Prepared By:
Mr. John E. Douglas
4996 Bull Run Rd
Ashland City, Tennessee 37015

After Recording Return To:
John E Douglas
4996 Bull Run Rd
Ashland City, Tennessee 37015

Karen Johnson Davidson County
Batch# 967671 **DEEDQC**
02/06/2023 08:17:33 AM 4 pgs
Fees: $22.00 Taxes: $0.00

20230206-0008223

TAX PARCEL ID #: 046-00-0-041.00

QUIT CLAIM DEED

BE IT KNOWN BY ALL, that Mrs. Rikki Jean Douglas *("Grantor")* , **whose address is** 4996 Bull Run Rd, Ashland City, Tennessee 37015, hereby ***REMISES, RELEASES AND FOREVER QUITCLAIMS TO*** Mr. John E Douglas *("Grantee")* , **whose address is** 4996 Bull Run Rd, Ashland City, Tennessee 37015, all right, title, interest and claim to the following real estate property located at 4996 Bull Run Rd in the City/Township of Ashland City, located in the County of Davidson and State of Tennessee and ZIP code of 37015, to-wit:

Property having Lot No. 046-00-0-041.00, with the Section No. , and having the following description: Tract No. 15, E. E. Brown Farm
Plat Book 161, Page 117
Square Footage: 952 sq ft
Number of Beds: 2 bed
Number of Baths: 2 bath
Number of Rooms: 4 rooms
Land Area: 0.37 Acres
Zone: 4.
20170426-0040779

FOR VALUABLE CONSIDERATION, in the amount of $1.00 dollars, given in hand, and for other good and valuable consideration the receipt and sufficiency of which is hereby acknowledged.

BE IT FURTHER KNOWN, that this transfer shall be effective as of , and that the Grantor makes no promises as to ownership of title to the above-referenced Property, but simply agrees to transfers whatever interest the Grantor has in it to the Grantee.

JD

TO HAVE AND ~~TO HOLD~~ all of Grantor's right, title and interest in and to the ~~above~~ described Property is hereby transferred unto the Grantee, Grantee's heirs, administrators, ~~executors,~~ successors and/or assigns forever; so that neither Grantor nor Grantor's heirs, administrators, executors, successors and/or assigns shall have, ~~claim or~~ demand any right or title to the aforesaid property, premises or appurtenances or any party thereof.

(Grantor's or Authorized Representative's Signature)
Rikki Jean Douglas

(Grantee's or Authorized Representative's Signature)
John E Douglas

Signed in our presence:

STATE OF TENNESSEE
COUNTY OF DAVIDSON
The actual consideration or true value, whichever is greater for this transfer is
$ 0
, Affiant
Subscribed and sworn before me this the
6 Day of Feb , 2022.
A. Hayes , Deputy Register

TAI

STATE OF TENNESSEE)
) **SS.**
COUNTY OF DAVIDSON)

The foregoing Quit Claim Deed was acknowledged before me on 2/3/2023 by Mrs. Rikki Jean Douglas, who is personally known to me or who has produced a valid driver's license and/or passport as identification, and such individual(s) having executed aforementioned instrument of his/her/their free and voluntary act and deed.

IN WITNESS THEREOF, to this Quit Claim Deed, I set my hand and seal.

Signed, sealed and delivered in the presence of:

(Signature of Notary)

Sean W. Scott

(Printed Notary Name) Davidson, Tennessee

My Commission expires: 09/08/2025



(Witness #1 Signature)

(FIRST WITNESS NAME TYPED)

(Witness #2 Signature)

(SECOND WITNESS NAME TYPED)

Grantee's Address:

Mr. John E Douglas
4996 Bull Run Rd
Ashland City, Tennessee 37015

Grantor's Address:

Mrs. Rikki Jean Douglas
4996 Bull Run Rd
Ashland City, Tennessee 37015

Mail Subsequent Tax Bills To:
John E Douglas
4996 Bull Run Rd
Ashland City, Tennessee 37015

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 004069

1. Decedent's Legal Name: RIKKI JEAN DOUGLAS				2. Sex: FEMALE	3. Date of Death: 01/15/2023
4. Time of Death (Approx.): 13:56	5a. Age: 48	6. Date of Birth: 08/18/1974	7. Birthplace: NASHVILLE, TN		
8a. Place of Death: DECEDENT'S HOME					
8b. Facility Name: 4996 BULL RUN RD		8c. City or Town: ASHLAND CITY		8d. County of Death: CHEATHAM	
9. Marital Status: MARRIED	10. Surviving Spouse (name prior to first marriage): JOHN EDWARD DOUGLAS	11a. Decedent's Usual Occupation: HOME MAKER		11b. Kind of Business/Industry: HOME MAKER	
12. Social Security Number: -5422	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: CHEATHAM		13c. City or Town: ASHLAND CITY	
13d. Street and Number: 4996 BULL RUN RD		13e. Inside City Limits?: YES	13f. Zip Code: 37015	14. Was Decedent ever in US Armed Forces?: NO	
15. Decedent's Education: HIGH SCHOOL GRADUATE OR GED COMPLETED	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: WHITE			
18. Father's Name: RICKEY LEE MCCLUSKEY		19. Mother's Name Prior to First Marriage: DONNA KAY ADKINS			
20a. Informant's Name: JOHN E. DOUGLAS	20b. Relationship to Decedent: HUSBAND	20c. Mailing Address: 4996 BULL RUN RD, ASHLAND CITY, TN 37015			
21a. Method of Disposition: CREMATION	21b. Place of Disposition: WEST HARPETH CREMATORY	21c. Location: NASHVILLE, TN			
22a. Signature of Funeral Director: ▶ /e/ EMILY ANN HAAG	22b. License Number: 20367	22c. Signature of Embalmer: ▶ /e/ DONNET E BULLARD		22d. License Number: 6351	
23a. Name and Address of Funeral Home: HARPETH HILLS MEMORY GARDENS, FUNERAL HOME AND CREMATION CENTER, 9090 HIGHWAY 100, NASHVILLE, TN 37221-				23b. License Number: 849	
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 01/25/2023			

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/ RACHEL BALLARD MEHR	27b. License Number: 045299	27c. Date Signed: 01/25/2023

27d. Name and Address: RACHEL BALLARD MEHR 6130 NOLENSVILLE PIKE, NASHVILLE, TN 37221

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. CARDIOPULMONARY ARREST	
	b. CHRONIC DIASTOLIC HEART FAILURE	
	c.	
	d.	

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

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: NOT PREGNANT WITHIN PAST YEAR		
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

RH-1659E RDA 10112

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.

14797924

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977

Edward G Bishop III

Edward G. Bishop III
State Registrar

Date Issued: Jan-31-2023

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CERTIFICATION OF VITAL RECORD