 feet to the Easterly line of Lot No. 12 of said subdivision; thence northerly along said line a distance of 231.3 feet to the southerly margin of Campbell Road; thence easterly along the southerly margin of said Road, 183.3 feet; thence southeasterly around a curve to the right 38.65 feet to a point in the westerly margin of Ronnie Road; thence southerly along the westerly margin of Ronnie Road, 148.24 feet to the point of beginning.

Being the same property conveyed to Mary Lee Thornton and James L. Thornton, Wife and Husband, and Billy J. Thornton, all as Tenants in Common with Rights of Survivorship by Quitclaim Deed from Mary Lee Thornton and James L. Thornton, Wife and Husband, recorded on the 22nd day of April, 2020 of record in Instrument No. 20200422-0042206 in the Register's Office for Davidson County, Tennessee. The said James L. Thornton having since died on August 7, 2020 and the said Mary Lee Thornton having since died on January 1, 2021 leaving Billy J. Thornton as the sole surviving owner. (See Death Certificates Attached)

Said property is conveyed subject to such limitations, restrictions, and encumbrances as may affect the premises.

This improved property is known as: 713 Ronnie Road, Madison, TN 37115

IN WITNESS WHEREOF, I have hereunto set my hand on this the 9th day of March 2021.

Billy J. Thornton

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned notary public, **Billy J. Thornton** with whom I am personally acquainted and who acknowledged that he executed the within instrument for the purposes therein contained.

WITNESS my hand, at office, this 9th day of March, 2021.

Notary Public

My Commission Expires: _____

STATE OF TENNESSEE
NOTARY PUBLIC
MY COMMISSION EXPIRES 3-8-2022

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration for this transfer is $0.00.

Affiant

Subscribed and sworn to before me, this the 9th day of March, 2021

Notary Public

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER 2020 047685

1. Decedent's Legal Name: JAMES L. THORNTON			2. Sex: MALE	3. Date of Death: 08/07/2020
4. Time of Death (Approx): 00:00	5a. Age: 90	6. Date of Birth: 02/10/1930	7. Birthplace: PORTLAND, TN	
8a. Place of Death: DECEDENT'S HOME				
8b. Facility Name: 713 RONNIE RD		8c. City or Town: MADISON		8d. County of Death: DAVIDSON
9. Marital Status: MARRIED	10. Surviving Spouse (name prior to first marriage): MARY LEE WALKER	11a. Decedent's Usual Occupation: MINISTER		11b. Kind of Business/Industry: PENTECOSTAL
12. Social Security Number: ---4059	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: MADISON
13d. Street and Number: 713 RONNIE RD		13e. Inside City Limits?: YES	13f. Zip Code: 37115	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: WHITE
18. Father's Name: JAMES H. THORNTON			19. Mother's Name Prior to First Marriage: ERMA LEE KITCHENS	
20a. Informant's Name: BILLY J. THORNTON	20b. Relationship to Decedent: BROTHER	20c. Mailing Address: 390 NEW NEAL POTTS RD, COTTONTOWN, TN 37048		
21a. Method of Disposition: BURIAL		21b. Place of Disposition: FOREST LAWN MEMORIAL GARDENS	21c. Location: GOODLETTSVILLE, TN	
22a. Signature of Funeral Director: ▶ /e/ ROBERT E FUQUA		22b. License Number: 6060	22c. Signature of Embalmer: ▶ /e/ Michelle Petrino-Givens	22d. License Number: 4188
23a. Name and Address of Funeral Home: FOREST LAWN FUNERAL HOME, 1150 S DICKERSON RD, GOODLETTSVILLE, TN 37072				23b. License Number: 927
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III			25. Date Filed: 08/11/2020	

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/ JOHN R GIBSON	27b. License Number: 13867	27c. Date Signed: 08/11/2020
27d. Name and Address: JOHN R GIBSON 300 20TH AVE. N. 9TH FLOOR, 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. CARDIAC ARREST	
	b. SYSTOLIC CONGESTIVE HEART FAILURE	
	c.	
	d.	

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

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: 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

TR-1669 (Rev. 8/2017) RDA 10112

11858702

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

11858702
Date Issued: Aug-12-2020

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2021 000611

1. Decedent's Legal Name			2. Sex	3. Date of Death
MARY LEE THORNTON			FEMALE	01/01/2021
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
UNKNOWN	88	10/05/1932	HARLAN, KY	
8a. Place of Death				
INPATIENT				
8b. Facility Name		**8c. City or Town**		**8d. County of Death**
SAINT THOMAS MIDTOWN HOSPITAL		NASHVILLE		DAVIDSON
9. Marital Status	**10. Surviving Spouse** (name prior to first marriage)	**11a. Decedent's Usual Occupation**		**11b. Kind of Business/Industry**
WIDOWED		OFFICE MANAGER		SHIRT FACTORY
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**		**13c. City or Town**
~~-~~-0027	TENNESSEE	DAVIDSON		MADISON
13d. Street and Number		**13e. Inside City Limits?**	**13f. Zip Code**	**14. Was Decedent ever in US Armed Forces?**
713 RONNIE RD		YES	37115	NO
15. Decedent's Education	**16. Decedent of Hispanic Origin?**		**17. Decedent's Race**	
HIGH SCHOOL GRADUATE OR GED COMPLETED	NO, NOT SPANISH/HISPANIC/LATINO		WHITE	
18. Father's Name		**19. Mother's Name Prior to First Marriage**		
ESTEL WALKER		VELVA PATE		
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**		
BILLY J. THORNTON	BROTHER-IN-LAW	390 NEW DEAL POTTS ROAD, COTTONTOWN, TN 37048		
21a. Method of Disposition	**21b. Place of Disposition**		**21c. Location**	
BURIAL	FOREST LAWN MEMORIAL GARDENS		GOODLETTSVILLE, TN	
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**		**22d. License Number**
▶ /e/ ROBERT E FUQUA	6060	▶ /e/ Michelle Petrino-Givens		4188
23a. Name and Address of Funeral Home				**23b. License Number**
FOREST LAWN FUNERAL HOME, 1150 S DICKERSON RD, GOODLETTSVILLE, TN 37072				927
24. Registrar's Signature		**25. Date Filed**		
▶ /e/ EDWARD G BISHOP III		01/07/2021		

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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/ RICHARD DOUGLAS KENNEDY	034124	01/07/2021

27d. Name and Address
RICHARD DOUGLAS KENNEDY 1040 N JAMES CAMPBELL BLVD STE 101, COLUMBIA, TN 38401

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		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. ALZHEIMER'S DISEASE	
	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	UNKNOWN	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-1659E RDA 10112

12691566

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 certificate. Reproduction of this document is prohibited.

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

1 2 6 9 1 5 6 6

Edward G. Bishop III — Lisa Piercey, MD, MBA, FAAP

Date Issued: Jan 08 2021

CERTIFICATION OF VITAL RECORD