QUITCLAIM DEED

BRIAN A. HOROWITZ STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

STATE OF TENNESSEE
COUNTY OF DAVIDSON

THE ACTUAL CONSIDERATION FOR THIS TRANSFER IS $0.00

Affiant

SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 18 DAY OF October, 2021.

Notary Public

MY COMMISSION EXPIRES: 7-9-2022
(AFFIX SEAL)

THIS INSTRUMENT WAS PREPARED BY (and return to):

Rudy & Partners, PLLC
608 Shelby Avenue
Nashville, TN 37206

ADDRESS NEW OWNER (S) AS FOLLOWS:	SEND TAX BILLS TO:	MAP / PARCEL NUMBER (S)
Tuffa Raya	**Same**	
(NAME)	(NAME)	
4744 Backstretch Boulevard		**Map 150-14-0-D Parcel 072.0000**
(ADDRESS)	(ADDRESS)	
Antioch, TN 37013		
(CITY) (STATE) (ZIP)	(CITY) (STATE) (ZIP)	

FOR AND IN CONSIDERATION OF THE SUM OF TEN DOLLARS, CASH IN HAND, PAID BY THE HEREINAFTER NAMED GRANTEE(S), AND OTHER GOOD AND VALUABLE CONSIDERATION, THE RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED, **TUFFA RAYA, A SINGLE MAN, AND BELAINESH TEFERI, UNMARRIED** ("GRANTORS") HAVE BARGAINED AND SOLD, AND BY THESE PRESENTS DO TRANSFER AND CONVEY UNTO **TUFFA RAYA, A SINGLE MAN** ("GRANTEE") HIS HEIRS, SUCCESSORS AND ASSIGNS, THAT CERTAIN TRACT OR PARCEL OF LAND IN DAVIDSON COUNTY, STATE OF TENNESSEE, DESCRIBED AS FOLLOWS, TO WIT:

Land in Davidson County, Tennessee, being Lot No. 156 on the Plan of Keeneland Downs, Phase One, RS 10 Cluster Lot Subdivision, a Planned Unit Development, as of record in Instrument No. 20070612-0070162, Register's Office for Davidson County, Tennessee, to which plan reference is hereby made for a more complete legal description thereof.

Being the same property conveyed to Tuffa Raya, a single man and Ayalew Alemayehu and Belainesh Teferi, Husband and Wife, by Warranty Deed from Keeneland Partners, LLC, a Tennessee limited liability company, of record in Instrument Number 20120430-0036659, Register's Office for Davidson County, Tennessee.

Said Ayalew Alemayehu having since died on November 29, 2017, as evidenced by his death certificate attached hereto, leaving Belainesh Teferi as surviving tenant by the entirety as to their interest held together with Tuffa Raya as tenants in common. Belainesh Teferi hereby conveys any and all rights, title, and interest held in said property to Tuffa Raya, in his sole name.

THIS CONVEYANCE IS SUBJECT TO ANY AND ALL EXISTING EASEMENTS AND RESTRICTIONS AS SHOWN OF RECORD.

*****This instrument has been prepared by information provided by the parties*****
*****No title search was conducted and no representations regarding title have been made by the Drafter*****

Karen Johnson Davidson County
Batch# 747594 **DEEDQC**
11/02/2021 10:56:09 AM 3 pgs
Fees: $17.00 Taxes: $0.00

20211102-0146482

This is **improved** property known as: **4744 Backstretch Boulevard, Antioch, TN 37013**

Witness our hands this the 18 day of October, 2021.

Belainesh Teferi

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, **BELAINESH TEFERI** the within named bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal, this the 18 day of October, 2021.

BRIAN A. HOROWITZ STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

Notary Public
My Commission Expires: 7/9/2022
(SEAL)

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2017 114289

1. DECEDENT'S LEGAL NAME: AYALEW A ALEMAYEHU				2. SEX: MALE	3. DATE OF BIRTH: 11/23/2017
4. TIME OF DEATH (Hour): 07:43 PM	4a. AGE: 85	4b. UNDER 1 YEAR: Years / Days	4c. UNDER 1 DAY: Hours / Minutes	5. DATE OF BIRTH: 10/12/1932	6. BIRTHPLACE: ETHIOPIA
7a. PLACE OF DEATH: INPATIENT					
7b. FACILITY NAME: SOUTHERN HILLS MEDICAL CENTER		7c. CITY OR TOWN: NASHVILLE			7d. COUNTY OF DEATH: DAVIDSON
8. MARITAL STATUS: MARRIED	9. SURVIVING SPOUSE (name prior to first marriage): BELAYNESH TEFFERE		10a. DECEDENT'S USUAL OCCUPATION: TEACHER		10b. KIND OF BUSINESS/INDUSTRY: RETIRED
11. SOCIAL SECURITY NUMBER: [redacted]	12a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE		12b. COUNTY: DAVIDSON		12c. CITY OR TOWN: ANTIOCH
12d. STREET AND NUMBER: 5170 HICKORY HOLLOW PARKWAY UNIT 605		12e. INSIDE CITY LIMITS?: YES	12f. ZIP CODE: 37013		14. WAS DECEDENT EVER IN US ARMED FORCES?: NO
15. DECEDENT'S EDUCATION: BACHELOR'S DEGREE		16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO		17. DECEDENT'S RACE: OTHER (ETHIOPIAN)	
18. FATHER'S NAME: ALEMAYEHU ALEMAYEHU			19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: HAWA MOHAMMAD		
20a. INFORMANT'S NAME: RAHEL ALEMAYEHU		20b. RELATIONSHIP TO DECEDENT: DAUGHTER		20c. MAILING ADDRESS: 5170 HICKORY HOLLOW PARKWAY UNIT 605, ANTIOCH TENNESSEE 37013	
21a. METHOD OF DISPOSITION: BURIAL		21b. PLACE OF DISPOSITION: CHRIST CHURCH MEMORIAL GARDEN		21c. LOCATION: NASHVILLE, TENNESSEE	
22a. SIGNATURE OF FUNERAL DIRECTOR: /s/ ROBERT H WHITLEY		22b. LICENSE NUMBER: 3918	22c. SIGNATURE OF EMBALMER: /s/ Stephanie Brook Watring		22d. LICENSE NUMBER: 6116
22e. NAME AND ADDRESS OF FUNERAL HOME: ELLIS FUNERAL HOME AND CREMATION SERVICE 2627 NOLENSVILLE PIKE NASHVILLE, TENNESSEE 37211-2216					22h. LICENSE NUMBER: 775
23. REGISTRAR'S SIGNATURE: /s/ LORI FERRANTI			24. DATE FILED: 12/06/2017		
25. CERTIFIER: 25a. ☒ PHYSICIAN - TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED. 25b. ☐ 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.					
25c. CERTIFIER: /s/ CHARLES F LEMASTRE		25d. LICENSE NUMBER: 49174		25e. DATE SIGNED: 12/06/2017	
25f. NAME AND ADDRESS: CHARLES F LEMASTRE 301 WALLACE ROAD, NASHVILLE, TENNESSEE 37211					
26. PART I. ENTER THE DISEASE, INJURY, OR COMPLICATION 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. SEPSIS					1 WEEK
DUE TO (OR AS A CONSEQUENCE OF): b. ECOLI BACTEREMIA					1 WEEK
DUE TO (OR AS A CONSEQUENCE OF): c. HEPATOCELLULAR CARCINOMA					6 MONTHS
DUE TO (OR AS A CONSEQUENCE OF): d.					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE UNDERLYING CAUSE GIVEN IN PART I: DIABETES MELLITUS, HYPOTHYROIDISM, HYPERTENSION				26a. WAS AN AUTOPSY PERFORMED?: NO	
				26b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
27. MANNER OF DEATH: NATURAL	28. DID TOBACCO USE CONTRIBUTE TO DEATH?: UNKNOWN		29. IF FEMALE: N/A		
30. IF TRANSPORTATION INJURY, SPECIFY:	30a. DATE OF INJURY	30b. TIME OF INJURY	30c. INJURY AT WORK?	30d. PLACE OF INJURY	
	30e. DESCRIBE HOW INJURY OCCURRED			30f. LOCATION OF INJURY	

09616732

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.

DEC 08 2017

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

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Lori B. Ferranti, PhD, MSN, MBA, RN
State Registrar/Asst. Commissioner

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued

CERTIFICATION OF VITAL RECORD