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 4 pgs
Fees: $22.00 Taxes: $0.00
20220502-0050432

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

SHANNON LASHLEE
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

My Commission Expires 10/2/23

[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	13500022600

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:

Beginning at a point 420 feet south of Smith Springs Road, said point also being the wouthwest corner of the Owens lot, running thence southerly with Myrick's line 462 feet to a corner in Myrick's line; thence easterly with

Myrick's line 338 feet to a point; thence northerly 15 feet to a point, which point is also the northwesterly corner of the Johnson property; thence east with Johnson's line 650 feet to a point; thence northerly 583 feet to a point, which is also the southeasterly corner of the Bloodworth lot; thence westerly with the rear lines of Bloodworth, Gardner, Summers and Owens 921 feet to the point of beginning, consisting of approximately eleven (11) acres, and being a portion of the same property conveyed to Gardner by deed of King, of record in Book 1115, page 216, R.O.D.C., Tennessee.

AND

Land in the 2nd Civic District of said county. Beginning at a stake in J.H. Myers tract in South margin of Smith Springs Road, running south with Myers and Gardner lines 1003 feet, more or less, to a stake; thence east 804 feet to Andrew Johnson line; thence North 992 feet to south margin of Smith Springs Road; thence with said Road west 138 feet to Graveyard; thence south with said Graveyard 233 feet; thence west 362 feet to Givin's southwest corner; thence north with Givin's line 89.6 feet to Hall's southeast corner; thence 210 feet with Hall's South line to the southwest corner of Hall's lot; thence north with Hall's west line 210 feet to margin of Smith Springs Road; thence west with said road 201 feet to the point of beginning.

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

Being land conveyed to Harold W. Stephenson, Rosa R. Stephenson, and Donald W. Stephenson by Quitclaim Deed from Lorene D. Stephenson dated August 31, 1988, of record at Book 7640, Page 491, Register's Office for Davidson County.

At the time of the deed described in the preceding paragraph, Harold W. Stephenson and Rosa R. Stephenson were married and, accordingly, took title to their share of the property as tenants by the entirety.

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

This improved property is known as **2257 Smith Springs Rd., Nashville, TN 37217.**

Witness my hand this 15th day of April 2022.

Rosa R. 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: 10/2/23

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 1 DAY (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? [X] Yes [ ] No
9a. PLACE OF DEATH (Check only one): [1] Inpatient [2] ER/Outpatient [3] DOA [4] Nursing Home [5] Residence [6] Other (Specify): Hospice
9b. FACILITY NAME (If not institution, give street and number): Alive Hospice at St. Thomas
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): 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
CENSUS TRACT
13e. PERSONS IN HOUSEHOLD UNITS? [X] Yes [ ] No
13f. ZIP CODE: 37217
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - if yes, specify Cuban, Mexican, Puerto Rican, etc.): [ ] Yes [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): Rose 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: [X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] 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 Bynum
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

23. REGISTRAR'S SIGNATURE: Linda R. Bivaleva, DR
24. DATE FILED (Month, Day, Year): September 11, 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: Julian Ortner
25b. LICENSE NUMBER: 29591
25c. DATE SIGNED (Month, Day, Year): 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. [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): Tiffany F. Hines MD 3220 Harding Rd. Wing 3-B Nashville, TN 37205

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.
Immediate Cause (Final disease or condition resulting in death): a. ischemic cardiomyopathy — Due to (or as a consequence of):
Approximate Interval Between Onset and Death: years
Sequentially list conditions, if any, leading to the 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? [ ] Yes [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? [ ] Yes [ ] 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):

TN-VS-25 (REV. 6-99) — SHELBY CO. — TDA 1299

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