Karen Johnson Davidson County
Batch# 862719 DEEDQC
05/25/2022 02:11:30 PM 5 pgs
Fees: $27.00 Taxes: $0.00
20220525-0060853

Recording Requested By:
Atlas Title Company

Commitment Number: TN-2204-004991-RF

After Recording, Send To:
1809 Sea Oats Cove
Madison, TN 37115

This instrument prepared by:
Jay A. Rosenberg, Esq., Member Tennessee Bar, Rosenberg LPA LLC, Attorneys At Law, 101 South Reid Street, Suite 307, Sioux Falls, South Dakota 57103 (513) 247-9605 Fax: (866) 611-0170.

New Property Owner/Mail Tax Statements To:
Catrina Fuller-Mayberry, 1809 Sea Oats Cove, Madison, TN 37115

PROPERTY APPRAISAL (TAX/APN) PARCEL IDENTIFICATION NUMBER 052080A18700CO

QUITCLAIM DEED

Exempt: Section 67-4-409(a)(4): This is a quitclaim deed given for no monetary consideration and pursuant to Tennessee Code Section 67-4-409(a)(4) no transfer tax is due.

Catrina Fuller-Maybery, administrator of the Red D. Mayberry Estate, hereinafter grantor, of **Anderson County, Tennessee**, for $0.00 (Zero Dollars and Zero Cents) in consideration paid, grants and quitclaims to **Catrina Fuller-Mayberry**, a widow, hereinafter grantee, whose tax mailing address is **1809 Sea Oats Cove, Madison, TN 37115**, with quitclaim covenants, all right, title, interest and claim to the following land in the following real property:

THE LAND REFERRED TO HEREIN BELOW IS DESCRIBED AS FOLLOWS: Land in Davidson County, Tennessee, being Lot No. 187 on the Plan of Heron Walk, Section Two, Phase One, of record in Plat Book 9700, Page 386, Register's Office for said County, to which reference is made for a more complete description. Being that property conveyed from Allen Earps and wife Betty F. Earps to Rex D. Mayberry, unmarried, their heirs and assigns by Warranty Deed recorded February 19, 1998 in Book 10800, Page 601 in the Official County Records. APN: 052080A18700CO
Property Address is: 1809 Sea Oats Cove, Madison, TN 37115

DERIVATION CLAUSE

The instrument constituting the Grantor's source of title in the property described herein was a deed recorded at Book 10800, Page 601 in the Register's Office of Anderson County, Tennessee.

Parcel ID: 052080A18700CO

The real property described above is conveyed subject to and with the benefit of: All easements, covenants, conditions and restrictions of record; in so far as in force applicable.

The real property described above is conveyed subject to the following: All easements, covenants, conditions and restrictions of record; All legal highways; Zoning, building and other laws, ordinances and regulations; Real estate taxes and assessments not yet due and payable; Rights of tenants in possession.

Executed by the undersigned on May 9, 2022.

Catrina Fuller-Maybery, administrator of the Red D. Mayberry Estate
Catrina Fuller-Mayberry, administrator of the Rex D. Mayberry Estate

Catrina Fuller-Maybery, administrator of the Red D. Mayberry Estate

STATE OF Tennessee
COUNTY OF Davidson

The foregoing instrument was acknowledged before me on May 9, 2022 by **Catrina Fuller-Maybery, administrator of the Red D. Mayberry Estate** who is personally known to me or has produced Drivers License as identification, and furthermore, the aforementioned person has acknowledged that his/her signature was his/her free and voluntary act for the purposes set forth in this instrument.

Susie J. Ingram

Notary Public

Susie J. Ingram
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires January 3, 2023

State of Tennessee
County of Davidson

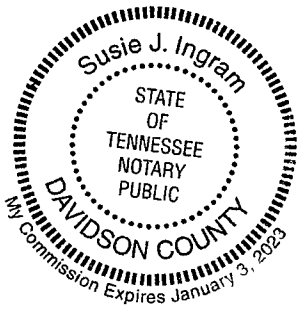
I, or we, hereby swear or affirm that to the best of affiant's knowledge, information, and belief, the actual consideration for this transfer is $0.00.

Subscribed and sworn to before me

This 9 day of May, 20 22.

Catrina Fuller-Mayberry
Affiant

Catrina Fuller-Mayberry
Print Name



(Seal)

Susie J Ingram
Notary Public

My commission expires:
01/03/2023

Susie J Ingram
Print Name

CTIC# _____

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 062894

DECEDENT

1. DECEDENT'S LEGAL NAME				2. SEX	3. DATE OF DEATH
REX DARNELL MAYBERRY				MALE	11/05/2019

TYPE/PRINT IN PERMANENT BLACK INK

NAME OF DECEDENT (To be completed by Physician or Institution)

4. TIME OF DEATH (Absent)	5a. AGE	5b. UNDER 1 YEAR: Months	Days	5c. UNDER 1 DAY: Hours	Minutes	6. DATE OF BIRTH	7. BIRTHPLACE
17:21	52					11/20/1966	NASHVILLE, TN

8a. PLACE OF DEATH	8b. FACILITY NAME	8c. CITY OR TOWN	8d. COUNTY OF DEATH
INPATIENT	SAINT THOMAS MIDTOWN HOSPITAL	NASHVILLE	DAVIDSON

9. MARITAL STATUS	10. SURVIVING SPOUSE (name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
MARRIED	CATRINA RENEE FULLER	GENERAL MANAGER	AUTO PARTS

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
-2825	TENNESSEE	DAVIDSON	MADISON

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
1809 SEA OATS COVE	YES	37115	NO

15. DECEDENT'S EDUCATION	16. DECEDENT OF HISPANIC ORIGIN?	17. DECEDENT'S RACE
SOME COLLEGE CREDIT, BUT NO DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	BLACK OR AFRICAN AMERICAN

PARENTS

18. FATHER'S NAME	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE
JERRY MAYBERRY	LORETTA HOLT

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS
CATRINA FULLER-MAYBERRY	WIFE	1809 SEA OATS COVE, MADISON, TN 37115

DISPOSITION

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION	21c. LOCATION
BURIAL	GREENWOOD NORTH	GOODLETTSVILLE, TN

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
▶ /e/ CASSANDRA MCCLAIN	3620	▶ /e/ Patrick Lamont Tucker	5072

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER
DAVIS-CAMPBELL FUNERAL HOME, 1404 JEFFERSON ST. NASHVILLE, TN 37208	403

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED
▶ /e/ EDWARD G BISHOP III	11/12/2019

CERTIFIER

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.

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

27a. CERTIFIER	27b. LICENSE NUMBER	27c. DATE SIGNED
▶ /e/ STEPHEN ANDREW CAPIZZI	036164	11/12/2019

27d. NAME AND ADDRESS
STEPHEN ANDREW CAPIZZI 300 20TH AVENUE NORTH SUITE 503, NASHVILLE, TN 37203

MEDICAL CERTIFICATION

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. PULMONARY EMBOLISM	UNKNOWN
	DUE TO (OR A CONSEQUENCE OF)	
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	b.	
	DUE TO (OR A CONSEQUENCE OF)	
	c.	
	DUE TO (OR 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? NO

29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?

30. MANNER OF DEATH	31. DID TOBACCO USE CONTRIBUTE TO DEATH?	32. IF FEMALE:
NATURAL	NO	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-1650 (Rev. 8/2017) RDA 10112

11667135

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 1 6 6 7 1 3 5

Date Issued: Nov-12-2019

CERTIFICATION OF VITAL RECORD

202205250060853

Tennessee Certification of Electronic Document

I, Kelley Liem, do hereby make oath that I am a licensed attorney and/or the custodian of the original version of the electronic document tendered for registration herewith and that this electronic document is a true and exact copy of the original document executed and authenticated according to law on 5/9/22 (date of document).

K. Liem
Affiant Signature

5/9/22
Date

State of CA

County of ORANGE

Sworn to and subscribed before me this 9 day of MAY, 2022.

A. Serna
Notary's Signature

MY COMMISSION EXPIRES: 5/11/22

NOTARY'S SEAL

ABIGAIL SERNA
Commission No. 2237886
NOTARY PUBLIC-CALIFORNIA
ORANGE COUNTY
My Comm. Expires MAY 11, 2022

202205250060853