Karen Johnson Davidson County
Batch# 879412 DEEDWARR
06/28/2022 11:17:29 AM 3 pgs
Fees: $17.00 Taxes: $0.00
20220628-0074276

THIS INSTRUMENT PREPARED BY:
PATRICK NEIGHBORS, ESQ.
9111 Cross Park Drive
Suite D-200
Knoxville, Tennessee 37923

THIS TRANSFER IS EXEMPT FROM REAL ESTATE TRANSFER TAX PURSUANT TO T.C.A. §67-4-409(a)(3)(F)

ADDRESS OF NEW OWNERS:	**SEND TAX BILLS TO:**	**MAP/PARCEL NOS:**
WANDA K. GAILEY 132 Cumberland Trace Nashville, Tennessee 37214	Same	073 16 0A 132.00

WARRANTY DEED

For and in consideration of the sum of TEN AND 00/100 DOLLARS ($10.00), cash and other good and valuable consideration, the receipt of all of which is hereby acknowledged, **WANDA K. GAILEY** hereinafter referred to as Grantor has bargained and sold, and by these presents does transfer and convey unto **WANDA K. GAILEY, trustee of the WANDA K. GAILEY REVOCABLE LIVING TRUST DATED** 5-26-2022 (A REVOCABLE LIVING TRUST), hereinafter referred to as Grantee), her successors and assigns, their interest in and to a certain tract or parcel of land situated in Davidson County, Tennessee, more particularly described as follows:

BEING all that real property known, designated, and described as Unit No. 132 on the Plan of Cumberland Trace, of record in Book 5200, Page 724, Davidson County Registry, which description is hereby referenced.

For back title, see Instrument 20180626-0061332, Davidson Registry.

This conveyance is made subject to any and all restrictions, easements, encumbrances, and covenants of record. See prior granting instrument and chain of title for applicable exceptions.

To have and to hold the said tract or parcel of land, with the appurtenances, estate, title and interest thereto belonging to the said Grantee, its successors, assigns and representatives forever. And the undersigned, does covenant with the said Grantee that she is lawfully seized and possessed of said land in fee simple, has a good right to convey it, and the same is unencumbered, except as noted above.

And, Grantor further covenants and binds Grantor, Grantor's heirs, successors and assigns, to warrant and forever defend the title to the said land to the said GRANTEE, its successors, assigns, and representatives, against the lawful claims of all persons, whomsoever.

WITNESS my hand this 26 day of May, 2022

Wanda K. Gailey

WANDA K. GAILEY

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for this County and State, the within named **WANDA K. GAILEY**, the within named bargainor, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that they executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this 26 day of May, 2022.

Barry Simpson

Notary Public

BARRY SIMPSON
STATE OF TENNESSEE NOTARY PUBLIC
CHEATHAM COUNTY

My Commission Expires: .

My commission expires 02-25-2023

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 059449

DECEDENT (TYPE/PRINT IN PERMANENT BLACK INK)

1. DECEDENT'S LEGAL NAME			2. SEX	3. DATE OF DEATH
MARION EUGENE GAILEY JR			MALE	10/24/2018

4. TIME OF DEATH (Approx.)	5a. AGE	5b. UNDER 1 YEAR Months	Days	5c. UNDER 1 DAY Hours	Minutes	6. DATE OF BIRTH	7. BIRTHPLACE
14:36	78					02/23/1940	ALTOONA, PA

8a. PLACE OF DEATH: HOSPICE FACILITY

8b. FACILITY NAME	8c. CITY OR TOWN	8d. COUNTY OF DEATH
ALIVE HOSPICE	NASHVILLE	DAVIDSON

9. MARITAL STATUS	10. SURVIVING SPOUSE (name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
MARRIED	WANDA FITZGERALD	AUDIO VISUAL ENGINEER	AUTOMATIVE

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

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
132 CUMBERLAND TRACE	YES	37214	YES

15. DECEDENT'S EDUCATION	16. DECEDENT OF HISPANIC ORIGIN?	17. DECEDENT'S RACE
BACHELOR'S DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	WHITE

NAME OF DECEDENT (Continued)

PARENTS

18. FATHER'S NAME	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE
MARION E GAILEY SR	JULIA N IMLER

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS
WANDA FITZGERALD	SPOUSE	132 CUMBERLAND TRACE, NASHVILLE, TN 37214

DISPOSITION

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION	21c. LOCATION
BURIAL	MIDDLE TN VETERANS CEMETERY	NASHVILLE, TN

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
▶ /e/ ALAN C DESMOND	6694	▶ /e/ Robert Germaine Maneese	6805

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER
BOYD FUNERAL HOME, 101 ELIZABETH STREET, ASHLAND CITY, TN 37015	891

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED
▶ /e/ EDWARD G. BISHOP III	10/29/2018

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.

27a. CERTIFIER	27b. LICENSE NUMBER	27c. DATE SIGNED
▶ /e/ ANDREW DAIGLE	56034	10/29/2018

27d. NAME AND ADDRESS: ANDREW DAIGLE 1718 PATTERSON ST, NASHVILLE, TN 37203

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

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. CRYPTOGENIC CIRRHOSIS	
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. DUE TO (OR A CONSEQUENCE OF)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I

29a. WAS AN AUTOPSY PERFORMED?	29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
NO	

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-1659 (Rev. 8/2017) RDA 10112

10015149

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.

1 0 0 1 5 1 4 9

Edward G. Bishop III
State Registrar

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued OCT 30 2018

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD