Karen Johnson Davidson County
Batch# 636765 DEEDQC
05/14/2021 01:30:21 PM 7 pgs
Fees: $37.00 Taxes: $0.00
20210514-0065465

This instrument prepared by:
David E. Cypress
Attorney At Law
P.O. Box #58007
Nashville, Tennessee 37205

From: Estate of George J. Nowlan and Barbara Nowlan, both deceased

To: Kerry G. Nowlan and Kimberly Nowlan

Address of New Owner:
Kerry G. Nowlan
Kimberly Nowlan
226 Myhr Green (Unit No. 39)
Nashville, Tennessee 37221

Send Tax Bills To:

Same

Map and Parcel Number: 142-07-0C-039.00-CO

STATE OF FLORIDA)
COUNTY OF PINELLAS)

The actual consideration or value, whichever is greater, for this transfer is $-1.00-.

Affiant, Kerry G. Nowlan, Executor for George J. Nowlan

Affiant, Kerry G. Nowlan Executor for Barbara Nowlan

Subscribed and sworn to before me this 7th day of MAY, 2021.

My commission expires:

PHYLLIS TSIABASIS
Notary Public - State of Florida
Commission # GG 113786
My Comm. Expires Jun 11, 2021
Bonded through National Notary Assn.

QUITCLAIM DEED

FOR AND IN CONSIDERATION of One dollar ($1.00), cash in hand paid, the receipt of which is hereby acknowledged, **Kerry G. Nowlan, Executor**, of Clearwater, Pinellas County, Florida, herein referred to as Grantor, by these presents do hereby quitclaim and convey unto **Kerry G. Nowlan and Kimberly Nowlan** of Clearwater, Pinellas County, Florida and Nashville, Davidson County, herein referred to

as the Grantees, successors and assigns, a Quitclaim Interest in the following described tract of land.

1. The Grantor George J. Nowlan (deceased) By Kerry G. Nowlan, Executor for George J. Nowlan **and** Grantor Barbara Nowlan (deceased) By Kerry G. Nowlan, Executor for Barbara Nowlan *(copies of Letters Testamentary and Death Certificates attached)*

Asserts, recites and declares that:

2. This instrument is intended to convey to each of the Grantees, a one half (50 %) percent interest of the Grantor's interest in that certain real property in Nashville, Davidson County, Tennessee.

Described as being:

Land in Davidson County, Tennessee, being Unit NO. 39 of Ashley Green, a horizontal property regime established pursuant to the provisions of the Tennessee Horizontal Property Act (Tennessee Code Annotated Sections 66-27-101 through 66-27-1123, herein referred to as the "Act") and the provisions of the Master Deed for Ashley Green of record in Book 7184, Page 44, Register's Office for Davidson County, Tennessee, including without limitation the by-laws appended thereto of record in Book 7184, Page 71, said Register's Office (collectively the "Master Deed"), to which Master Deed reference is here made for a more complete and accurate description of said unit;

TOGETHER WITH an undivided percentage interest in the Common Elements (as defined in the Master Deed) appertaining to said unit and all other rights, powers, privileges and interests appertaining to said unit pursuant to the Master Deed.

Being property conveyed to Rochford Realty and Construction Co. by deed from Myhrfield Developers, a Tennessee partnership, of record in Book 6880, page 88, Register's Office for Davidson County, Tennessee.

Being the same property conveyed to George J. Nowlan et ux, of record in Book 7495, page 48, Register's Office for Davidson County, Tennessee.

Being the same property conveyed to Barbara Nowlan (by death of spouse, George Nowlan) of record in Book 7495, page 48, Register's Office for Davidson County, Tennessee.

3. This is improved property, known as 226 MYHR GREEN (Unit No. 39), Nashville, Tennessee 37221.

Witness my hand this 7th day of MAY, 2021.

Kerry G. Nowlan, Executor for George J. Nowlan

Kerry G. Nowlan, Executor for Barbara Nowlan

STATE OF FLORIDA)
COUNTY OF PINELLAS)

Personally appeared before me, Kerry George Nowlan, a Notary Public in and for said County and State, the within named Kerry G. Nowlan, Executor for George J. Nowlan and Executor for Barbara Nowlan, both deceased, with whom I am personally acquainted, and who acknowledged that he executed the within instrument for the purposes therein contained. Witness my hand and official seal at _____, Florida this 7th day of May, 2021.

Notary Public

My commission expires:_____

PHYLLIS TSIABASIS
Notary Public - State of Florida
Commission # GG 113786
My Comm. Expires Jun 11, 2021
Bonded through National Notary Assn.

SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE

LETTERS TESTAMENTARY

08P1104

To KERRY G. NOWLAN :

It appearing to the Court that GEORGE J. NOWLAN has died leaving a written will, in which you are appointed Executor, which has been duly approved by the Court; and you having been qualified according to law, and it having been ordered by said Court that Letters Testamentary issue to you.

These are, therefore, to empower you, the said KERRY G. NOWLAN to enter upon the execution of said will, and take into your possession all of the property, and to make, within sixty days from this date, a perfect inventory thereof, and make due collection for all debts, and after paying all the just demands against the Testator, and settling up the business according to law, you will pay over and deliver the property and effects that may remain in your hands, and do all other things that may be required, according to the provisions of the said will and the laws of the land.

Witness, Richard R. Rooker, Clerk of the Probate Court at office, this July 09, 2008 .

Richard R. Rooker, Clerk

Tommy King D.C.

RICHARD R. ROOKER CIRCUIT COURT CLERK

STATE OF TENNESSEE
DAVIDSON COUNTY

I, Richard R. Rooker, Clerk of the Probate Court of said County, do hereby certify that the foregoing is a true and perfect copy of LETTERS TESTAMENTARY, issued to KERRY G. NOWLAN, Executor of the estate of GEORGE J. NOWLAN deceased, and I do further certify that KERRY G. NOWLAN is still acting Executor of the estate of GEORGE J. NOWLAN, and acts as such are entitled to full faith and credit, as appears from the records in my office at Nashville, Tennessee.

Witness my hand and official seal, at this office, this the 9th day of July, 2008.

Richard R. Rooker, Clerk

Tommy King D.C.

RICHARD R. ROOKER CIRCUIT COURT CLERK

IN THE CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE

(PROBATE DIVISION)

LETTERS TESTAMENTARY

TO: **KERRY NOWLAN**

DOCKET NO: **16P1942**

*It appearing to the Court that **BARBARA A. NOWLAN** has died leaving a written Will in which you are appointed **Executor** and which has been duly approved by the Court; and you having been qualified according to law, and it having been ordered by said Court that Letters Testamentary issue to you;*

*THESE ARE, THEREFORE, to empower you, the said **KERRY NOWLAN**, to enter upon the execution of said Will, and take into your possession all of the property, and to make, within **sixty (60) days** from this date, a perfect inventory thereof, and make due collection for all debts, and after paying all the just demands against the Testator, and settling up the business according to law, you will pay over and deliver the property and effects that may remain in your hands, and do all other things that may be required, according to the provisions of the said will and the laws of the land.*

*WITNESS, Richard R. Rooker, Clerk of the Probate Court, at office, this **December 1st, 2016**.*

RICHARD R. ROOKER, Clerk

_____ D.C.

STATE OF TENNESSEE)

DAVIDSON COUNTY)

I, RICHARD R. ROOKER, Clerk of the Probate Court of said County, do hereby certify that the foregoing is a true and perfect copy of the Letters Testamentary issued to **KERRY NOWLAN** as **Executor** of the estate of **BARBARA A. NOWLAN**, deceased, and I do further certify that **KERRY NOWLAN** is still acting **Executor** of the estate of **BARBARA A. NOWLAN** and all acts as such are entitled to full faith and credit as it appears from the official record in my office in Nashville, Tennessee, this the 1st day of December, 2016.

RICHARD R. ROOKER, Clerk

_____

NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

803358

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): George Joseph Nowlan
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): June 12, 2008
4. SOCIAL SECURITY NUMBER: -4115
5a. AGE-LAST BIRTHDAY (Years): 83
5b. UNDER 1 YEAR (Months)
5c. UNDER 1 DAY (Hours)
6. DATE OF BIRTH (Month, Day, Year): May 29, 1925
7. BIRTHPLACE (City and State or Foreign Country): Dorchester, Massachusetts
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 No
9a. PLACE OF DEATH (Check only one): 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): St. Thomas Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Barbara Bernier
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Musican
12b. KIND OF BUSINESS/INDUSTRY: Music
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 226 Myhr Green
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 Yes 2 No
13f. ZIP CODE: 37221
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Yes 2 No
Specify, if yes:
15. 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+):

PARENTS
17. FATHER'S NAME (First, Middle, Last): Frank Nowlan
18. MOTHER'S NAME (First, Middle, Maiden Surname): Elizabeth (maiden name not known)

INFORMANT
19a. INFORMANT'S NAME (Type/Print): Kerry George Nowlan
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 226 Myhr Green, Nashville, TN 37221

DISPOSITION
20a. METHOD OF DISPOSITION: 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): West Harpeth Crematory
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Whitley, Don
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3098
21c. SIGNATURE OF EMBALMER: No embalming
21d. LICENSE NUMBER OF EMBALMER: N/A
22a. NAME AND ADDRESS OF FUNERAL HOME: Harpeth Hills Funeral Home, 9090 Hwy 100 - PO Box 210242, Nashville, TN 37221
22b. LICENSE NUMBER OF FUNERAL HOME: 849

REGISTRAR
23. REGISTRAR'S SIGNATURE: Thomas H. Starkey DR
24. DATE FILED (Month, Day, Year): June 13, 2008

CERTIFIER
25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and time, and due to the cause(s) and manner stated.
1 SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: 38832
25c. DATE SIGNED (Month, Day, Year): 6/13/08
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)

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Michael A Mendors Jr MD 4300 Harding Rd #300 Nashville TN 37205

CAUSE OF DEATH
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. Anoxic Brain Injury
DUE TO (OR AS A CONSEQUENCE OF): b. Ventricular Fibrillation
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
DUE TO (OR AS A CONSEQUENCE OF): c.
DUE TO (OR AS A CONSEQUENCE OF): d.
Approximate Interval: Between Onset and Death
SEE INSTRUCTIONS ON OTHER SIDE

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 No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No

30. MANNER OF DEATH: 1 Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation 6 Could not be Determined
31a. DATE OF INJURY (Month, Day, Year)
31b. 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)

FH-1039 (REV. 6/98)
STATE FILE NO.
RDA 1389

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 Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.
Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

[redacted]
Local Registrar

Tonya Y Foreman
Tonya Y Foreman
Local Registrar

Date Issued: JUN 13 2008

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Barbara Ann Nowlan
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): September 23, 2016
4. TIME OF DEATH: 11:28 AM
5a. AGE-Last Birthday (Years): 88
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): June 27, 1928
7. BIRTHPLACE (City and State or Foreign Country): Albany, NY

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other residence ☐ Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): 226 Myhr Green
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: ☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Homemaker
11b. KIND OF BUSINESS/INDUSTRY: Domestic

12. SOCIAL SECURITY NUMBER: -4561
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 226 Myhr Green
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37221
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
☐ 8th grade or less
☐ 9th – 12th grade; no diploma
☐ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
☐ Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
☒ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino (Specify)
☐ Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
☒ White
☐ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe)
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (Specify)
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify)
☐ Other (Specify)
☐ Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): Ernest H. Bernier
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Marion Fuller

INFORMANT

20a. INFORMANT'S NAME: Kim Nowlan
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 210 Old Hickory Blvd. #23 TN Nashville

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): West Harpeth Funeral Hm
21c. LOCATION - City or Town and State: Nashville, TN

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Christopher Taylor
22b. LICENSE NUMBER: 4243
22c. SIGNATURE OF EMBALMER: ▶ No Embalming
22d. LICENSE NUMBER:
23a. NAME AND ADDRESS OF FUNERAL HOME: Harpeth Hills Funeral Home, 9090 Hwy 100, Nashville, TN
23b. LICENSE NUMBER OF FUNERAL HOME: 849

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ DR
25. DATE FILED (Month, Day, Year): 9/28/16

CERTIFIER

26. CERTIFIER (Check only one):
26a. ☐ PHYSICIAN - To the best of my knowledge, death occurred at the date 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, and place, and due to the cause(s) and manner stated.

PERSON OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

27a. SIGNATURE OF CERTIFIER: ▶ Karl Zimmerman MD
27b. LICENSE NUMBER: 46030
27c. DATE SIGNED (Month, Day, Year): September 23, 2016
27d. NAME AND ADDRESS: David L Zimmerman, M.D.; 880 R.S. Gass Boulevard, Nashville, TN 37216; MEC16-2313

MEDICAL CERTIFICATION

29. 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. Atherosclerotic cardiovascular disease	
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	Due to (or as a consequence of): b.	
	Due to (or as a consequence of): c.	
	Due to (or as a consequence of): 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? ☐ Yes ☐ No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

30. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown
32. IF FEMALE: ☒ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

33. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? ☐ Yes ☐ No
34d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

PH-1699 (Rev. 9/2011) — RDA 1389

SEP 28 2016

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.

08802298

SEP 28 2016

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

Lori B. Ferranti, PhD, MSN, MBA, RN
State Registrar/Asst. Commissioner

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

0 8 8 0 2 2 9 8

Date Issued

CERTIFICATION OF VITAL RECORD