Karen Johnson Davidson County
Batch# 645359 DEEDQC
05/27/2021 02:31:15 PM 5 pgs
Fees: $27.00 Taxes: $0.00
20210527-0072055

This instrument prepared based on information provided by the parties and not independent verification by:
C. Michael Robinson
1215 7th Avenue N.
Nashville, TN 37208

NEW OWNER:	SEND TAX BILLS TO:	MAP & PARCEL NUMBER
David Allen Powell	David Allen Powell	162 02 0 191.00
415 Church Street, Apt1804	415 Church Street, Apt1804	
Nashville, TN 37219	Nashville, TN 37219	

ADMINISTRATOR'S DEED

In order to provide muniment of title, this deed made on the 21st day of May, 2021, by Michelle Nickerson, Administrator of the Estate of Myra J. Powell, deceased, (Myra J. Powell's Certificate of Death attached hereto as Exhibit A), her husband, Joe A. Powell predeceasing her (Joe A. Powell's Certificate of Death attached hereto as Exhibit B), by the power conferred by the Letters of Administration (attached hereto as Exhibit C) issued in the Estate of Myra Powell by the Seventh Circuit Court for Davidson County, Tennessee; Probate Division in case number 20P1343, in order to carry out the provisions of the laws of descent and distribution, further evidencing the divestiture of title in and to the premises hereinafter described from the estate or any person or entity claiming by, under, or through the title of Myra Powell, and every other power, in consideration of Zero Dollars, and other good and valuable consideration, the receipt of which is acknowledged, does convey, warrant, and quitclaim to **David Allen Powell**, an unmarried individual of 415 Church Street, Apt1804, Nashville, TN 37219, their heirs and assigns, forever, real property located in the County of Davidson, State of Tennessee, at 5021 Colemont Drive, Antioch, Tennessee, 37013, more particularly described as follows:

> Land in Davidson County, Tennessee, being Lot No. 223, on the Plan of Colewood Acres, Section III, as of record in Book 4175, page 45, Register's Office for said County.
>
> Said Lot fronts 75 feet on the northerly side of Colemont Drive and extends back 213.3 feet on the easterly line and 242.2 feet on the westerly line to a dead line and measures 84.5 feet thereon.
>
> Being the same property conveyed to Billy Joe Clemons and wife, Cynthia Lynn Clemons by deed from Donald Clemons and wife, Vickie L. Clemons of record in Book 6168, Page 242, Register's Office, Davidson County, Tennessee. Subject to restrictions of record in Book 4295, page 696 said Register's Office.
>
> Being the same property conveyed to Joe A. Powell and Myra J. Powell, husband and wife, by deed from Billy Joe Clemons and

Cynthia Lynn Clemons, husband and wife, of record in Book 7535 Page 976, Register's Office, Davidson County, Tennessee.

This is improved property known as 5021 Colemont Drive, Antioch, Tennessee, 37013.

together with all the rights of Myra J. Powell in fee simple absolute.

Said property is conveyed subject to the following: (1). any, *and all*, applicable Governmental and Zoning ordinances; (2). any, *and all*, utility, sewer, drainage and other easements of record; (3). any, *and all*, subdivision/condominium assessments, covenants, bylaws, restrictions, declarations, and easements of record; (4). any, *and all*, building restrictions; (5). any, *and all*, taxes and restrictions of record; and (6). any, *and all*, indebtedness on the real property as recorded in the Register's Office, Davidson County, Tennessee.

IN WITNESS WHEREOF, I have signed my name this the 21 day of May, 2021.

MICHELLE NICKERSON, ADMINISTRATOR

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Before me a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared, **MICHELLE NICKERSON, ADMINISTRATOR,** to me known or proved to me on the basis of satisfactory evidence to be the person described in and who executed the foregoing instrument and acknowledged that he or she executed the same as his or her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said County, on this the 21st day of May, 2021.

NOTARY PUBLIC
My Commission Expires: 11-6-24

CHARLES MICHAEL ROBINSON STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY MY COMMISSION EXPIRES 11-6-2024

The actual consideration and/or value, *whichever is greater*, for this transfer is Zero Dollars ($0.00).

MICHELLE NICKERSON, ADMINISTRATOR

Sworn and subscribed to me on this the 21 day of May, 2021.

NOTARY PUBLIC
My Commission Expires: 11-6-24

CHARLES MICHAEL ROBINSON STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY MY COMMISSION EXPIRES 11-6-2024

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT A

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2020 028628

1. Decedent's Legal Name: MYRA JANET POWELL		2. Sex: FEMALE	3. Date of Death: 05/14/2020
4. Time of Death (Hours): 07:55 AM	5a. Age: 82	6. Date of Birth: 03/23/1938	7. Birthplace: WALES
8a. Place of Death: ASSISTED LIVING			
8b. Facility Name: 10580 CEDAR GROVE ROAD		8c. City or Town: SMYRNA	8d. County of Death: RUTHERFORD
9. Marital Status: WIDOWED	10. Surviving Spouse (name prior to last marriage)	11a. Decedent's Usual Occupation: PLANNER	11b. Kind of Business/Industry: METRO GOVERNMENT
12. Social Security Number: xxx-	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON	13c. City or Town: ANTIOCH
13d. Street and Number: 5021 COLEMONT DRIVE		13e. Inside City Limits? YES	13f. Zip Code: 37013
14. Was Decedent ever in US Armed Forces? NO			
15. Decedent's Education: HIGH SCHOOL GRADUATE OR GED COMPLETED	16. Decedent of Hispanic Origin? NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: WHITE	
18. Father's Name: WILL JONES		19. Mother's Name Prior to First Marriage: VERA GREEN	
20a. Informant's Name: MICHELLE MCPHERSON	20b. Relationship to Decedent: GRANDDAUGHTER	20c. Mailing Address: 4313 PATRICK HENRY DRIVE, LAVERGNE, TN 37086	
21a. Method of Disposition: BURIAL	21b. Place of Disposition: HILLCREST MEMORIAL GARDENS	21c. Location: SHELBYVILLE, TN	
22a. Signature of Funeral Director: /s/ WENDELL L BYRD	22b. License Number: 2556	23a. Signature of Embalmer: /s/ J. Davis Dial	23b. License Number: 5170
23c. Name and Address of Funeral Home: WOODBINE FUNERAL HOME INC - HICKORY CHAPEL, 5852 NOLENSVILLE ROAD, NASHVILLE, TN 37211			23b. License Number: 760
24. Registrar's Signature: /s/ EDWARD G BISHOP III		25. Date Filed: 05/19/2020	

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: /s/ CHRISTOPHER STANDLEY	27b. License Number: 1511	27c. Date Signed: 05/18/2020
27d. Name and Address: CHRISTOPHER STANDLEY 1820 HAYNES STREET, CLARKSVILLE, TN 37043		

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, PULMONARY 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. ALZHEIMER'S DISEASE WITH LATE ONSET

Sequentially list conditions, if any, leading to the cause a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST
- b. DEMENTIA IN OTHER DISEASES WITHOUT BEHAVIORAL DISTURBANCE
- c. CHRONIC KIDNEY DISEASE, STAGE 3
- 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: 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	

KDA 90112

12235880

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 2 3 5 8 8 0

Date Issued: May 19 2020

CERTIFICATION OF VITAL RECORD

EXHIBIT B

STATE OF TENNESSEE
Office of Vital Records

1106115

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2011 045835

TYPE, PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Joe Allen Powell
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): October 21, 2011
4. SOCIAL SECURITY NUMBER: 8342
5A. AGE-LAST BIRTHDAY (Years): 80
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
7. DATE OF BIRTH (Month, Day, Year): July 13, 1931
8. PLACE OF DEATH: HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Dead on Arrival 5 [X] Nursing Home 6 [ ] Other (Specify)
9A. FACILITY NAME (If not institution, give street and number): 5021 Colemont Dr.
9B. CITY, TOWN, OR LOCATION OF DEATH: Antioch
9C. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Myra Jones
12A. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Manager
12B. KIND OF BUSINESS/INDUSTRY: Vending Machine Company
12C. RESIDENCE-STATE: Tennessee
12D. COUNTY: Davidson
12E. CITY, TOWN, OR LOCATION: Antioch
12F. STREET AND NUMBER: 5021 Colemont Dr.
CENSUS TRACT
13A. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13B. ZIP CODE: 37013
14. WAS DECEDENT OF HISPANIC ORIGIN? (If Yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
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): Horace A. Powell
18. MOTHER'S NAME (First, Middle, Maiden Surname): Lucille Morris

INFORMANT

19A. INFORMANT'S NAME (Type or Print): Myra Powell
19B. RELATIONSHIP TO DECEDENT: Wife
19C. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip Code): 5021 Colemont Dr., Antioch, TN 37013

DISPOSITION

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): Hillcrest Memorial Gardens
20C. LOCATION (City or Town, State): Shelbyville, Tennessee
21A. SIGNATURE OF FUNERAL DIRECTOR: ▸ Wendell Byrd
21B. LICENSE NUMBER OF FUNERAL DIRECTOR: 2556
21C. SIGNATURE OF EMBALMER: ▸ Richard Morrison
21D. LICENSE NUMBER OF EMBALMER: 3137
22A. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Inc., Hickory Chapel 5852 Nolensville Road, Nashville, Tennessee 37211
22B. LICENSE NUMBER OF FUNERAL HOME: 760

REGISTRAR

23A. NAME OF REGISTRAR (Type or Print): Claudia Curtis DR
23B. DATE RECEIVED BY REGISTRAR (Month, Day, Year): October 25, 2011

CERTIFIER

24A. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.
1 [X] SIGNATURE AND TITLE OF PHYSICIAN: ▸ David Tribble
24B. LICENSE NUMBER: 44186
24C. DATE SIGNED (Month, Day, Year): 10-25-2011
25A. 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: ▸
25B. LICENSE NUMBER:
25C. DATE SIGNED (Month, Day, Year):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): David Tribble, MD 718 Patterson Street, Nashville, TN 37203

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

AUG 01 2017

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.

09321875

0 9 3 2 1 8 7 5
Date Issued

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

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

CERTIFICATION OF VITAL RECORD

EXHIBIT C

IN THE CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE

(PROBATE DIVISION)

LETTERS OF ADMINISTRATION

TO: **MICHELLE NICKERSON** DOCKET NO: **20P1343**

*It appearing to the Court that **MYRA POWELL** has died leaving no Will, and the Court being satisfied as to your claim to said Administration, you have given Bond pursuant to Order, if required, qualified as directed by law, and the Court having ordered that Letters of Administration be issued to you;*

*THESE ARE, THEREFORE, to authorize and empower you, the said **MICHELLE NICKERSON**, to take into your possession and control all the goods, chattels, claims, and papers of the said estate, and to return a true and perfect inventory thereof to this Court; to collect and pay all debts, and to do and transact all the duties in relation to said estate, and to deliver the residue thereof to those who are by law entitled.*

WITNESS, Richard R. Rooker, Clerk of the Probate Court, at office, this September 2nd, 2020 .

RICHARD R. ROOKER, Clerk

_____ D.C.

STATE OF TENNESSEE)

DAVIDSON COUNTY)

I, RICHARD R. ROOKER, Clerk of the Probate Court, do hereby certify that the foregoing is a full, true and perfect copy of the Letters of Administration issued to **MICHELLE NICKERSON** as **Administratrix** of the estate of **MYRA POWELL**, deceased, and I do further certify that **MICHELLE NICKERSON** is still acting as Administrator of the estate, 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 2nd day of September, 2020

RICHARD R. ROOKER, Clerk

_____ D.C.