Karen Johnson Davidson County
Batch# 808694 DEEDQC
02/18/2022 03:14:25 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20220218-0019489

THIS INSTRUMENT PREPARED BY: **CARSON W. BECK**
BECK & BECK,
ATTORNEYS AT LAW
4205 Gallatin Road
Nashville, Tennessee 37216

Based on information provided by the parties.

QUITCLAIM DEED

ADDRESS OF NEW OWNER(S)	SEND TAX BILL	MAP & PARCEL
JoAnne E. Harmon	SAME	51/3/77
1009 Townley		
Madison, TN 37115		

STATE OF INDIANA

COUNTY OF MARION

The actual consideration or value, whichever is greater, for this transfer is $ -0-.

Sworn to and subscribed before me, this 14 day of February, 2022.

SHELLIE M VERNON
Notary Public - Seal
Marion County - State of Indiana
Commission Number NP0735997
My Commission Expires Sep 6, 2029

AFFIANT

NOTARY PUBLIC

My Commission Expires: 09/06/2029

FOR AND IN CONSIDERATION OF the sum of 0 dollars cash in hand paid by the hereinafter named "Grantee" and other good and valuable consideration, the receipt of which is hereby acknowledged, **MICHAEL LAVERNE HARMON**, "Grantor," do hereby quitclaim and convey unto **JOANNE E. HARMON**, "Grantee," heirs and assigns, all interest in and to the following described property in County, Tennessee:

Land in Davidson County, Tennessee, being Lot No. 144 on the Map of Pleasant Acres, Section V of record in Book 2331, Page 56, Register's Office for said County as follows:

Beginning at a point in the northeasterly margin of Townley Court at the corner of Lots 144 and 145, thence with the line between said lots, northeasterly 216 feet to the corner of Lot No. 143; thence with the line between Lots Nos. 143 and 144, southeasterly 245.03 feet to the northeasterly margin Townley Drive; thence with the margin of the same, southwesterly 120 feet to the beginning of a curve; thence around said curve, in a westerly direction 29.77 feet to the margin of Townley Court; thence with the margin of the same northsesterly 188 feet to the point of beginning.

Being the same property conveyed to Carolyn Harmon and Joanne Harmon, by Warranty Deed of record in Book 11703, Page110, Register's Office for Davidson County, Tennessee. Carolyn Harmon died intestate and was unmarried at the time of her death on June 22, 2013, leaving as her only heirs at law her children, Mark D. Harmon and Mike L. Harmon.

Said property is conveyed subject to such limitations, restrictions, and encumbrances as may affect the premises.

This is improved property known as 1009 Townley Drive, Madison, TN 37115.

WITNESS hand this 16 day of February, 2022.

MICHAEL LAVERNE HARMON

STATE OF INDIANA
COUNTY OF MARION

Personally appeared before me, the undersigned, a Notary Public in and for the aforesaid County and State, **MICHAEL LAVERNE HARMON**, with whom I am personally acquainted, and who acknowledged that he executed the within instrument for the purpose therein contained.

WITNESS my hand, of office, this 16 day of February 2022.

NOTARY PUBLIC

My Commission Expires: 09/06/2029

SHELLIE M VERNON
Notary Public - Seal
Marion County - State of Indiana
Commission Number NP0735997
My Commission Expires Sep 6, 2029

STATE OF TENNESSEE
Office of Vital Records

1303959

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Carolyn Sue Harmon		2. SEX: Female	3. DATE OF DEATH (Month, Day, Year): June 22, 2013
4. TIME OF DEATH (Approx.): 7:00 am	5a. AGE-Last Birthday (Years): 77	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): July 6, 1935	7. BIRTHPLACE (City and State or Foreign Country): Lebanon, IN		

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)

IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA

IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other residence ☐ Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): 1009 Townley Drive	8c. CITY OR TOWN: Madison	8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: ☐ Married ☐ Married, but separated ☐ Widowed ☒ Divorced ☐ Never married ☐ Unknown	10. SURVIVING SPOUSE (If wife, give name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION: Account Manager	11b. KIND OF BUSINESS/INDUSTRY: Banking Industry
12. SOCIAL SECURITY NUMBER: -7658	13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee	13b. COUNTY: Davidson	13c. CITY OR TOWN: Madison
13d. STREET AND NUMBER: 1009 Townley Drive	13e. INSIDE CITY LIMITS: ☒ Yes ☐ No	13f. ZIP CODE: 37115	14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
☐ 8th grade or less
☐ 9th – 12th grade, no diploma
☒ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
☐ Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
☒ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino (Specify)
☐ Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
☒ White
☐ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe)
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (Specify)
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify)
☐ Other (Specify)
☐ Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): Russell Clay Dickerson	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Thea Hiland

INFORMANT

20a. INFORMANT'S NAME: Mark Douglas Harmon	20b. RELATIONSHIP TO DECEDENT: son	20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1009 Townley Drive Madison, TN 37115

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)	21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Highland Hills Crematory	21c. LOCATION - City or Town and State: Nashville, TN

FUNERAL DIRECTOR

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Janet Montgomery	22b. LICENSE NUMBER: 6245	22c. SIGNATURE OF EMBALMER: ▶	22d. LICENSE NUMBER
23a. NAME AND ADDRESS OF FUNERAL HOME: Cremation & Funeral Services of Nashville 1332 Rosa Parks Blvd Nashville TN 37208			23b. LICENSE NUMBER OF FUNERAL HOME: 1233

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Rebekah Rhodes	25. DATE FILED (Month, Day, Year): June 27 2013

CERTIFIER

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

26. CERTIFIER (Check only one):
26a. ☑ PHYSICIAN - To the best of my knowledge, death occurred at the date 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, and place, and due to the cause(s) and manner stated.

27a. SIGNATURE OF CERTIFIER: ▶ Lila August MD	27b. LICENSE NUMBER: 110 36329 (TN)	27c. DATE SIGNED (Month, Day, Year): 6/25/13
	27d. NAME AND ADDRESS	

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. acute stroke	days
Due to (or as a consequence of)	b. Cerebrovascular disease	years
Due to (or as a consequence of)	c.	
Due to (or as a consequence of)	d.	

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

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I: pulmonary disease, coronary disease, dementia

29a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☐ No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

30. MANNER OF DEATH: ☑ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined	31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☑ Unknown	32. IF FEMALE: ☑ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

33. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? ☐ Yes ☐ No	34d. PLACE OF INJURY – (e.g., home, farm, street, factory, office, building, etc.) (Specify)
	34e. DESCRIBE HOW INJURY OCCURRED			34f. LOCATION OF INJURY (Street and Number, City or Town, State)

CDPH-1658 (Rev. 10/2011) RDA 1399

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.

6143185

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

6143185

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued JUN 27 2013

CERTIFICATION OF VITAL RECORD