Karen Johnson Davids
Batch# 827608 DEEDWARR
03/24/2022 10:44:35 AM 5 pgs
Fees: $27.00 Taxes: $0.00

20220324-0033985

Address New Owner:
Roy W. Powell and
Suzanne M. Powell
9950 Pandion Trail
Pensacola, FL 32507

Send Tax Bills to:
same

Map-Parcel Numbers
Map 71-14
Parcel 366

STATE OF TENNESSEE
COUNTY OF DAVIDSON

WARRANTY DEED
(Reserving Enhanced Life Estate)

This Warranty Deed, made as of the date set forth below, by **Roy W. Powell**, *a married man*, "Grantor", whose mailing address is 9950 Pandion Trail, Pensacola, Florida 32507, to **Roy W. Powell**, for a life estate, without any liability for waste, and with full power and authority in said life tenant to sell, convey, mortgage, lease, or otherwise manage and dispose of the property described herein, in fee simple and further, including but not limited to, the power and authority to change, amend, revise, rescind or delete any remainderman named herein, without joinder of the remainderman, and with full power and authority to retain any and all proceeds generated thereby, and upon the death of the life tenant, the remainder, to **Kimberly A. Hickson,** whose mailing address is 2843 Stinson Street, Poplar Grove, IL 61065, and **Cynthia R. Murdock**, whose mailing address is 1140 Bell Buckle Wartrace Road, Wartrace, TN 37183, as *tenants in common*, collectively "Grantee".

WITNESSETH THAT:

For and in consideration of Ten and 00/100 ($10.00) Dollars, in hand paid by Grantee to Grantor at or before the execution, sealing and delivery hereof, and other good and valuable consideration, the receipt, adequacy and sufficiency of which is hereby acknowledged, Grantor has and does hereby grant, bargain, sell, aliens, remise, release, conveys and confirms unto Grantee, its successors and assigns, all of Grantor's interest in and to that certain tract or parcel of real property lying and being in Davidson County, Tennessee, hereinafter referred to as the "Property", to-wit:

LAND in the 12th, formerly the 17th, Civil District of Davidson County, Tennessee, BEING Lot No. 4 on the unrecorded map of the Hill heirs' property on Dickerson Pike, described according to a survey made by Z. J. Wilkinson, Surveyor, August 29, 1941, as follows:

Beginning at a point on the westerly margin of Dickerson Pike, as widened, 113 feet northerly from the northerly margin of Richardson Street; thence with the westerly margin of said Dickerson Pike, northwardly 58 feet to an iron pin; thence westwardly and parallel with Richardson Street, 143.5 feet to a stake on the easterly margin of an alley; thence with the eastwardly margin of said alley, southwardly 58 feet to a stake, 113 feet northerly from the northerly margin of Richardson Street; thence eastwardly and parallel with Richardson Street, 143.5 feet to the point of beginning.

Being the same property conveyed to Roy W. Powell, and wife, Suzanne M. Powell, by deed from William M. Coats of record in Book 7516, Page 178, Register's Office for Davidson County, Tennessee.

The Property does not constitute the homestead of the Grantor named herein; nor does it adjoin the homestead of the Grantor; nor does any member of the Grantor's family reside thereon.

The Grantor provided the legal description on this deed, and this deed has been prepared without the benefit of a title search or title insurance. The preparer herein assumes no liability as to the guarantee of title.

TAI

SUBJECT TO zoning, restrictions, prohibitions and other requirements imposed by governmental authorities; restrictions and matters appearing on the plat, if there is a recorded plat, or contained in any other instrument recorded in the public records; valid easements and mineral reservations of record affecting the property, if any, which are not hereby reimposed; and taxes for the current and subsequent years.

TOGETHER WITH all appurtenances, privileges, rights, interest, dower, reversions, remainders and easements thereunto appertaining;

TO HAVE AND TO HOLD, the Property, together with any and all of the rights, members and appurtenances thereto to the same being, belonging or in anywise appertaining to the only proper use, benefit and behoof of Grantee forever, in fee simple; and Grantor covenants that he/she is well seized of an indefeasible estate in fee simple in the said property, and has a good right to convey the same; that the property is free of liens or encumbrances, and that his/her heirs, administrators, executors, successors and assigns, in the quiet and peaceable possession and enjoyment thereof, against all persons lawfully claiming the same, shall and will forever warrant and defend.

Dated this the 7th day of February, 2022.

Signed, sealed and delivered in the presence of:

Witness: Amanda Fuhrstock

Roy W. Powell

Witness: Daniel Saba

STATE OF FLORIDA
COUNTY OF SANTA ROSA

The foregoing instrument was acknowledged before me by means of physical presence this February 7, 2022, by **Roy W. Powell**, who is (__) personally known to me or (✓) produced Florida Driver's License as identification.

Notary Public

DANIEL SABA
MY COMMISSION EXPIRES MAY 11, 2023
#GG 323145
Bonded thru Budget Notary Services
NOTARY PUBLIC, STATE OF FLORIDA

This Document Prepared By:
Daniel P. Saba, Esquire
LOCKLIN, SABA, LOCKLIN & JONES, P.A.
4557 Chumuckla Highway
Pace, Florida 32571

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 96-051744

TYPE/PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): SUZANNE MARIE POWELL
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): December 16, 1996
4. SOCIAL SECURITY NUMBER: -4841
5a. AGE - LAST BIRTHDAY (Years): 54
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH: Nov 20, 1942
7. BIRTHPLACE (City and State or Foreign Country): Oakland, CA
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 ER/Outpatient 3 DOA; OTHER 4 Nursing Home 5 [X] Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 105 Natchez Dr. 910
9c. CITY, TOWN, OR LOCATION OF DEATH: Hendersonville 104
9d. COUNTY OF DEATH: Sumner 43
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Roy Wayne POWELL
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: Her Own Home
CENSUS TRACT
13a. RESIDENCE—STATE: TN
13b. COUNTY: Sumner
13c. CITY, TOWN OR LOCATION: Hendersonville
13d. STREET AND NUMBER OR RURAL LOCATION: 105 Natchez Dr.
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37075--
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No. Specify, if yes.
15. RACE—American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): ; College (1-4 or 5+): 2
17. FATHER'S NAME (First, Middle, Last): Walter Robinson
18. MOTHER'S NAME (First, Middle, Maiden Surname): Elizabeth Marie Cox
19a. INFORMANT'S NAME (Type/Print): Roy Wayne POWELL
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 105 Natchez Dr., Hendersonville, TN
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): Woodland East Memorial Park
20c. LOCATION—City or Town, State: Hendersonville TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Thomas W. Bowers
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3049
21c. SIGNATURE OF EMBALMER: Robert Bacon
21d. LICENSE NUMBER OF EMBALMER: 3808
22a. NAME AND ADDRESS OF FUNERAL HOME: COLE & GARRETT FUNERAL HOMES INC. 182 West Main Street, Hendersonville, TN 37075
22b. LICENSE NUMBER OF FUNERAL HOME: 755
23. REGISTRAR'S SIGNATURE: Peggy Ann Crampton Registrar
24. DATE FILED (Month, Day, Year): December 18, 1996
25a. PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 [X] SIGNATURE AND TITLE OF PHYSICIAN: Fernando T. Miranda
25b. LICENSE NUMBER: MD11379
25c. DATE SIGNED (Month, Day, Year): 12-18-96
26a. MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated. 1 [ ] 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): Dr. Fernando Miranda 610 W. Due W. Ave. G-24, Madison, TN 37115

28. PART I. Enter the disease, 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Multiple Myeloma — DUE TO (OR AS A CONSEQUENCE OF) — Approximate Interval Between Onset and Death: 7 years
2030
SEE INSTRUCTIONS ON OTHER SIDE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b. 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 [X] 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
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)

PH-1656 REV. 2-93

BIRTH NO

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.

13987441

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 9 8 7 4 4 1
Date Issued: Feb-23-2022

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

INSTRUCTIONS FOR ITEM 28.— CAUSE OF DEATH

Item 28 — Cause of Death
The cause of death means the disease, abnormality, injury, or poisoning that caused the death, NOT the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure.

In Part I, the immediate cause of death is reported on line (a). Antecedent conditions, if any, which gave rise to the cause are reported on lines (b), (c), and (d). The underlying cause should be reported on the last line used in Part I. No entry is necessary on lines (b), (c), and (d) if the immediate cause of death on line (a) describes completely the train of events. ONLY ONE CAUSE SHOULD BE ENTERED ON A LINE. Additional lines may be added if necessary. Provide the best estimate of the interval between the onset of each condition and death. Do not leave interval blank, if unknown, so specify.

In Part II, enter other important diseases or conditions that may have contributed to death but did not result in the underlying cause of death given in Part I.

See examples below.

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.

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Rupture of myocardium — Approximate Interval Between Onset and Death: Mins.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

b. DUE TO (OR AS A CONSEQUENCE OF): Acute myocardial infarction — 6 days

c. DUE TO (OR AS A CONSEQUENCE OF): Coronary atherosclerosis — 5 years

d. DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Diabetes, Chronic obstructive pulmonary disease, smoking

28e. WAS AN AUTOPSY PERFORMED? 1 [X] Yes 2 [ ] No

28f. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [X] Yes 2 [X] 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

31c. INJURY AT WORK? (Yes or 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)

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.

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Cerebral laceration — Approximate Interval Between Onset and Death: 10 mins.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

b. DUE TO (OR AS A CONSEQUENCE OF): Open skull fracture — 10 mins.

c. DUE TO (OR AS A CONSEQUENCE OF): Automobile accident — 10 mins.

d. DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Diabetes, Chronic obstructive pulmonary disease, smoking

28e. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No

28f. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [X] No

30 MANNER OF DEATH: 1 [ ] Natural 2 [X] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined

31a. DATE OF INJURY (Month, Day, Year): 11/15/89

31b. TIME OF INJURY: 1 p. M

31c. INJURY AT WORK? (Yes or No): No

31d. DESCRIBE HOW INJURY OCCURRED: 2-car-collision-driver

31e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify): Street

31f. LOCATION (Street and Number or Rural Route Number; City or Town; State): Route 4, Nashville, TN

ADDITIONAL INFORMATION BY PHYSICIAN

FOR OFFICIAL USE ONLY

13987440

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 9 8 7 4 4 0
Date Issued: Feb 23 2022

CERTIFICATION OF VITAL RECORD

KAREN JOHNSON
REGISTER OF DEEDS

www.nashville.gov/rod

PO Box 196398
Nashville, TN 37219-6398
(615) 862-6790 phone
(615) 880-2039 fax

The following oath of consideration is required on all deeds transferring property:

STATE OF ~~TENNESSEE~~ FLORIDA
COUNTY OF ~~DAVIDSON~~ SANTA ROSA

The actual consideration or true value, whichever is greater for this transfer is
$ 10.00 .

Roy W Powell
Affiant Roy W. Powell

Subscribed and sworn before me, this 16 day of March, 2022
Produced ID-FL as identification.

Jennifer Paulson
Notary

JENNIFER PAULSON NOTARY PUBLIC MY COMMISSION EXPIRES 2-27-2026 STATE OF FLORIDA COMMISSION NUMBER HH 253546

TAI