Karen Johnson Davidson County
Batch# 669698 DEEDQC
07/01/2021 12:23:30 PM 5 pgs
Fees: $27.00 Taxes: $0.00
20210701-0089365

new owner:

Prepared By:	Record and Return To:	Mail Tax Statements to:
Vidmar & Hardesty, Ltd., John Vidmar (TN Bar#032525) P.O. Box 211031 Columbus, Ohio 43221	Churchill Title Solution 4501 Charlotte Park Dr, Suite 120, Charlotte, NC 28217	Kathleen A. Gibbs-Cannon 104 Grandville Ct. Nashville, TN 37207

Order Number: 21059280TN-D

QUIT-CLAIM DEED

KNOW ALL MEN BY THESE PRESENTS, that the Grantor(s) **Kathleen A. Gibbs-Cannon, aka Kathleen Arzelia Gibbs, an unmarried woman,** for Ten Dollars ($10.00) and other valuable consideration paid, does hereby bargain, sell, remise, release, quit claim, and convey unto the Grantee(s), **Kathleen A. Gibbs-Cannon, an unmarried woman,** whose address is 104 Grandville Ct., Nashville, TN 37207, the following described real property located in the County of Davidson, State of Tennessee and further described as follows:

Being Lot No. 10 on the Plat of Grand Villa, Section 1, as of record in Book 4675, Page 30, Registers Office for Davidson County, Tennessee.

Said Lot No. 10 fronts 195.31 feet on the north margin of Grandville Court and extends back 256.18 feet on the east line and 233.50 feet on the west line, to a line on the rear on which it measures 190 feet.

Be the same more or less, but subject to all legal highways.

This description is the same as the description contained in the prior deed referenced herein.

Subject to all easements, restrictions and matters of record, zoning ordinances, real estate taxes and assessments, if any, prorated to the date of this deed.

PCL 21059280TNBRE21003801DQTC01010103

County Parcel Number: 03215002900
Street address of property: 104 Grandville Ct., Nashville, TN 37207
Prior Instrument References by which Grantor(s) acquired title: Instrument Nos. 20160307-0021534, 20210322-0037708, and 20210412-0047989 all in the Register's Office, Davidson County, Tennessee.

Signed this 25th day of June, 2021.

Signature of Grantor(s):

Kathleen A. Gibbs-Cannon aka Kathleen Arzelia Gibbs

Kathleen A. Gibbs-Cannon,
aka Kathleen Arzelia Gibbs

STATE OF Tennessee, COUNTY OF Davidson, SS:

BE IT REMEMBERED That on this 25th day of June, 2021 before me, the subscriber, a Notary Public in and for said state, duly commissioned and qualified, personally came Kathleen A. Gibbs-Cannon, aka Kathleen Arzelia Gibbs, known to me, or proved to me on the basis of satisfactory evidence, to be the Grantor(s) in the foregoing deed, and acknowledged by the signing thereof to be her free and voluntary act and deed.

In testimony whereof, I have hereunto subscribed my name and affixed my official seal on the day and year last aforesaid.

Dionne Carver
Notary Public

DIONNE CARVER
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

Exp: 12/21/24

PCL 21059280TNBRE21003801DQTC01010203

202107010089365

Property Address: 104 Grandville Ct., Nashville, TN 37207
Tax Parcel: 03215002900

Oath of Consideration

I or we, Kathleen A. Gibbs-Cannon, the Affiant(s), herby swear or affirm that to the best of my/our knowledge, information and belief, that the actual consideration for this transfer is $ 10.00 .

Signed this 25th day of June, 2021.

Signatures of Affiant(s):

Kathleen A. Gibbs-Cannon

Sworn and subscribed before me this 25th day of June, 2021

Notary Public

DIONNE CARVER
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

Exp: 12/21/24

PCL 21059280TNBRE21003801DQTC01010303

202107010089365

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 037364

DECEDENT

TYPE/PRINT IN PERMANENT BLACK INK

NAME OF DECEDENT (For use by Physician or institution)

1. DECEDENT'S LEGAL NAME				2. SEX	3. DATE OF DEATH
LLOYD ALLEN CANNON				MALE	06/29/2019

4. TIME OF DEATH (Approx.)	5a. AGE	5b. UNDER 1 YEAR Months	Days	5c. UNDER 1 DAY Hours	Minutes	6. DATE OF BIRTH	7. BIRTHPLACE
07:20	78					05/03/1941	NASHVILLE, TN

8a. PLACE OF DEATH: INPATIENT

8b. FACILITY NAME	8c. CITY OR TOWN	8d. COUNTY OF DEATH
TRISTAR SKYLINE MEDICAL CENTER	NASHVILLE	DAVIDSON

9. MARITAL STATUS	10. SURVIVING SPOUSE (name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
MARRIED	KATHLEEN LEWIS	AVIATION MACHINIST	AVCO TECHNOLOGIES

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
	TENNESSEE	DAVIDSON	NASHVILLE

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
104 GRANDVILLE CT	YES	37207	YES

15. DECEDENT'S EDUCATION	16. DECEDENT OF HISPANIC ORIGIN?	17. DECEDENT'S RACE
HIGH SCHOOL GRADUATE OR GED COMPLETED	NO, NOT SPANISH/HISPANIC/LATINO	BLACK OR AFRICAN AMERICAN

PARENTS

18. FATHER'S NAME	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE
HUBERT COSTELLO CANNON	KATHERINE HILL

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS
KATHLEEN GIBBS-CANNON	WIFE	104 GRANDVILLE CT, NASHVILLE, TN 37207

DISPOSITION

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION	21c. LOCATION
CREMATION	WEST HARPETH CREMATORY	NASHVILLE, TN

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
▶ /e/ JONATHAN SCOTT KEENE	5939	▶	

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER
NASHVILLE FUNERAL AND CREMATION, 210 MCMILLAN STREET, NASHVILLE, TN 37203-7505	1136

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED
▶ /e/ EDWARD G BISHOP III	07/08/2019

CERTIFIER

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

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

27a. CERTIFIER	27b. LICENSE NUMBER	27c. DATE SIGNED
▶ /e/ ROBERT MILDENHALL	55388	07/08/2019

27d. NAME AND ADDRESS: ROBERT MILDENHALL 3443 DICKERSON PIKE SUITE 680, NASHVILLE, TN 37207

MEDICAL CERTIFICATION

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. ACUTE HYPOXIC RESPIRATORY FAILURE	DAYS
	DUE TO (OR A CONSEQUENCE OF)	
	b. CARDIAC ARREST	DAYS
	DUE TO (OR A CONSEQUENCE OF)	
	c. CIRCULATORY SHOCK	DAYS
	DUE TO (OR A CONSEQUENCE OF)	
	d.	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I

DIABETES MELLITUS

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	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

PH-1659 (Rev. 8/2017) RDA 10112

11839624

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

11839624

Date Issued: Jan-14-2020

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

202107010089365

True Copy Certification

I, John Midler, 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.

John Midler

Signature

State of NC

County of MECKLENBURG

Personally appeared before me, JAMIE S. WEYANT, a notary public for this county and state ~~MECKLENBURG, NC~~ * who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed

* John Midler

Notary's Signature

My Commission Expires: 02/04/2023

Notary Seal (if on paper)

JAMIE S WEYANT
Notary Public
Gaston County
NORTH CAROLINA