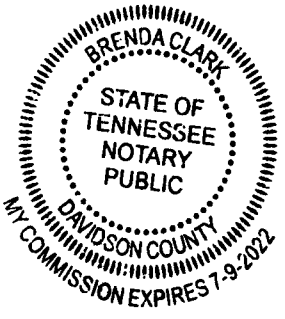
This instrument was prepared by:
Brenda Clark
1224 2nd Avenue South, Suite 102
Nashville, TN 37210; 615-649-6841

QUITCLAIM DEED

Karen Johnson Davidson County
Batch# 704676 DEEDQC
08/25/2021 02:21:34 PM 3 pgs
Fees: $17.00 Taxes: $0.00

20210825-0114975



STATE OF TENNESSEE
COUNTY OF DAVIDSON
The actual consideration or value, whichever is greater, for this transfer is for love and affection and other good and valuable consideration.
Subscribed and sworn to before me on this 23rd day of August 2021.

Josephine B. Roy
Brenda Clark
Notary Public
My Commission Expires: 07-09-2022

NEW OWNERS:
Josephine B. Roy
Margaret W. Medlin
230 Harpers Mill Court
Hermitage, TN 37076

SEND TAX BILLS TO:
Success Mortgage Partners
Attn: Accounting Dept
1200 South Sheldon Road, Ste 150
Plymouth, MI 48170

MAP-PARCEL NUMBERS
064-12-OA-230.00

For and in consideration of love and affection and other good and valuable consideration, Josephine B. Roy, widowed, hereinafter referred to as "Grantor", does hereby transfer and convey to Grantees, Josephine B. Roy and Margaret W. Medlin, as joint tenants with the right of survivorship, hereinafter referred to as "Grantee", their heirs and assigns, a certain tract or parcel of land in Davidson County, State of Tennessee, described as follows, to-wit:

A condominium apartment in Davidson County, Tennessee being Unit 230 of Fox Run Condominium Apartment, Section One, a horizontal property regime, pursuant to the Tennessee Horizontal Property Act, as shown on the plan of record in Book 4860, page 52, as amended, Register's Office for Davidson County, Tennessee to which record reference is hereby made for a more particular description thereof, together with the said apartment's appurtenant undivided interest in the general and limited common elements of the Condominium.

BEING the same property conveyed to James P. Roy, Jr., deceased, and Josephine B. Roy, widowed, by Warranty Deed from Sarah Nix Bartlett, unmarried dated April 22, 2019, and filed of record in Instrument Number 20190422-0036590, Register's Office for Davidson County, Tennessee. A copy of the Death Certificate of James P. Roy, Jr. is attached hereto as Exhibit A.

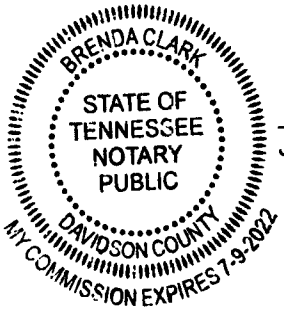
RESTRICTIONS:

This conveyance is made subject to the provisions of the Tennessee Horizontal Property Act: as set out in Section 66-27-101 et seq. of the Tennessee Code Annotated and is subject to the provisions and requirements thereof; to the By-Laws for the administration thereof; to easements, rights and interest in favor of other unit owners and all sewer, water, electrical, telephone and other utility easements now or hereafter established over, through, or upon the land embracing the regime and covenants, restrictions, options, burdens, assessments and other undertakings contained in the Master Deed establishing a Horizontal Property Regime of Fox Run Condominium Apartment, Section One and filed of record in Book 4956, page 582; Book 4956, page 590; Book 8510, page 92; Book 8510, page 100; Book 5174, page 609; Book 5548, page 852; Book 5564, page 582; Book 5896, page 1 and Instrument No 20120620-0053936, Register's Office for said County, and to easements, setback lines, notes, and any matters indicated on the aforesaid subdivision plat.

This is improved property known as 230 Harpers Mill Court, Hermitage, Tennessee 37076.

This instrument was prepared by:
Brenda Clark
1224 2nd Avenue South, Suite 102
Nashville, TN 37210; 615-649-6841

Witness my hand this 23rd day of August, 2021.

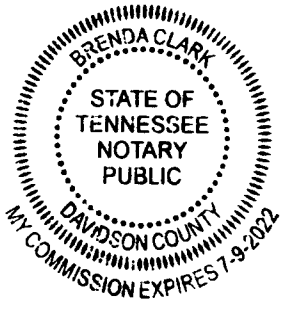


Josephine B Roy
JOSEPHINE B. ROY

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, JOSEPHINE B. ROY, with whom I am personally acquainted, and who acknowledged that she executed the instrument for the purposes therein contained.

Subscribed and sworn to before me on this 23rd day of August 2021.



Brenda Clark
NOTARY PUBLIC
My Commission Expires: 07-09-2022

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 054179

DECEDENT — TYPE/PRINT IN PERMANENT BLACK INK — NAME OF DECEDENT (To be completed by Physician or mortician)

1. DECEDENT'S LEGAL NAME: JAMES PAXTON ROY					2. SEX: MALE	3. DATE OF DEATH: 09/21/2019
4. TIME OF DEATH (Approx.): 20:34	5a. AGE: 85	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH: 07/19/1934	7. BIRTHPLACE: HUNTINGTON, WV	
8a. PLACE OF DEATH: ER/OUTPATIENT						
8b. FACILITY NAME: TRISTAR SUMMIT MEDICAL CENTER - HERMITAGE		8c. CITY OR TOWN: HERMITAGE			8d. COUNTY OF DEATH: DAVIDSON	
9. MARITAL STATUS: MARRIED	10. SURVIVING SPOUSE (name prior to first marriage): JOSEPHINE ROY		11a. DECEDENT'S USUAL OCCUPATION: DIRECTOR OF PRAYER		11b. KIND OF BUSINESS/INDUSTRY: RELIGIOUS	
12. SOCIAL SECURITY NUMBER: -5503	13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE		13b. COUNTY: DAVIDSON		13c. CITY OR TOWN: HERMITAGE	
13d. STREET AND NUMBER: 230 HARPER'S MILL CT.		13e. INSIDE CITY LIMITS?: YES	13f. ZIP CODE: 37076		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			

PARENTS

18. FATHER'S NAME: JAMES PAXTON ROY SR.	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: MABLE CAMPBELL

20a. INFORMANT'S NAME: JOSEPHINE ROY	20b. RELATIONSHIP TO DECEDENT: WIFE	20c. MAILING ADDRESS: 230 HARPER'S MILL CT., HERMITAGE, TN 37076

DISPOSITION

21a. METHOD OF DISPOSITION: CREMATION DONATION	21b. PLACE OF DISPOSITION: NASHVILLE CREMATION CENTER	21c. LOCATION: NASHVILLE, TN	
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ /e/ NONE NONE	22b. LICENSE NUMBER: 000000	22c. SIGNATURE OF EMBALMER: ▶ /e/ Patrick Lamont Tucker	22d. LICENSE NUMBER: 5072
23a. NAME AND ADDRESS OF FUNERAL HOME: MEHARRY MEDICAL COLLEGE, 1005 DR. DB TODD JR BLVD, NASHVILLE, TN 37208			23b. LICENSE NUMBER: 000000

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ /e/ EDWARD G BISHOP III	25. DATE FILED: 09/30/2019

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: ▶ /e/ MONA TOMESCU	27b. LICENSE NUMBER: 53620	27c. DATE SIGNED: 09/26/2019
27d. NAME AND ADDRESS: MONA TOMESCU 5651 FRIST BOULEVARD SUITE 413, HERMITAGE, TN 37076		

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):	a. CARDIORESPIRATORY ARREST	
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 A CONSEQUENCE OF): b. SMALL BOWEL OBSTRUCTION	
	DUE TO (OR A CONSEQUENCE OF): c.	
	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

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	

PH-1659 (Rev. 8/2017)

EXHIBIT tabbies A

11621146

I hereby certify the above to be a true and correct representation of the record or document on file in the department. This certified copy is valid only when printed on security paper showing the red embossed 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 1 6 2 1 1 4 6

Date Issued: Oct-15-2019

CERTIFICATION OF VITAL RECORD

COPYRIGHT CAUTION • WATERMARK PROTECTION