NEW OWNER:
The 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: 64-9
Parcel: 245

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# 720397 DEEDQC
09/21/2021 10:14:30 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20210921-0126557

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 Trustee 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. 1, on the Plan of Revision of Resubdivision of Lot 3, Christian Acres, of record in Plat Book 5210, Page 244, Register's Office for Davidson County, Tennessee, to which plan reference is hereby made for a more complete and accurate legal description.

Being all of the same property conveyed to Alton Embry and wife Tracy Embry by Quitclaim Deed from Tracy L. Gaylord, now known as Tracy Embry of record in Instrument No. 20051020-0126424, dated October 19th, 2005; said Register's Office.

Alton Embry passed away on September 8, 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 attached Exhibit A for the Certificate of death.

202109210126557

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 Wilson

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

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: 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	
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 HISE REED	22b. LICENSE NUMBER: 6897	22c. SIGNATURE OF EMBALMER: /e/ Dawn Renee' Everett	22d. LICENSE NUMBER: 5024
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 GOLLER	27b. LICENSE NUMBER: 038920	27c. DATE SIGNED: 09/10/2019
27d. NAME AND ADDRESS: KRISTEN SLADEK GOLLER 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.

		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

202109210126557

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

