NEW OWNER:
Irrevocable Trust Agreement
Of 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: 74-16
Parcel: 24

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# 720396 DEEDQC
09/21/2021 10:12:30 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20210921-0126556

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 the **Irrevocable Trust Agreement of 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:

Being Lot No. 460 on the Plan of Hermitage Hills, Section Five of record in Book 3300, Pages 1 and 2, Register's Office for Davidson County, Tennessee, to which plan of reference is hereby made for a more complete and accurate description of said lot.

Being all of the same property conveyed to Alton Embry and wife Tracy Embry by Quitclaim Deed from Tracy Gaylord Embry of record in Instrument No. 20051020-0126425; said Register's Office.

Alton 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.

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

My commission expires: 10-26-21

HUNTER B. THRASHER STATE OF TENNESSEE NOTARY PUBLIC WILSON COUNTY

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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.

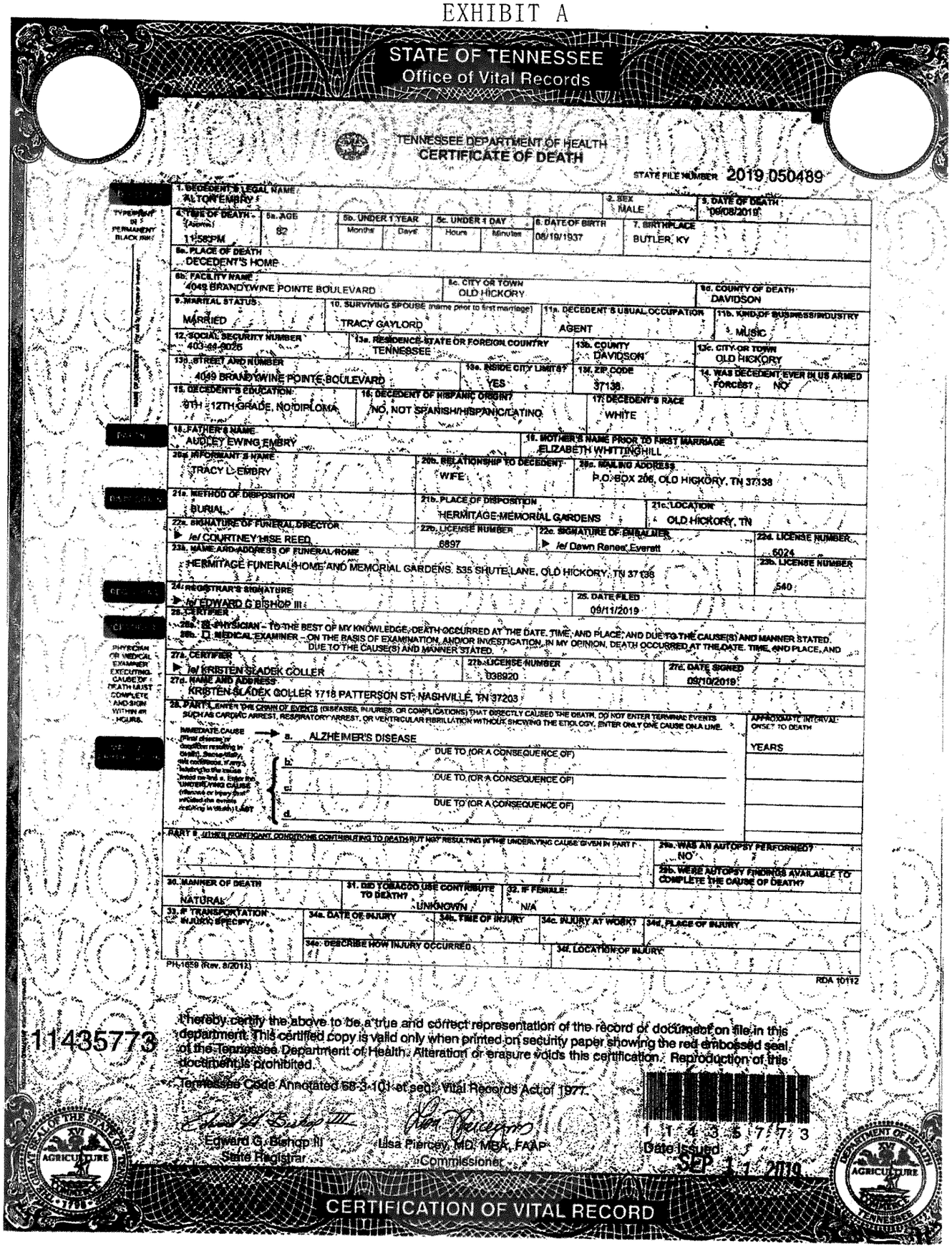
NOTARY PUBLIC

My commission expires: 10-26-21

HUNTER B. THRASHER STATE OF TENNESSEE NOTARY PUBLIC WILSON COUNTY

202109210126556

EXHIBIT A



STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 050489

1. DECEDENT'S LEGAL NAME: ALTON EMBRY
2. SEX: MALE
3. DATE OF DEATH: 09/08/2019
4. TIME OF DEATH (Actual): 11:58PM
5a. AGE: 82
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH: 06/19/1937
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-##-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
18. FATHER'S NAME: AUDLEY EWING EMBRY
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: ELIZABETH WHITTINGHILL
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 MISE 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
24. REGISTRAR'S SIGNATURE: /e/ EDWARD G BISHOP III
25. DATE FILED: 09/11/2019
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.
27a. CERTIFIER: /e/ KRISTEN SLADEK COLLER
27b. LICENSE NUMBER: 038920
27c. DATE SIGNED: 09/10/2019
27d. NAME AND ADDRESS: KRISTEN SLADEK COLLER 1718 PATTERSON ST. NASHVILLE, TN 37203
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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. ALZHEIMER'S DISEASE — APPROXIMATE INTERVAL: ONSET TO DEATH: YEARS
Sequentially list conditions, if any, leading to the immediate cause. 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. 8/2011)
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

202109210126556

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

