QUITCLAIM DEED

Karen Johnson Davidson County
Batch# 758580 DEEDQC
11/19/2021 02:51:08 PM 3 pgs
Fees: $17.00 Taxes: $0.00

20211119-0154358

KN

KATE NYQUIST STATE OF TENNESSEE NOTARY PUBLIC My Commission Expires on 05/05/2025 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 16 DAY OF NOVEMBER, 2021.

Notary Public

MY COMMISSION EXPIRES: 5/5/25
(AFFIX SEAL)

THIS INSTRUMENT WAS PREPARED BY (and return to):

Rudy Title & Escrow, LLC
2012 21st Avenue South
Nashville, TN 37212

ADDRESS NEW OWNER (S) AS FOLLOWS:	SEND TAX BILLS TO:	MAP / PARCEL NUMBER (S)
Timothy A. Weill	**Same**	
(NAME)	(NAME)	
7236 Magnolia Hills Drive		**155120A01300CO**
	(ADDRESS)	
Nashville, TN 37221		
(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, AND OTHER GOOD AND VALUABLE CONSIDERATION, THE RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED, **TIMOTHY A. WEILL, UNMARRIED** ("GRANTOR") HAS BARGAINED AND SOLD, AND BY THESE PRESENTS DOES TRANSFER AND CONVEY UNTO **TIMOTHY A. WEILL, UNMARRIED** ("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. 13, on the Plan of Magnolia Hills, as of record in Book 7900, Page 809, said Register's Office, to which plan reference is hereby made for a more complete description of said lot.

Being the same property conveyed to Timothy A. Weill and wife, Glenda Faye Weill by Warranty Deed from South Harpeth Construction Co., Inc. of record in Book 10218, Page 853, Register's Office, Davidson County, Tennessee. Said Glenda Faye Weill having since died on August 25, 2021, as evidenced by her death certificate attached hereto, leaving Timothy A. Weill as surviving tenant by the entirety.

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

This is **improved** property known as: **7236 Magnolia Hills Drive, Nashville, TN 37221.**

*****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*****

Witness our hands this the 16 day of November, 2021.

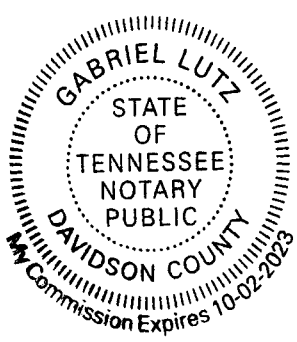
Timothy A. Weill

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, **TIMOTHY A. WEILL**, 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 16 day of November, 2021.

Notary Public
My Commission Expires: 10/2/2023



STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2021 057619

1. Decedent's Legal Name: GLENDA WEILL		2. Sex: FEMALE	3. Date of Death: 08/25/2021
4. Time of Death (Approx.): 05:39	5a. Age: 63	6. Date of Birth: 03/30/1958	7. Birthplace: HOPKINSVILLE, KY
5b. Place of Death: INPATIENT			
8b. Facility Name: VANDERBILT UNIVERSITY MEDICAL CENTER	8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON
9. Marital Status: MARRIED	10. Surviving Spouse (name prior to first marriage): TIMOTHY ALLAN WEILL	11a. Decedent's Usual Occupation: REGISTERED NURSE	11b. Kind of Business/Industry: MEDICAL
12. Social Security Number: [redacted]	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON	13c. City or Town: NASHVILLE
13d. Street and Number: 7236 MAGNOLIA HILLS DRIVE	13e. Inside City Limits?: YES	13f. Zip Code: 37221	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: WHITE	
18. Father's Name: DONALD SCOTT BUCHANAN	19. Mother's Name Prior to First Marriage: VIRGINIA LEE ADAIR		
20a. Informant's Name: TIMOTHY ALLAN WEILL	20b. Relationship to Decedent: SPOUSE	20c. Mailing Address: 7236 MAGNOLIA HILLS DRIVE, NASHVILLE, TN 37221	
21a. Method of Disposition: BURIAL REMOVAL FROM STATE	21b. Place of Disposition: RIVERSIDE CEMETERY	21c. Location: HOPKINSVILLE, KY	
22a. Signature of Funeral Director: ▶ /e/ SCOTT ALAN DANIEL	22b. License Number: 5012	22c. Signature of Embalmer: ▶	22d. License Number:
23a. Name and Address of Funeral Home: HUGHART, BEARD & GILES FUNERAL HOMES- HOPKINSVILLE, 2504 SOUTH VIRGINIA STREET, HOPKINSVILLE, KY 42240			23b. License Number: 203
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 08/31/2021	

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/ ROBERT E. FREUNDLICH	27b. License Number: 053490	27c. Date Signed: 08/25/2021

27d. Name and Address: ROBERT E. FREUNDLICH VANDERBILT UNIVERSITY MEDICAL CENTER 1211 MEDICAL CENTER DRIVE, NASHVILLE, TN 37232

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). 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	a. [redacted]	[redacted]
	b. [redacted]	
	c.	
	d.	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: [redacted]

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?: NO	32. If Female: NOT PREGNANT WITHIN PAST YEAR	
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-1659E RDA 10112

13518921

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

1 3 5 1 8 9 2 1

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

Date Issued: Sep-09-2021

CERTIFICATION OF VITAL RECORD