Karen Johnson Davidson County
Batch# 715252 DEEDQC
09/14/2021 10:43:50 AM 5 pgs
Fees: $27.00 Taxes: $0.00

20210914-0122939

Quitclaim Deed

RECORDING REQUESTED BY _____
AND WHEN RECORDED MAIL TO:
Evelyn M Brown / Tax Bill , Grantee(s)
3220 Lagerange Dr Nashville
Tn 37218
Consideration: $_____
Property Transfer Tax: $_____
Assessor's Parcel No.: 080-08-0/173.00

STATE OF TENNESSEE
COUNTY OF DAVIDSON
The actual consideration or true value, whichever is greater for this transfer is
$ 0
Evelyn Marie Brown **Affiant**
Subscribed and sworn before me this the
14 **Day of** Sept , 2021.
A. Hayes , **Deputy Register**

PREPARED BY: Evelyn M Brown certifies herein that he or she has prepared this Deed.

Evelyn Marie Brown
Signature of Preparer

9/14/21
Date of Preparation

Evelyn Marie Brown
Printed Name of Preparer

THIS QUITCLAIM DEED, executed on 9/13/21 in the County of Davidson, State of Tennessee,
by Grantor(s), Deceased Ronald W Brown - Judy M Brown See exhibit A ,
whose post office address is 3220 Lagrange Dr Nashville Tn 37218 ,
to Grantee(s), Evelyn M Brown ,
whose post office address is 3220 Lagerange Dr Nashvile Tn 37218 ,

WITNESSETH, that the said Grantor(s), Judy M Brown - Ronald W Brown ,
for good consideration and for the sum of Gift
($ 0) paid by the said Grantee(s), the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said Grantee(s) forever, all the right, title,

interest and claim which the said Grantor(s) have in and to the following described parcel of land, and improvements and appurtenances thereto in the County of Davidson, State of Tennessee and more specifically described as set forth in EXHIBIT "A" to this Quitclaim Deed, which is attached hereto and incorporated herein by reference.

IN WITNESS WHEREOF, the said Grantor(s) has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in presence of:

GRANTOR(S):

Judy M Brown
Signature of Grantor

Signature of Second Grantor (if applicable)

Judy M BROWN
Print Name of Grantor

Print Name of Second Grantor (if applicable)

Signature of First Witness to Grantor(s)

Signature of Second Witness to Grantor(s)

Print Name of First Witness to Grantor(s)

Print Name of Second Witness to Grantor(s)

GRANTEE(S):

Evelyn Marie Brown
Signature of Grantee

Signature of Second Grantee (if applicable)

Evelyn Marie Brown
Print Name of Grantee

Print Name of Second Grantee (if applicable)

Signature of First Witness to Grantee(s)

Signature of Second Witness to Grantee(s)

Print Name of First Witness to Grantee(s)

Print Name of Second Witness to Grantee(s)

NOTARY ACKNOWLEDGMENT

State of Tennessee

County of Davidson

On 09/14/2021, before me, Joshua Jolly, a notary public in and for said state, personally appeared, Judy M. Brown and Evelyn M. Brown

who are known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities, and that by their signatures on the instrument the persons, or the entity upon behalf of which the persons acted, executed the instrument.

WITNESS my hand and official seal.

Signature of Notary

Affiant Known _____ Produced ID ✓

Type of ID TN DL

(Seal)

JOSHUA JOLLY
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY

My Commission Expires Nov. 6, 2023

Exhibit "A"

Map - Parcel No. 080-08-01173.00

Being Lot No. 146 on plan of Bordeaux Hills, Section III of record in book 3600, page 34, Register's Office for said County as follows:

Said Lot No 146. fronts 55 feet on the easterly side of Logeange drive and runs back between parallel lines 120 feet to a deed line.

Source and title book Number 9999 page 985

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): Ronald Wayne Brown
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 30, 2016
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 65
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): August 18, 1950
7. BIRTHPLACE (City and State or Foreign Country): Lincoln County, Alabama

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: [X] 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): Metro Nashville General Hospital
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: [X] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Judy Darity
11a. DECEDENT'S USUAL OCCUPATION: Maintenance
11b. KIND OF BUSINESS/INDUSTRY: Metro Parks & Recreation

12. SOCIAL SECURITY NUMBER: -5055
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 3220 Lagrange Drive
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37218
14. WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [X] No

NAME OF DECEDENT (For use by Physician or Institution)

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
[X] 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)
[X] 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)
[X] 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): Jessey Harvey
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Amez Campbell

DISPOSITION

20a. INFORMANT'S NAME: Evelyn Marie Brown
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 3220 Lagrange Drive, Nashville, Tennessee 37218
21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Spring Hill Cemetery
21c. LOCATION - City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Tara Bessling
22b. LICENSE NUMBER: 5007
22c. SIGNATURE OF EMBALMER: ▶ Eric Hendricks
22d. LICENSE NUMBER: 6126
23a. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill Funeral Home & Cemetery 5110 Gallatin Road Nashville, TN 37216
23b. LICENSE NUMBER OF FUNERAL HOME: 1046

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ [signature] DR
25. DATE FILED (Month, Day, Year): 6/7/2016

CERTIFIER

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

26. CERTIFIER (Check only one):
26a. [X] 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.
27a. SIGNATURE OF CERTIFIER: ▶ [signature]
27b. LICENSE NUMBER: 039705
27c. DATE SIGNED (Month, Day, Year): 6/6/16
27d. NAME AND ADDRESS: Richard Fromm 838 Alden St Nashville TN 37208

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. Pneumonia & Empyema	72?
	Due to (or as a consequence of):	
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	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.
ESLD, AKI

29a. WAS AN AUTOPSY PERFORMED? [ ] Yes [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [ ] No

30. MANNER OF DEATH: [X] 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-1659 (Rev. 9/2011) RDA 1399

8510185

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.

8510185

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued: JUN 07 2016

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

COPYRIGHT © 2007 BY AUTHENTIDATE PROTECTION