QUITCLAIM DEED

ADDRESS OF NEW OWNER AS FOLLOWS:	SEND TAX BILLS TO:	PARCEL ID.
Alex & Emily Bock 836 Lakemont Drive Nashville, TN 37220	same	160-7-17 OH-15664

THIS INSTRUMENT WAS PREPARED BY:
Elizabeth L. Adams, Attorney - 7100 Hardwood Lane - College Grove, TN 37046
Phone: 615-293-5598 - Fax: 615-791-6096 - Email: eadams@adamslaw-tn.com

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)
)
The actual consideration for this transfer is $-0-.)
)
Juanez Thomas Johnston)
JUANEZ THOMAS JOHNSTON, Affiant)
)
Subscribed and sworn to before me,)
this 15 day of February, 2022.)
)
Tamara M. Hill)
NOTARY PUBLIC)
My Commission Expires: 05/28/2023.)

TAMARA M HILL
My Commission Expires
NOTARY PUBLIC
May 28, 2023
FORSYTH COUNTY, NC

Karen Johnson Davidson County
Batch# 812118 DEEDQC
02/28/2022 08:52:59 AM 6 pgs
Fees: $32.00 Taxes: $0.00

20220228-0022034

FOR AND IN CONSIDERATION of One Dollar ($1.00) cash in hand paid, the receipt of which is hereby acknowledged, JUANEZ THOMAS JOHNSTON AND RAY TYRONE JOHNSTON, AS TRUSTEES OF HAROLD C. JOHNSTON REVOCABLE TRUST, dated October 25, 2016, Grantor, by these presents, do hereby quitclaim and convey unto ALEX BOCK and wife, EMILY BOCK, Grantee, their successors and assigns all of their right, title and interest in and to the following described property lying in Davidson County, Tennessee, bounded and described as follows:

BEING Lot No. 220 on the Plan of Oak Hill Estates, Section 2, of record in Book 4460, pages 36, 37 and 38, Register's Office for Davidson County, TN, to which Plan reference is hereby made for a more complete and accurate description thereof.

BEING the same property conveyed to Harold C. Johnston and his successors in trust, as Trustee of the Harold C. Johnston Revocable Trust, dated October 25, 2016, by Harold C. Johnston and his successor in trust, as Trustee of the Harold C. Johnston Revocable Trust, dated October 25, 2016, and Alex Bock and Emily Bock, Husband and Wife, of record in Instrument Number 20210429-0057161, Register's Office for Davidson County, Tennessee.

Harold C. Johnston is now deceased as evidenced by his Certificate of Death attached as Exhibit A. The Certificate of Trust of the Harold C. Johnston Revocable Trust is attached as Exhibit B and the TennCare Release is attached as Exhibit C.

This is improved property, known as 836 Lakemont Drive, Nashville, Tennessee 37220.

This description was taken from a prior deed.

IN WITNESS WHEREOF, the Grantor has caused their names to be affixed hereto on this 15 day of February, 2022.

JUANEZ THOMAS JOHNSTON, Co-Trustee
Harold C. Johnston Revocable Trust,
dated October 25, 2016

RAY TYRONE JOHNSTON, Co-Trustee
Harold C. Johnston Revocable Trust,
dated October 25, 2016

STATE OF NC)
COUNTY OF Forsyth)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named JUANEZ THOMAS JOHNSTON with whom I am personally acquainted, and who acknowledged that she executed the within instrument for the purposes therein contained.

WITNESS, my hand and official seal this 15 day of February, 2022.

My Commission Expires: 05/28/2023 Notary Public

TAMARA M HILL My Commission Expires NOTARY PUBLIC May 28, 2023 FORSYTH COUNTY, NC

STATE OF NC)
COUNTY OF Forsyth)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named RAY TYRONE JOHNSTON with whom I am personally acquainted, and who acknowledged that he executed the within instrument for the purposes therein contained.

WITNESS, my hand and official seal this 15 day of February, 2022.

My Commission Expires: 05/28/2023 Notary Public

TAMARA M HILL My Commission Expires NOTARY PUBLIC May 28, 2023 FORSYTH COUNTY, NC

STATE OF TENNESSEE
Office of Vital Records

[redacted]

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2021 049452

1. Decedent's Legal Name: HAROLD C. JOHNSTON			2. Sex: MALE	3. Date of Death: 07/25/2021
4. Time of Death (Approx.): 05:00 PM	5a. Age: 80	6. Date of Birth: 06/24/1941	7. Birthplace: HETZEL, WV	
8a. Place of Death: DECEDENT'S HOME				
8b. Facility Name: 836 LAKEMOUNT DRIVE		8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON
9. Marital Status: WIDOWED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: WOOD WORKER		11b. Kind of Business/Industry: PHILLIPS BUILDERS
12. Social Security Number: [redacted]	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: NASHVILLE
13d. Street and Number: 836 LAKEMOUNT DRIVE		13e. Inside City Limits?: YES	13f. Zip Code: 37220	14. Was Decedent ever in US Armed Forces?: YES
15. Decedent's Education: HIGH SCHOOL GRADUATE OR GED COMPLETED	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: WHITE		
18. Father's Name: JAMES JOHNSTON		19. Mother's Name Prior to First Marriage: ALICE PRATT		
20a. Informant's Name: JUANEZ JOHNSTON	20b. Relationship to Decedent: SISTER-IN-LAW	20c. Mailing Address: 4425 HOLLY SPRING ROAD, EAST BEND, NC 27018		
21a. Method of Disposition: BURIAL	21b. Place of Disposition: WOODLAWN MEMORIAL PARK	21c. Location: NASHVILLE, TN		
22a. Signature of Funeral Director: ▶ /e/ ILISH MURPHY STEVENS	22b. License Number: 20475	22c. Signature of Embalmer: ▶ /e/ Dawn Renee' Everett	22d. License Number: 6024	
23a. Name and Address of Funeral Home: WOODLAWN-ROESCH-PATTON FUNERAL HOME AND MEMORIAL, 660 THOMPSON LANE, NASHVILLE, TN 37204-0407			23b. License Number: 933	
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 07/29/2021		

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/ JOSHUA BRADLEY SMITHSON	27b. License Number: 040335	27c. Date Signed: 07/26/2021
27d. Name and Address: JOSHUA BRADLEY SMITHSON 2325 CRESTMOOR ROAD, NASHVILLE, TN 37215		

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. RUPTURED ABDOMINAL AORTIC ANEURYSM	TWO DAYS
	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?: YES	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

PH-1659E

RDA 10112

13250433

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

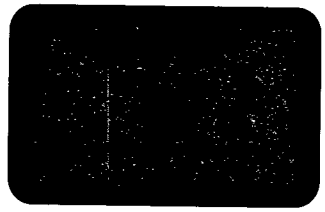
Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

1 3 2 5 0 4 3 3

Date Issued: Aug-03-2021

CERTIFICATION OF VITAL RECORD



CERTIFICATION OF TRUST

The following trust is the subject of this certification:

HAROLD C. JOHNSTON REVOCABLE TRUST, dated October 25, 2016,

as amended by the FIRST AMENDEMNT TO THE HAROLD C. JOHNSTON REVOCABLE TRUST, dated April 23, 2021.

HAROLD C. JOHNSTON, Grantor,

JUANEZ THOMAS JOHNSTON and RAY TYRONE JOHNSTON, Co-Trustees.

1. Said trust is in full force and effect on the date of this certification;
2. Said Co-Trustees were appointed by the HAROLD C. JOHNSTON REVOCABLE TRUST;
3. Said trust gives the Co-Trustees very broad management and investment powers;
4. Said trust is irrevocable as of the day of Grantor's death;
5. The trust identification number is _____;
6. All trust assets should be titled to: TRUSTEES OF THE HAROLD C. JOHNSTON REVOCABLE TRUST, dated October 25, 2016;
7. To the best of the Trustees knowledge, the trust has not been revoked, modified, or amended in any manner that would cause the representations contained in the certification of trust to be incorrect;
8. The Trustees of the trust wish to keep the specific trust provisions confidential, as they are of a personal nature;
9. The signatures listed below are Trustees of the HAROLD C. JOHNSTON REVOCABLE TRUST. All declare that the foregoing statements are true and correct, under penalty of perjury.

This Certification of Trust of the HAROLD C. JOHNSTON REVOCABLE TRUST is dated this the 15 day of February, 2022.

JUANEZ THOMAS JOHNSTON,
Co-Trustee

RAY TYRONE JOHNSTON,
Co-Trustee

STATE OF NC)
COUNTY OF Forsyth)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named **JUANEZ THOMAS JOHNSTON**, 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 purpose therein contained.

Witnessed my hand this 15 day of February, 2022.

Notary Public

My Commission Expires: 05/28/2023.

TAMARA M HILL NOTARY PUBLIC My Commission Expires May 28, 2023 FORSYTH COUNTY, NC

STATE OF NC)
COUNTY OF Forsyth)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named **RAY TYRONE JOHNSTON**, 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 purpose therein contained.

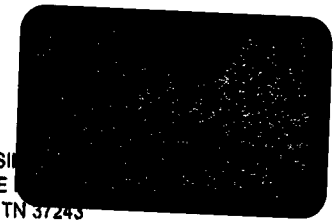
Witnessed my hand this 15 day of February, 2022.

Notary Public

My Commission Expires: 05/28/2023.

TAMARA M HILL NOTARY PUBLIC My Commission Expires May 28, 2023 FORSYTH COUNTY, NC

This instrument prepared by:
Elizabeth L. Adams
The Adams Law Firm, P.C.
7100 Hardwood Lane
College Grove, TN 37046
Phone: 615-293-5598
Fax: 615-791-6096
Email: eadams@adamslaw-tn.com



TN Division of TennCare

RFR PROCESSI
310 GREAT CIRCLE
NASHVILLE, TN 37243
Phone: (615) 741-0636, Fax (615) 413-1941
Email: RFR.TENNCARE@TN.GOV

February 3, 2022

Elizabeth L. Adams
7100 Hardwood Lane
College Grove, TN 37046

RE: Johnston, Harold C. Date of Death: 7/25/2021 SSN: xxx-xx-2321
Our File Number: 55833

Elizabeth L. Adams:

The referenced decedent did not receive TennCare Long-Term Services and Supports. Therefore, the State of Tennessee hereby releases the TennCare claim against this estate pursuant to Tenn. Code Ann. § 71-5-116(c)(2). This release is not a waiver of the right of the State of Tennessee to pursue criminal or civil penalties if fraud or abuse is found to exist pursuant to Tenn. Code Ann. § 71-5-2601, et seq.

This document is only relevant to TennCare's claim against the Decedent's probate estate. It does not apply to any Special Needs Trusts, Pooled Special Needs Trust, Qualified Income Trusts, or any other type of trust that contains a Medicaid payback provision. If you need a payoff for this type of trust, you must contact TennCare at 844-629-0941, 2 at prompt, or via email at estate.recovery@tn.gov. Please provide the Decedent's death certificate and copy of the trust when making such a request.

Sincerely,

Joan Jackson
TennCare RFR Processing Unit