QUITCLAIM DEED

Karen Johnson Davidson County
Batch# 704782 DEEDQC
08/26/2021 08:32:07 AM 4 pgs
Fees: $22.00 Taxes: $0.00

20210826-0115119

State of Virginia
County of City of Newport News

The actual consideration for this transfer is $ -1- .

Affiant

Subscribed and sworn to before me, this the 22nd day of May, 2021.

Notary Public

Patricia A. Watson
Notary Public
Reg. #176617
Commonwealth of Virginia
My Commission Expires October 31, 2023

My commission expires:

(AFFIX SEAL)

THIS INSTRUMENT WAS PREPARED BY
Vanderkooi Law, PLC
718 Thompson Lane, Suite 108-235, Nashville, TN 37204

ADDRESS NEW OWNER:	SEND TAX BILLS TO:	MAP-PARCEL:
Patricia P. Williams 500 Paragon Mills Road, M-3 Nashville, TN 37211	Patricia P. Williams 500 Paragon Mills Road, M-3 Nashville, TN 37211	Map 133-11 Group A Parcel 83.00CO

FOR AND IN CONSIDERATION of the sum of ONE DOLLAR ($1.00), cash in hand paid by the hereinafter named GRANTEE, and other good and valuable consideration, the receipt of which is hereby acknowledged, the **GRANTOR, Nancy Casey Parker**, as an heir-at-law to James Wallace Parker, Sr., has bargained and sold, and by these presents does quitclaim, transfer and convey all of her right, title and interest in that certain real property located in Davidson County, Tennessee, as more particularly described on **Exhibit A** attached hereto, to **Patricia C. Williams** an unmarried woman.

James Wallace Parker, Sr., Deceased, passed away on July 30, 2019. He was survived by two heirs-at-law, Nancy Casey Parker, surviving spouse, and Crystal Parker Boettner, daughter. James Wallace Parker, Sr. died possessed of a one-half interest in the subject real property. Said one-half interest of the subject property passed upon his death, by operation of law, to his two heirs-at-law, Nancy Casey Parker and Crystal Parker Boettner. Attached as **Exhibit B** hereto is the death certificate of James Wallace Parker, Sr.

This is improved property is known as **500 Paragon Mills Road, M-3, Nashville, TN 37211.**

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

[Signature page to follow]

Witness my hand this 22nd day of MAY 2021.

Nancy Casey Parker

Nancy Casey Parker

STATE OF Virginia)
COUNTY OF City of Newport News

Before me, the undersigned, a Notary Public in and for the County and State aforesaid, personally appeared **Nancy Casey Parker**, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged that she executed the foregoing instrument for the purposes therein contained.

Sworn to and subscribed before me this 22nd of MAY 2021.

Patricia A. Watson
Notary Public
Reg #176617
Commonwealth of Virginia
My Commission Expires October 31, 2023

Patricia A Watson
Notary Public

My Commission Expires: October 31, 2023

NO RECORDATION TAX IS DUE ON THIS CONVEYANCE PURSUANT TO TENN. CODE ANN. § 67-4-409(4) BECAUSE THIS IS A QUITCLAIM DEED AND THE ACTUAL CONSIDERATION GIVEN FOR THIS CONVEYANCE IS $1.

THIS INSTRUMENT WAS PREPARED FROM INFORMATION FURNISHED BY THE PARTIES HEREIN AND NO EXAMINATION OF THE PUBLIC RECORDS IN THE OFFICE OF THE REGISTER OF DEEDS HAS BEEN MADE BY THE PREPARER OF THIS INSTRUMENT TO DETERMINE OWNERSHIP OR STATUS OF TITLE.

EXHIBIT A

LEGAL DESCRIPTION

A certain tract or parcel of land in Davidson County, State of Tennessee, described as follows to wit:

Situated in Davison County, Tennessee, being Unit No. M-3, of Canterbury Hall Condominium, a condominium or horizontal property regime establishment by Master Deed of Record in Book 5440, page 255, Register's Office for Davidson County, Tennessee, as amended by Amendment to Master Deed of record in Book 5441, page 819, said Register's Office, and shown on a plan of record in Book 5200, page 159, said Register's Office.

Together with each and all of the rights, privileges, and appurtenances thereunto belonging, as set forth in the Master Deed (and By-Laws which are an exhibit thereto), including without limitation such Unit's undivided percentage interest in the land and common elements reflected in said Master Deed and Plan

Subject, however, to all of the provisions, conditions, restrictions, burdens and undertakings contained in the said Plan, Master Deed and By-Laws, all of which the Grantee does assume and agree to observe and perform, including, but not limited to, the payment of assessments.

Being the same property conveyed to Michael Donavan Wood and James W. Parker Sr., as joint tenants, in Book 11138, page 260, Register's Office of Davison County, Tennessee.

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

2183404 COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HEALTH – DIVISION OF VITAL RECORDS

COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS - RICHMOND

CASE ID 343008 | VERSION B

REGISTRATION AREA NUMBER: 216 | CERTIFICATE NUMBER: 799 | STATE FILE NUMBER:

DECEDENT

1. FULL NAME OF DECEDENT: JAMES (first) WALLACE (middle) PARKER (last) SR. (suffix)
2. SEX: MALE
3. DATE OF DEATH: JULY 30, 2019 — ACTUAL
4. DATE OF BIRTH: FEBRUARY 14, 1944
5. AGE: 75 Years
If UNDER 1 YEAR: Months / Days
If UNDER 1 DAY: Hours / Minutes
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? YES
7. BIRTHPLACE (CITY & STATE OR FOREIGN COUNTRY): VIRGINIA
8. SOCIAL SECURITY NUMBER: -8847
If NO SSN, CHECK APPROPRIATE BOX: NONE / NOT OBTAINABLE / UNKNOWN

USUAL RESIDENCE OF DECEDENT

9. STREET ADDRESS (INCLUDE HOUSE AND/OR APT # OR ROUTE NO.): 115 CENTRAL PARKWAY
10. CITY OR TOWN OF RESIDENCE: NEWPORT NEWS — INSIDE CITY OR TOWN LIMITS? YES
11. COUNTY OF DECEDENT'S RESIDENCE (if independent city, leave blank):
12. U.S. STATE (OR FOREIGN COUNTRY) OF DECEDENT'S RESIDENCE: VIRGINIA
12a. ZIP CODE: 23606

PERSONAL DATA OF DECEDENT

13. RACE OF DECEDENT (CHECK ONE OR MORE): WHITE
14. DECEDENT OF HISPANIC ORIGIN? NON-HISPANIC
15. EDUCATION (HIGHEST GRADE COMPLETED): DOCTORATE/PROFESSIONAL DEGREE
16. CITIZEN OF WHAT COUNTRY: UNITED STATES OF AMERICA
17. USUAL OR LAST OCCUPATION: ATTORNEY
18. KIND OF BUSINESS OR INDUSTRY: LAW
19. MARITAL STATUS: MARRIED
20. IF MARRIED, SEPARATED OR WIDOWED, NAME OF SPOUSE: NANCY PARKER

FATHER'S DATA

21. FULL NAME OF DECEDENT'S FATHER OR PARENT: HINTON E PARKER
21a. GENDER: MALE

MOTHER'S DATA

22. FULL NAME OF DECEDENT'S MOTHER OR PARENT: VIRGINIA G HELFRICH
22a. GENDER: FEMALE

INFORMANT'S DATA

23. INFORMANT'S RELATIONSHIP OR SOURCE OF INFORMATION: SPOUSE
24. FULL NAME OF INFORMANT OR NAME OF SOURCE: NANCY PARKER

PLACE OF DEATH

25. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state): NONE
25a. SELECT ONE IF DEATH OCCURRED IN HOSPITAL: INPATIENT
26. SPECIFY IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: DECEDENT'S HOME
27. CITY OR TOWN OF DEATH: NEWPORT NEWS
28. STREET ADDRESS OR R.F.D. NO. OF PLACE OF DEATH: 115 CENTRAL PARKWAY
28a. ZIP CODE: 23606
28b. COUNTY OF DEATH (if independent city, leave blank):

ONLY THE FOLLOWING MAY LEGALLY FILE A DEATH CERTIFICATE

29. METHOD OF DISPOSITION: CREMATION / INCINERATION
30. PLACE OF DISPOSITION - NAME OF CEMETERY OR CREMATORY: NEWPORT CREMATORY

LICENSED FUNERAL DIRECTOR LICENSES

31. PLACE OF DISPOSITION - STREET ADDRESS OF CEMETERY OR CREMATORY: 12746 NETTLES DRIVE
31a. CITY / COUNTY: NEWPORT NEWS
31b. STATE: VIRGINIA
31c. ZIP CODE: 23606
31d. COUNTRY:

STATE ADMINISTRATIVE REMARKS

32. SIGNATURE OF FUNERAL DIRECTOR/LICENSEE, YEAR OR NEXT OF KIN (ACTUAL SIGNATURE): /S/ MONTE RAY GERMAN
32a. LICENSEE'S NO: 0502900132
32b. NAME OF FUNERAL HOME OR FACILITY: WEYMOUTH FUNERAL HOME, INC.

NEXT OF KIN

33. NAME OF FUNERAL DIRECTOR / LICENSEE, YEAR OR NEXT OF KIN: MONTE RAY GERMAN
33a. STREET ADDRESS OF FUNERAL HOME / FACILITY, YEAR OR NEXT OF KIN: 12746 NETTLES DR NEWPORT NEWS VIRGINIA 23606

CAUSE OF DEATH TO PHYSICIAN

34. TIME OF DEATH: 10:28 P.M. — ACTUAL
35. 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.
IMMEDIATE CAUSE OF DEATH (Final disease or condition resulting in death): (A) Cerebral vascular accident
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: (B) Cerebral vascular disease
DUE TO (OR AS A CONSEQUENCE OF):
(C)
DUE TO (OR AS A CONSEQUENCE OF):
(D)
INTERVAL BETWEEN ONSET AND DEATH
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
36. WAS THE MEDICAL EXAMINER CONTACTED? NO
36a. AUTOPSY? NO
36b. WERE FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? NO
37. DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN
38. IF FEMALE: PREGNANT AT TIME OF DEATH / UNKNOWN IF PREGNANT WITHIN THE PAST YEAR / NOT PREGNANT, BUT PREGNANT WITHIN 42 DAYS OF DEATH / NOT PREGNANT WITHIN PAST YEAR / NOT PREGNANT, BUT PREGNANT WITHIN 43 DAYS TO 1 YEAR BEFORE DEATH / NOT APPLICABLE
39. IF EXTERNAL, TO WHAT EXTENT IT CONTRIBUTED TO CAUSE OF DEATH?
40. WAS THIS A MILITARY DEATH? NO
40a. IF MILITARY DEATH, SELECT MANNER OF DEATH: NATURAL / ACCIDENT / SUICIDE / HOMICIDE / UNDETERMINED / PENDING

INJURY INFORMATION — ITEMS 41 TO 47 ON THIS SECTION SHOULD ONLY BE COMPLETED FOR MILITARY DEATHS

41. DATE OF INJURY:
42. TIME OF INJURY: AM / PM
43. INJURY AT WORK? YES / NO / UNKNOWN
44. PLACE OF INJURY (Home, Farm, Factory, street, office, bldg., etc.):
45. LOCATION OF INJURY-STREET ADDRESS (INCLUDE ROOM OR APT. NUMBER NO.):
45a. CITY / COUNTY:
45b. STATE:
45c. ZIP CODE:
45d. COUNTRY:
46. IF TRANSPORTATION INJURY, SPECIFY: DRIVER/OPERATOR / PASSENGER / PEDESTRIAN / OTHER (SPECIFY):
47. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED:

MEDICAL CERTIFICATION

48. SIGNATURE OF PERSON COMPLETING THE CAUSE OF DEATH: Giacomo Ricciarelli, D.O.
48a. TITLE: MEDICAL DOCTOR
48b. DATE SIGNED: 8/2/2019
49. NAME OF PERSON PROVIDING THE MEDICAL CERTIFICATION OF DEATH: Giacomo Ricciarelli
49a. ADDRESS OF PERSON PROVIDING THE MEDICAL CERTIFICATION OF DEATH: 263 McLaws Circle Williamsburg VA.
49b. MEDICAL LICENSE NO: 0101029718
50. ARE YOU A CORONER? YES
51. IF YES, PLEASE PROVIDE THE NAME OF AUTHORIZED OR ABSENT PHYSICIAN:
51a. ADDRESS OF AUTHORIZING PHYSICIAN:

FILING DATA

52. SIGNATURE OF REGISTRAR: Victoria M Ramey
52a. PRINTED NAME OF REGISTRAR: Victoria M Ramey
52b. DATE RECEIVED BY LR: AUG 05 2019
53. RESERVED FOR REGISTRAR'S USE:

VS 1 Rev 15A

Exhibit B

This is to certify that this is a true and correct reproduction or abstract of the official record filed with the Virginia Department Of Health, Richmond, Virginia.

DATE ISSUED: AUG 05 2019

Janet M. Ramey

(Janet M. Ramey, State Registrar)

Do not accept unless on security paper with the seal of Virginia Department of Health, Vital Statistics in the lower left hand corner. Section 32.1-272, Code of Virginia, as amended.

VS 15C