NEW OWNER:
Irrevocable Trust Agreement
For The Embry Irrevocable
Investment Services Trust
Dated August 27th, 2021
4049 Brandywine Pointe Blvd.
Old Hickory TN, 37138
SEND TAX BILLS TO:
NEW OWNER

Map & Parcel: 051 08-0 073.00

THIS INSTRUMENT PREPARED BY:

TRESSLER & ASSOCIATES, PLLC
Attorneys at Law
212 North Castle Heights Ave
Lebanon, TN 37087

FILE NO: RE19-235

INFORMATION REQUESTED BY THE PARTIES – NO TITLE SEARCH CONDUCTED

Karen Johnson Davidson County
Batch# 720387 DEEDQC
09/21/2021 10:05:30 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20210921-0126545

QUITCLAIM DEED

FOR AND IN CONSIDERATION of the sum of **Ten Dollars and no/100 Dollars ($10.00)** cash in hand paid, the receipt of which is hereby acknowledged, **Tracy Embry** ("Grantor") has this day bargained and sold and by these presents does hereby transfer and convey unto **Irrevocable Trust Agreement for The Embry Irrevocable Investment Services Trust dated August 27th, 2021** ("Grantee"), its successors and assigns, forever, the following tract or parcel of land, situated and lying in **Davidson** County, Tennessee, bound and described as follows, to-wit:

Land in Davidson County, Tennessee, being Lot No. 24 in Block "1" on the Revised Plan of Power & Roth Madison Park Subdivision of record in Book 843, Page 7, Register's Office for said County, Tennessee, to which reference is hereby made for a more complete description.

Being the same property conveyed by Warranty Deed from Michael C. Trenticosta, to Al Embry and wife, Tracy Embry as recorded on the November 4th, 2013, Instrument No. 20131104-0114374, in the Register's Office of Davidson County, Tennessee.

Al Embry passed away on September 8th, 2019 and had remained married to Tracy Embry, without intervening legal separation or divorce, from the time of acquisition of this property until his passing, thereby vesting title in Tracy Embry as surviving tenant by the entirety. See the attached Exhibit A for the certificate of death.

This is IMPROVED property known as 260 Emmitt Ave., Madison, TN 37216.

IN WITNESS WHEREOF, Grantor has executed or caused this instrument to be executed by its duly authorized representative, this 27 day of August, 2021.

Tracy Embry

STATE OF TENNESSEE

COUNTY OF Davidson

Personally appeared before me, the undersigned authority, a notary public in and for the state and county aforesaid, **Tracy Embry** with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), who acknowledged that she executed the within instrument.

WITNESS my hand and official seal at office this 27 day of August 2021.

NOTARY PUBLIC

HUNTER B. THRASHER STATE OF TENNESSEE NOTARY PUBLIC WILSON COUNTY

My commission expires: 10-26-21

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The actual consideration or value, whichever is greater, for this transfer is **$0.00.**

AFFIANT

Sworn to and subscribed to before me this 27 day of August, 2021.

NOTARY PUBLIC

My commission expires: 10-26-21

HUNTER B. THRASHER STATE OF TENNESSEE NOTARY PUBLIC WILSON COUNTY

EXHIBIT A

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 050489

DECEDENT

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEDENT'S LEGAL NAME: ALTON EMBRY					2. SEX: MALE	3. DATE OF DEATH: 09/08/2019
4. TIME OF DEATH (Atomic): 11:58PM	5a. AGE: 82	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH: 08/19/1937	7. BIRTHPLACE: BUTLER, KY	
8a. PLACE OF DEATH: DECEDENT'S HOME						
8b. FACILITY NAME: 4049 BRANDYWINE POINTE BOULEVARD			8c. CITY OR TOWN: OLD HICKORY			8d. COUNTY OF DEATH: DAVIDSON
9. MARITAL STATUS: MARRIED	10. SURVIVING SPOUSE (name prior to first marriage): TRACY GAYLORD		11a. DECEDENT'S USUAL OCCUPATION: AGENT			11b. KIND OF BUSINESS/INDUSTRY: MUSIC
12. SOCIAL SECURITY NUMBER: 403-44-9026	13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE		13b. COUNTY: DAVIDSON			13c. CITY OR TOWN: OLD HICKORY
13d. STREET AND NUMBER: 4049 BRANDYWINE POINTE BOULEVARD		13e. INSIDE CITY LIMITS?: YES	13f. ZIP CODE: 37138			14. WAS DECEDENT EVER IN US ARMED FORCES?: NO
15. DECEDENT'S EDUCATION: 9TH - 12TH GRADE, NO DIPLOMA	16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO		17. DECEDENT'S RACE: WHITE			

PARENTS

18. FATHER'S NAME: AUDLEY EWING EMBRY	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: ELIZABETH WHITTINGHILL

DISPOSITION

20a. INFORMANT'S NAME: TRACY L. EMBRY	20b. RELATIONSHIP TO DECEDENT: WIFE	20c. MAILING ADDRESS: P.O. BOX 206, OLD HICKORY, TN 37138
21a. METHOD OF DISPOSITION: BURIAL	21b. PLACE OF DISPOSITION: HERMITAGE MEMORIAL GARDENS	21c. LOCATION: OLD HICKORY, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ /e/ COURTNEY HISE REED	22b. LICENSE NUMBER: 6897	22c. SIGNATURE OF EMBALMER: ▶ /e/ Dawn Renee' Everett / 22d. LICENSE NUMBER: 6024
23a. NAME AND ADDRESS OF FUNERAL HOME: HERMITAGE FUNERAL HOME AND MEMORIAL GARDENS, 535 SHUTE LANE, OLD HICKORY, TN 37138		23b. LICENSE NUMBER: 540

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ /e/ EDWARD G BISHOP III	25. DATE FILED: 09/11/2019

CERTIFIER

28. 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: ▶ /e/ KRISTEN SLADEK GOLLER	27b. LICENSE NUMBER: 038920	27c. DATE SIGNED: 09/10/2019
27d. NAME AND ADDRESS: KRISTEN SLADEK GOLLER 1718 PATTERSON ST, NASHVILLE, TN 37203		

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

CAUSE OF DEATH

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. ALZHEIMER'S DISEASE	YEARS
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 A CONSEQUENCE OF)	
	c. DUE TO (OR A CONSEQUENCE OF)	
	d. DUE TO (OR A CONSEQUENCE OF)	

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. 8/2012) RDA 10112

11435773

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 1 4 3 5 7 7 3
Date Issued: SEP 11 2019

CERTIFICATION OF VITAL RECORD

202109210126545

Tennessee Certification of Electronic Document

I, Todd A Tressler, II, do hereby make oath that I am a licensed attorney and/or the custodian of the original version of the electronic document tendered for registration herewith and that this electronic document is a true and exact copy of the original document executed and authenticated according to law on August 27, 2021.

Affiant Signature

7/14/21

Date

State of Tennessee
County of Wilson

Sworn to and subscribed before me this 14th day of July, 2021.

Notary's Signature

MY COMMISSION EXPIRES: 06-28-25

NOTARY'S SEAL

