Karen Johnson Davidson County
Batch# 803089 DEEDQC
02/10/2022 09:24:23 AM 5 pgs
Fees: $27.00 Taxes: $0.00

20220210-0015419

Prepared By:
Mrs. Carrie Forster
6198 Blacksmith Dr
Pleasant View, Tennessee 37146

After Recording Return To:
Ms. Stacy Parman
6408 Ranchero Dr
Nashville, Tennessee 37209

TAX PARCEL ID #:
102 04 0 010 00

QUIT CLAIM DEED

BE IT KNOWN BY ALL, that Mrs. Carrie Forster, *("Grantor")* **whose address is** 6198 Blacksmith Dr, Pleasant View, Tennessee 37146, hereby ***REMISES, RELEASES AND FOREVER QUITCLAIMS TO*** Ms. Stacy Parman *("Grantee")*, **whose address is** 6408 Ranchero Dr, Nashville, Tennessee 37209, all right, title, interest and claim to the following real estate property located at 6408 Ranchero Dr in the City/Township of Nashville, located in the County of Davidson and State of Tennessee and ZIP code of 37209, to-wit:

Property having Lot No., with the Section No., and having the following description: 6408 Ranchero Drive Nashville, Tennessee 37209 See attached Davidson County.

FOR VALUABLE CONSIDERATION, in the amount of ten dollars, given in hand, and for other good and valuable consideration the receipt and sufficiency of which is hereby acknowledged.

BE IT FURTHER KNOWN, that this transfer shall be effective as of 02/09/2022, and that the Grantor makes no promises as to ownership of title to the above-referenced Property, but simply agrees to transfers whatever interest the Grantor has in it to the Grantee.

TO HAVE AND TO HOLD all of Grantor's right, title and interest in and to the above described Property is hereby transferred unto the Grantee, Grantee's heirs, administrators, executors, successors and/or assigns forever; so that neither Grantor nor Grantor's heirs, administrators, executors, successors and/or assigns shall have, claim or demand any right or title to the aforesaid property, premises or appurtenances or any party thereof.

Mrs. Carrie Forster
(Grantor's Signature)

Mrs. Carrie Forster
(Grantor's Printed Name)

Ms Stacy Parman
(Grantee's Signature)

Ms. Stacy Parman
(Grantee's Printed Name)

STATE OF TENNESSEE
COUNTY OF DAVIDSON
The actual consideration or true value, whichever is greater for this transfer is
$ 10.00
Carrie Forster, Affiant
Subscribed and sworn before me this the
10 Day of February, 2022.
Brad Weis, Deputy Register

Signed in our presence:

executors, successors and/or assigns shall have, claim or demand any right or title to the aforesaid property, premises or appurtenances or any party thereof.

Mrs. Carrie Forster
(Grantor's Signature)

Mrs. Carrie Forster
(Grantor's Printed Name)

Ms. Stacy Parman
(Grantee's Signature)

Ms. Stacy Parman
(Grantee's Printed Name)

Signed in our presence:

Jess Wilson
(Witness #1 Signature)

Jess Wilson
(FIRST WITNESS NAME TYPED)

Jennifer Boatman
(Witness #2 Signature)

Jennifer Boatman
(SECOND WITNESS NAME TYPED)

Grantee's Address:

Ms. Stacy Parman
6408 Ranchero Dr
Nashville, Tennessee 37209

Grantor's Address:

Mrs. Carrie Forster
6198 Blacksmith Dr
Pleasant View, Tennessee 37146

Mail Subsequent Tax Bills To:

Stacy Parman
6408 Ranchero Dr
Nashville, Tennessee 37209

STATE OF TENNESSEE)
) **SS.**
COUNTY OF DAVIDSON)

The foregoing Quit Claim Deed was acknowledged before me on February 10th, 2022 by Mrs. Carrie Forster, who is personally known to me or who has produced a valid driver's license and/or passport as identification, and such individual(s) having executed aforementioned instrument of his/her/their free and voluntary act and deed.

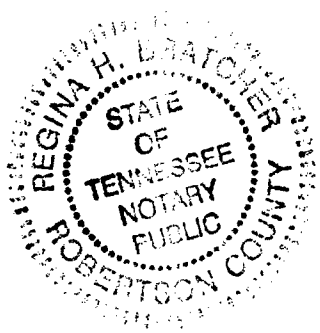
IN WITNESS THEREOF, to this Quit Claim Deed, I set my hand and seal.

Signed, sealed and delivered in the presence of:

Regina N. Bratcher
(Signature of Notary)

Regina H. Bratcher
(Printed Notary Name) Davidson, Tennessee "Robertson County"

My Commission expires: 3/23/2022



Land in Davidson County, Tennessee, being lot No. 1041 on the Plan of Charlotte Park, Section XIV, as of record in book 3300, pages 29 and 30, Register's Office for said county.

Said lot fronts 88 feet on the northwesterly side of Ranchero Drive and runs back 143.3 feet on the southwesterly line and 146.6 feet on the northeasterly line to a dead line in the rear on which it measures 96.14 feet.

Being the same property conveyed to William Ronald Parman and wife, Delores A. Parman by Deed of record as Book 5069 Page 470. Delores A. Parman is now deceased.

Grantor's source of Title:

#20220209-0015084

STATE OF TENNESSEE
Office of Vital Records

0806601

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

2008 051101

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Delores Ann Parman
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): November 6, 2008
4. SOCIAL SECURITY NUMBER: -8572
5a. AGE LAST BIRTHDAY (Yrs): 59
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): July 6, 1949
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 Inpatient 2 [X] ER/Outpatient 3 DOA; OTHER 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Saint Thomas Hospital 080
9c. CITY, TOWN OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): William Ronald Parman
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Own Home
13a. RESIDENCE STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 6408 Ranchero Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 No
13f. ZIP CODE: 37209
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes 0 [X] No
15. RACE (American Indian, Black, White, etc.) (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

NAME OF DECEDENT (For use by physician or jurisdiction)

PARENTS

17. FATHER'S NAME (First, Middle, Last): John McGrady Jr.
18. MOTHER'S NAME (First, Middle, Maiden Surname): Edna Hailey

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Ronald Parman
19b. RELATIONSHIP TO DECEASED: Spouse
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 6408 Ranchero Drive Nashville, Tennessee 37209

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place): Harpeth Hills Memory Gardens
20c. LOCATION (City or Town, State): Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Wade, Sarah
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5884
21c. SIGNATURE OF EMBALMER: ▶ Wade, Sarah
21d. LICENSE NUMBER OF EMBALMER: 5885
22a. NAME AND ADDRESS OF FUNERAL HOME: West Harpeth Funeral Home and Crematory 6962 Charlotte Pike, Nashville, Tennessee 37209
22b. LICENSE NUMBER OF FUNERAL HOME: 1016

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Linda R Bowers /DR
24. DATE FILED (Month, Day, Year): November 18, 2008

CERTIFIER

25a. PHYSICIAN: To the best of my knowledge, death occurred at the date and place and due to the cause(s) and manner as stated. 1 [X] SIGNATURE AND TITLE OF PHYSICIAN: ▶ Chic RP
25b. LICENSE NUMBER: N0000019997
25c. DATE SIGNED (Month, Day, Year): 11/17/2008
26a. MEDICAL EXAMINER: On the basis of examination, and/or investigation, in my opinion, death occurred at the date and place and due to the cause(s) and manner as stated. 2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER: ▶
26b. LICENSE NUMBER:
26c. DATE SIGNED (Month, Day, Year):

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print):

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. (Approximate Interval Between Onset and Death)

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Sudden Death
DUE TO (OR AS A CONSEQUENCE OF): b. Asthma
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: DUE TO (OR AS A CONSEQUENCE OF): c.
DUE TO (OR AS 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? 1 Yes 2 No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No

30. MANNER OF DEATH: 1 [X] Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation 6 Could not be Determined
31a. DATE OF INJURY (Month, Day, Year):
31b. TIME OF INJURY: M
31c. INJURY AT WORK? 1 Yes 2 No
31d. DESCRIBE HOW INJURY OCCURRED:
31e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) (Specify):
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

TH RSB (REV 6/08) RDA 1308

10907075

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
Edward G. Bishop III
State Registrar

10907075
Date Issued JAN 23 2019

CERTIFICATION OF VITAL RECORD

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