This Instrument Prepared by:
BARBARA J. MOSS
Elder Law of Nashville PLC
162 Woodmont Blvd
Nashville, TN 37205

From information furnished by the parties

Karen Johnson Davidson County
Batch# 848902 DEEDQC
05/02/2022 09:16:06 AM 3 pgs
Fees: $17.00 Taxes: $0.00
20220502-0050431

The actual consideration or value whichever is greater for this transfer is NO MONETARY CONSIDERATION.

Rosa R. Stephenson

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Sworn to and subscribed before me
This 15th day of April, 2022.

NOTARY PUBLIC

My Commission Expires 10/2/23

SHANNON LASHLEE
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON CO.

[Exempt from Taxation Pursuant to T.C.A. § 67-4-409(3)(A)(ii)]

QUITCLAIM DEED

ADDRESS OF NEW OWNERS:	SEND TAX BILLS TO:	MAP & PARCEL NO.
Donald W. Stephenson a/k/a Wayne Stephenson 2241 Smith Springs Rd. Nashville, TN 37217	Same	13500022700

FOR NO MONETARY CONSIDERATION, I, **Rosa R. Stephenson,** by these presents do hereby quitclaim and convey unto **Donald W. Stephenson a/k/a/ Wayne Stephenson,** all my right, title and interest in and to the following described tract of land in Davidson County:

Land in the Second Civil District of Davidson County, Tennessee.

Beginning at an iron pin in the Southerly margin of Smith Springs Road the aforesaid iron pin located 12 feet east of the North East corner of the old J. H. Myers Farm now called William Bloodworth Farm and beginning at aforesaid iron pin and continuing easterly along the southerly margin of Smith Springs Road 50 feet to an iron pin in the southerly margin of said Road, thence southerly 135 feet to an iron pin, thence westerly 50 feet to an iron pin, thence northerly 135 feet more or less to the point of beginning.

Being land conveyed to H. W. Stephenson and wife, Rosa R. Stephenson, by Warranty Deed from R.O. Stephenson and wife, Lorene D. Stephenson, dated October 27, 1951, of record at Book 76, Page 532, Register's Office for Davidson County.

Thereafter, on September 09, 2008, Harold W. Stephenson died. Death Certificate is attached as **Exhibit 1**.

This improved property is known as **2253 Smith Springs Rd., Nashville, TN 37217**.

Witness my hand this 15th day of April, 2022.

Rosa Stephenson

Rosa R. Stephenson

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, **Rosa R. Stephenson,** the within named bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), acknowledged that he/she executed the within instrument for the purposes therein contained.

Witness my hand and official seal, this 15th day of April, 2022.

Shannon Lashlee

NOTARY PUBLIC

My Commission Expires: 11/2/23

SHANNON LASHLEE
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

0805244

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

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

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Harold Wright Stephenson
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): September 9, 2008
4. SOCIAL SECURITY NUMBER: -5579
5a. AGE-LAST BIRTHDAY (Years): 83
5b. UNDER 1 YEAR (Months)
5c. UNDER 24 HOURS (Days)
6. DATE OF BIRTH (Month, Day, Year): July 13, 1925
7. BIRTHPLACE (City and State or Foreign Country): Lynnville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9. PLACE OF DEATH (Check only one): 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [ ] Residence 6 [X] Other (Specify): Hospice
9a. FACILITY NAME (If not institution, give street and number): Alive Hospice at St. Thomas
9b. 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): Rosa Roberson
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Planner
12b. KIND OF BUSINESS/INDUSTRY: Avco Aerostructures
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2253 Smith Springs Road
CONSULTING
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37217
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 [ ] Yes 2 [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+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Robert O'Neal Stephenson
18. MOTHER'S NAME (First, Middle, Maiden Surname): Lorene Doggett

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Rosa Stephenson
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2253 Smith Springs Road Nashville, Tennessee 37217

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): Woodlawn Memorial Park
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Robert Rogers
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 6060
21c. SIGNATURE OF EMBALMER: Mary H. Moore
21d. LICENSE NUMBER OF EMBALMER: 5995
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn-Roesch-Patton Funeral Home 660 Thompson Lane Nashville, Tennessee 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

24. REGISTRAR'S SIGNATURE: Linda R. Bowers, DR
24. DATE FILED (Month, Day, Year): September 11, 2008

CERTIFIER

25. 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: Tiffany E. Hines MD
25b. LICENSE NUMBER: 29591
25c. DATE SIGNED: 9/11/2008
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. 1 [ ] 2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER
26c. DATE SIGNED (Month, Day, Year)
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Tiffany E Hines MD 3220 Harding Rd. Wing 3-B Nashville, TN 37205

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

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
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Ischmic cardiomyopathy — DUE TO (OR AS A CONSEQUENCE OF):
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.
SEE INSTRUCTIONS ON OTHER SIDE
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 [X] No
30. MANNER OF DEATH: 1 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)

HS-1555 (REV. 6/99) — with HS-1 — RDA 1339

2736833

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.
Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Sharon M. Leinbach
STATE REGISTRAR

SEP 11 2008
Date Issued

CERTIFICATION OF VITAL RECORD