Karen Johnson Davidson County
Batch# 785868 DEEDQC
01/10/2022 11:31:30 AM 5 pgs
Fees: $27.00 Taxes: $0.00
20220110-0002664

Commitment Number: GH-51344

After Recording, Send To:

MAIL TO: LANDSEL TITLE
961 N HAMILTON RD, #100
GAHANNA OH 43230
GH#51344

This instrument prepared by:
Jay A. Rosenberg, Esq., Member Tennessee Bar, Rosenberg PLLC, Attorneys At Law, 101 South Reid Street, Suite 307, Sioux Falls, South Dakota 57103 (513) 247-9605 Fax: (866) 611-0170.

New Property Owner/Mail Tax Statements To:
BRENDA J. COLEMAN, 2840 Stokers Lane North Nashville, Tennessee 37207

PROPERTY APPRAISAL (TAX/APN) PARCEL IDENTIFICATION NUMBER
059 15 0A 105.00

QUITCLAIM DEED

Exempt pursuant to 66-5-209(4)

BRENDA J. COLEMAN surviving spouse of **MACEO C. COLEMAN, who died on January 5, 2021 and whose death certificate is attached as an Exhibit** hereinafter grantor, of **Davidson County**, **Tennessee**, for $0.00 (Zero Dollar and Zero Cents) in consideration paid, grants and quitclaims to **BRENDA J. COLEMAN**, hereinafter grantee, whose tax mailing address is **2840 Stokers Lane North, Nashville, Tennessee 37207**, with quitclaim covenants, all right, title, interest and claim to the following land in the following real property:

BEING LOT NO. 73, ON THE PLAN OF CHATEAU VALLEY, PHASE FIVE, OF RECORD AS INST. NO. 20050815-0096234, REGISTER'S OFFICE, DAVIDSON COUNTY, TENNESSEE, TO WHICH REFERENCE IS HEREBY MADE FOR A MORE PARTICULAR DESCRIPTION THEREOF.

DERIVATION CLAUSE

Being the same property conveyed to Maceo C. Coleman and wife, Brenda J. Coleman by Warranty Deed from Cumberland Builders, Inc. of record as Instrument No. 200703150031625 in the Register's Office for Davidson County, Tennessee, dated December 29, 2006 and recorded on March 15, 2007.
Being also known as 2840 Stokers Lane N, Nashville, TN 37207. Situate in the County of Davidson, State of Tennessee.

Parcel ID: 059 15 0A 105.00

The real property described above is conveyed subject to and with the benefit of: All easements, covenants, conditions and restrictions of record; in so far as in force applicable.

The real property described above is conveyed subject to the following: All easements, covenants, conditions and restrictions of record; All legal highways; Zoning, building and other laws, ordinances and regulations; Real estate taxes and assessments not yet due and payable; Rights of tenants in possession.

Executed by the undersigned on 12-14, 2021:

Brenda J. Coleman

BRENDA J. COLEMAN

STATE OF TN
COUNTY OF Davidson

The foregoing instrument was acknowledged before me on 12-14, 2021 by **BRENDA J. COLEMAN** who is personally known to me or has produced TN DL as identification, and furthermore, the aforementioned person has acknowledged that his/her signature was his/her free and voluntary act for the purposes set forth in this instrument.

CLINTON BRYANT
TENNESSEE
NOTARY
PUBLIC
My Comm Exp.
03/03/2025
COUNTY OF DAVIDSON

Clinton Bryant
Notary Public

State of TN
County of DAVIDSON

I, or we, hereby swear or affirm that to the best of affiant's knowledge, information, and belief, the actual consideration for this transfer or value of the property transferred, whichever is greater is $ 345,500.00 which amount is equal to or greater than the amount which the property transferred would command at a fair and voluntary sale.

Subscribed and sworn to before me

This 14 day of 12, 2021.

Brenda J. Coleman
Affiant

Brenda J. Coleman
Print Name

CLINTON BRYANT
TENNESSEE
NOTARY
PUBLIC
My Comm Exp.
03/03/2025
COUNTY OF DAVIDSON

(Seal)

Clinton Bryant
Notary Public

My commission expires:

03-03-25

CLINTON BRYANT
Print Name

CTIC# _____

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2021 009660

1. Decedent's Legal Name		2. Sex	3. Date of Death
MACEO CHARLES COLEMAN		MALE	01/05/2021

4. Time of Death (Approx.)	5a. Age	6. Date of Birth	7. Birthplace
11:22 PM	72	01/16/1948	OKMULGEE, OK

8a. Place of Death: INPATIENT

8b. Facility Name	8c. City or Town	8d. County of Death
TRISTAR SKYLINE MEDICAL CENTER	NASHVILLE	DAVIDSON

9. Marital Status	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation	11b. Kind of Business/Industry
MARRIED	BRENDA LIPSCOMB	EDUCATOR/COACH	METRO SCHOOL SYSTEM

12. Social Security Number	13a. Residence-State or Foreign Country	13b. County	13c. City or Town
	TENNESSEE	DAVIDSON	NASHVILLE

13d. Street and Number	13e. Inside City Limits?	13f. Zip Code	14. Was Decedent ever in US Armed Forces?
2840 STOKERS LANE NORTH	YES	37207	NO

15. Decedent's Education	16. Decedent of Hispanic Origin?	17. Decedent's Race
MASTER'S DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	BLACK OR AFRICAN AMERICAN

18. Father's Name	19. Mother's Name Prior to First Marriage
ALVIN COLEMAN	HELEN DENNIS

20a. Informant's Name	20b. Relationship to Decedent	20c. Mailing Address
BRENDA COLEMAN	WIFE	2840 STOKERS LANE NORTH, NASHVILLE, TN 37207

21a. Method of Disposition	21b. Place of Disposition	21c. Location
BURIAL	GREENWOOD CEMETERY NORTH	GOODLETTSVILLE, TN

22a. Signature of Funeral Director	22b. License Number	22c. Signature of Embalmer	22d. License Number
▶ /e/ RICHARD A LEWIS SR	3633	▶ /e/ Patrick Lamont Tucker	5072

23a. Name and Address of Funeral Home	23b. License Number
LEWIS AND WRIGHT FUNERAL DIRECTORS, 2500 CLARKSVILLE HIGHWAY, NASHVILLE, TN 37208-1060	812

24. Registrar's Signature	25. Date Filed
▶ /e/ EDWARD G BISHOP III	02/09/2021

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	27b. License Number	27c. Date Signed
▶ /e/ ROBERT MILDENHALL	55388	02/09/2021

27d. Name and Address: ROBERT MILDENHALL 3443 DICKERSON PIKE SUITE 680, NASHVILLE, TN 37207

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. COVID-19 PNEUMONIA	MONTHS
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. COVID-19 INFECTION	MONTHS
	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	31. Did Tobacco Use Contribute to Death?	32. If Female:
NATURAL	NO	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-3658E RDA 10112

13157862

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 1 5 7 8 6 2

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

Date Issued: Feb-09-2021

CERTIFICATION OF VITAL RECORD

202201100002664

Tennessee Certification of Electronic Document

I, Sarah Pollyea, 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 4/12/2021 (date of document).

Affiant Signature

9/24/2021
Date

State of Ohio

County of Franklin

Sworn to and subscribed before me this 24 day of September, 2021.

Notary's Signature

MY COMMISSION EXPIRES: 9/5/2022

NOTARY'S SEAL

NOTARIAL SEAL
STATE OF OHIO

CHRISTINE MILLER
Notary Public, State of Ohio
My Commission Expires
September 5, 2022
Recorded in Franklin County