Karen Johnson Davidson County
Batch# 885092 DEEDQC
07/06/2022 02:00:21 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20220706-0077984

QUIT CLAIM DEED

KNOW ALL MEN BY THESE PRESENTS, that Nelle C. Hudson on this the 22nd day of June, 2022, for and in consideration of the sum of One Dollar(s), do(es) hereby bargain, sell, release, remise, quit claim and convey unto Clifton Ronald Hudson and Jo May Hudson all right, title and interest in and to the following described real estate, to wit:

PROPERTY known as 2949 Cherry Hills Drive in Antioch, Tennessee.

LAND in Davidson County, Tennessee being Lot No. 2 on the Plan of Percy Priest Meadows, Section I, of record in Plat Book 4675, Page 110, Register's office for said County.

SAID Lot No. 2 fronts 85.83 feet on the southwesterly margin of Cherry Hills Drive and extends back 173.51 feet on the southeasterly line and 168.40 feet on the northwesterly line, to a line in the rear, measuring 73.35 feet.

BEING the same property conveyed to Ernest R. Franke and wife, Charlotte H. Franke by deed from Garrett D. Corine and wife, Linda A. Corine of record in Book 5386, Page 349, Register's Office for Davidson County, Tennessee.
Book 5492, Page 769 - Source of Title

IN TESTIMONY WHEREOF I/we have hereunto set my/our hand(s) this 22nd day of June, 2022.

Nelle C Hudson

STATE OF TENNESSEE
COUNTY OF DAVIDSON
Before me, the undersigned Notary Public in and for the County and State aforesaid, personally appeared Nelle C. Hudson with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged to be person(s) within named and that executed the foregoing instrument for the purpose therein contained.

Witness my hand and seal this 22nd day of June, 2022.

Zeta Williams
Notary Public

My commission expires: March 15, 2025

ZETA WILLIAMS
STATE OF TENNESSEE NOTARY PUBLIC
RUTHERFORD COUNTY
My Commission Expires March 15, 2025

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 $1.00.

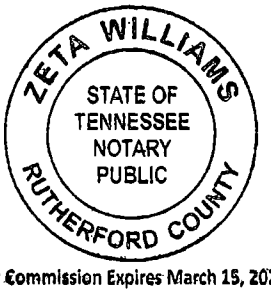
Affiant

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Subscribed and sworn before me this the 22nd day of June, 2022.

Notary Public

My commission expires: March 15, 2025



My Commission Expires March 15, 2025

The following information is not a part of this Deed.

Property Address:	2949 Cherry Hills Drive Antioch, TN 37013
Owner's Name and Address:	Nelle C. Hudson 2949 Cherry Hills Drive Antioch, TN 37013
Parcel Number:	150 05 0 289.00
Mail Tax Bills to:	Clifton Ronald and Jo May Hudson 2949 Cherry Hills Drive Antioch, TN 37013

Prepared By: Jo M Hudson
2949 Cherry Hills Drive
Antioch, TN 37013

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2021 058874

1. Decedent's Legal Name: CHARLES RONALD HUDSON		2. Sex: MALE	3. Date of Death: 08/25/2021
4. Time of Death (Approx): 08:44 AM	5a. Age: 86	6. Date of Birth: 01/04/1935	7. Birthplace: NASHVILLE, TN
8a. Place of Death: DECEDENT'S HOME			
8b. Facility Name: 2949 CHERRY HILLS DR	8c. City or Town: ANTIOCH		8d. County of Death: DAVIDSON
9. Marital Status: MARRIED	10. Surviving Spouse (name prior to first marriage): NELLE M CLARDY	11a. Decedent's Usual Occupation: CHAPLIN	11b. Kind of Business/Industry: UNITED STATES AIRFORCE
12. Social Security Number: 4867	13a. Residence State or Foreign Country: TENNESSEE	13b. County: DAVIDSON	13c. City or Town: ANTIOCH
13d. Street and Number: 2949 CHERRY HILLS DR	13e. Inside City Limits?: YES	13f. Zip Code: 37013	14. Was Decedent ever in US Armed Forces?: YES
15. Decedent's Education: DOCTORATE OR PROFESSIONAL DEGREE	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: BLACK OR AFRICAN AMERICAN	
18. Father's Name: BENJAMIN FRANKLIN HUDSON		19. Mother's Name Prior to First Marriage: RACHEL TARRANT	
20a. Informant's Name: C. RONALD HUDSON	20b. Relationship to Decedent: SON	20c. Mailing Address: 2949 CHERRY HILLS DR., ANTIOCH, TN 37013	
21a. Method of Disposition: BURIAL	21b. Place of Disposition: MIDDLE TN STATE VETERANS	21c. Location: PEGRAM, TN	
22a. Signature of Funeral Director: ▶ /e/ DONTAE L COOK	22b. License Number: 20093	22c. Signature of Embalmer: ▶ /e/ Patrick Lamont Tucker	22d. License Number: 5072
23a. Name and Address of Funeral Home: LEWIS AND WRIGHT FUNERAL DIRECTORS, 2500 CLARKSVILLE HIGHWAY, NASHVILLE, TN 37208-1060			23b. License Number: 812
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 09/05/2021	

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: ▶ /e/ ANH THI MEADOWS	27b. License Number: 045572	27c. Date Signed: 08/30/2021

27d. Name and Address: ANH THI MEADOWS 1718 PATTERSON STREET, NASHVILLE, TN 37203

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). 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.	a. MULTIPLE DECUBITUS WOUNDS, SACRUM, BILATERAL, HIPS AND HEELS	
	b. HYPERTENSIVE HEART DISEASE	
	c.	
	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: NATURAL	31. Did Tobacco Use Contribute to Death?: NO	32. If Female: 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-1659E RDA 10112

13578869

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

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Edward G. Bishop III, State Registrar — Lisa Piercey, MD, MBA, FAAP, Commissioner — Date Issued: Sep-09-2021

CERTIFICATION OF VITAL RECORD