THIS INSTRUMENT PREPARED BY AND RETURN TO: **Martin Heller Potempa & Sheppard** 1935 21st Avenue South, Suite 100 Nashville, Tennessee 37212 (615) 800-7096 Karen Johnson Davidson County Batch# 766511 DEEDQC 12/03/2021 09:08:35 AM 7 pgs Fees: $37.00 Taxes: $0.00 20211203-0160318	STATE OF TENNESSEE COUNTY OF DAVIDSON The actual consideration for this transfer is: $0.00 Marc Henderson Marc Henderson, Affiant Subscribed and sworn to before me, this 12th day of ~~July 2021.~~ November 24, 2021 NOTARY PUBLIC My Commission Expires: 10/2/23 NOTARY PUBLIC STATE OF TENNESSEE DAVIDSON COUNTY MY COMMISSION EXPIRES 10-2-2023

QUITCLAIM DEED

Address New Owner:	**Send Tax Bills To:**	**Tax Information:**
Daniel Roberts, et. Al 2513 Bethwood Drive, Nashville, TN 37207	**New Owner**	07104025200

FOR AND IN CONSIDERATION of Zero and No/100ths Dollars ($0.00) and other good and valuable consideration, the receipt of all of which is hereby acknowledged, I, Marc Henderson, ("Grantor") do hereby quitclaim, transfer and convey unto Daniel Roberts, his successors and assigns, all of my right, title and interest in certain real property in the County of Davidson, State of Tennessee, identified below:

This is improved property known as 2513 Bethwood Drive, Nashville, TN 37207, and more particularly described as follows:

> Land in Davidson County, Tennessee, being Lot No. 99 on the Plan of Shepardwood, Section 2, of record in Book 4460, page 66, Register's Office for Davidson County, Tennessee.
>
> Said lot fronts 60 feet on the southerly side of Bethwood Drive and extends back 138.59 feet on the westerly side and 137 feet on the easterly side to a dead line in the rear on which it measures 69.72 feet.

Being the same property conveyed to Linda B. Henderson from Miller Kimbrough by Warranty Deed of record in Book 4673 page 851, Register's Office for Davidson County, Tennessee.

Being part of the property conveyed to Latasha Prince from Philippe Henderson by Quitclaim Deed of record in Instrument No. 20210208-0017843, Register's Office for Davidson County, Tennessee.

Linda Henderson died on May 1, 2020, intestate, as a resident of Davidson County, Tennessee. No Estate was opened for Linda Henderson. A copy of Linda Henderson's death certificate is attached hereto as **Exhibit 1.** During her life, Linda Henderson, had four (4) children, being Marc Henderson, Isaac Henderson, Christopher Henderson, and Phillipe Henderson.

Christopher Henderson predeceased Linda Henderson and had no issue. A copy of his death certificate is attached hereto as **Exhibit 2.** Isaac Henderson predeceased Linda Henderson and was survived by one (1) child, Daniel Roberts.

Whenever used, the singular shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

This quitclaim deed was prepared based upon information provided by the parties and no independent title examination was prepared in preparation of this deed.

[This space intentionally left blank]

IN WITNESS WHEREOF, Grantor has executed this instrument on this the 24 day of November 2021.

Marc Henderson

Marc Henderson, Grantor

ADAM BARBER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 10-2-2023

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned Notary Public, in and for the said county and state, the within named **Marc Henderson**, the Grantor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand ~~and official~~ seal at office, this 24 day of November 2021.

Notary Public

My Commission Expires: 10/2/23

Exhibit 1

(Linda Henderson Death Certificate)

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2020 026193

1. Decedent's Legal Name: LINDA G HENDERSON		2. Sex: FEMALE	3. Date of Death: 05/01/2020
4. Time of Death (Approx.): 12:13 PM	5a. Age: 74	6. Date of Birth: 03/18/1946	7. Birthplace: NASHVILLE, TN
8a. Place of Death: DECEDENT'S HOME			
8b. Facility Name: 2513 BETHWOOD DRIVE	8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON
9. Marital Status: DIVORCED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: NURSE	11b. Kind of Business/Industry: FEDERAL GOVERNMENT
12. Social Security Number: [redacted]	12a. Residence-State or Foreign Country: TENNESSEE	12b. County: DAVIDSON	12c. City or Town: NASHVILLE
12d. Street and Number: 2513 BETHWOOD DRIVE	13a. Inside City Limits?: YES	13b. Zip Code: 37207	14. Was Decedent ever in US Armed Forces?: NO
15. Decedent's Education: DOCTORATE OR PROFESSIONAL DEGREE	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: BLACK OR AFRICAN AMERICAN	
18. Father's Name: EARL GAINES JR	18. Mother's Name Prior to First Marriage: BESSIE GAINES		
20a. Informant's Name: DAVID GAINES	20b. Relationship to Decedent: BROTHER	20c. Mailing Address: 3140 MOOREWOOD DRIVE, NASHVILLE, TN 37207	
21a. Method of Disposition: BURIAL	21b. Place of Disposition: GREENWOOD CEMETERY	21c. Location: NASHVILLE, TN	
22a. Signature of Funeral Director: ▶ /s/ MELVIN J SMITH	22b. License Number: 4502	22c. Signature of Embalmer: ▶ /s/ Christopher Lee Jefferson	22d. License Number: 6500
23a. Name and Address of Funeral Home: SMITH FUNERAL DIRECTORS; 706 MONROE STREET, NASHVILLE, TN 37208-2618			23b. License Number: 809
24. Registrar's Signature: ▶ /s/ EDWARD G BISHOP III	25. Date Filed: 05/06/2020		

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: ▶ /s/ SASHA L BOWERS	27b. License Number: 052962	27c. Date Signed: 05/06/2020
27d. Name and Address: SASHA L. BOWERS, 1718 PATTERSON STREET, 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
a. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. PANCREATIC CANCER METASTATIC TO LUNG AND BONE (SPINE)	
b. Sequentially list conditions, if any, leading to the cause in a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.	b.	
	c.	
	d.	

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?: PROBABLY	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	

TN-1669 (Rev. 8/2017) RDA 10112

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.

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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 2 0 9 1 8 1 4

Date Issued: May 21 2020

CERTIFICATION OF VITAL RECORD

Exhibit 2

(Christopher Henderson Death Certificate)

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 030389

DECEDENT (TYPE/PRINT IN PERMANENT BLACK INK)

1. DECEDENT'S LEGAL NAME: CHRISTOPHER LAMONT HENDERSON					2. SEX: MALE	3. DATE OF DEATH: 06/28/2019	
4. TIME OF DEATH (24hr): 23:11	5a. AGE: 41	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH: 03/28/1978	7. BIRTHPLACE: NASHVILLE, TN		
8a. PLACE OF DEATH: ER/OUTPATIENT							
8b. FACILITY NAME: SKYLINE MEDICAL CENTER			8c. CITY OR TOWN: NASHVILLE			8d. COUNTY OF DEATH: DAVIDSON	
9. MARITAL STATUS: NEVER MARRIED	10. SURVIVING SPOUSE (name prior to first marriage)		11a. DECEDENT'S USUAL OCCUPATION: WAREHOUSE WORKER			11b. KIND OF BUSINESS/INDUSTRY: UNKNOWN	
12. SOCIAL SECURITY NUMBER: 6256	13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE		13b. COUNTY: DAVIDSON			13c. CITY OR TOWN: NASHVILLE	
13d. STREET AND NUMBER: 2513 BETHWOOD DRIVE		13e. INSIDE CITY LIMITS? YES	13f. ZIP CODE: 37207			14. WAS DECEDENT EVER IN US ARMED FORCES? NO	
15. DECEDENT'S EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED	16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO		17. DECEDENT'S RACE: BLACK OR AFRICAN AMERICAN				

PARENTS

18. FATHER'S NAME: IRA BOWERS	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: LINDA HENDERSON

DISPOSITION

20a. INFORMANT'S NAME: LINDA HENDERSON	20b. RELATIONSHIP TO DECEDENT: MOTHER	20c. MAILING ADDRESS: 2513 BETHWOOD DRIVE, NASHVILLE, TN 37207	
21a. METHOD OF DISPOSITION: BURIAL	21b. PLACE OF DISPOSITION: GREENWOOD CEMETERY	21c. LOCATION: NASHVILLE, TN	
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ /s/ MELVIN J SMITH	22b. LICENSE NUMBER: 4502	22c. SIGNATURE OF EMBALMER: ▶ /s/ Christopher Lee Jefferson	22d. LICENSE #: 6500
23a. NAME AND ADDRESS OF FUNERAL HOME: SMITH FUNERAL DIRECTORS, 706 MONROE STREET, NASHVILLE, TN 37208-2618			23b. LICENSE #: 609

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ /s/ EDWARD G. BISHOP III	25. DATE FILED: 06/03/2019

CERTIFIER

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 STA
26b. ☐ MEDICAL EXAMINER – ON THE BASIS OF EXAMINATION, AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE DATE, TIME, AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED

27a. CERTIFIER: ▶ /s/ HEATHER MARIE BARNETT	27b. LICENSE NUMBER: 043358	27c. DATE SIGNED: 06/03/2019
27d. NAME AND ADDRESS: HEATHER MARIE BARNETT 3441 DICKERSON PIKE, NASHVILLE, TN 37205		

MEDICAL CERTIFICATION

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

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. END STAGE RENAL DISEASE	UNKNOWN
DUE TO (OR A CONSEQUENCE OF)	b. HYPERTENSION	UNKNOWN
DUE TO (OR A CONSEQUENCE OF)	c.	
DUE TO (OR A CONSEQUENCE OF)	d.	

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	

RDA 10112

TH-1659 (Rev. 6/2017)

093274

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

1 2 0 9 3 2 7 4

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

Date Issued: Jun 01 2020

CERTIFICATION OF VITAL RECORD