Karen Johnson Davidson County
Batch# 975950 DEEDQC
03/01/2023 03:38:30 PM 7 pgs
Fees: $38.00 Taxes: $142.12
20230301-0014740

This instrument prepared by VidmarLaw, Ltd., John Vidmar (TN Bar#032525), P.O. Box 211031, Columbus, Ohio 43221

Record and Return to: Astrid M. Hagopian, 4433 S Trace Boulevard, Old Hickory, TN 37138

Order Number: 72756470

72918824-84832052

QUIT-CLAIM DEED

KNOW ALL MEN BY THESE PRESENTS, that the Grantor(s) **Andrew A. Altieri, widowed and not remarried,** and **Astrid M. Hagopian, an unmarried person,** for Thirty-Eight Thousand Four Hundred Eleven Dollars and 75/100 ($38,411.75) and other valuable consideration paid, do hereby bargain, sell, remise, release, quit claim, and convey unto the Grantee(s), **Astrid M. Hagopian, an unmarried person,** whose address is 4433 South Trace Boulevard, Old Hickory, TN 37138, the following described real property located in the County of Davidson, State of Tennessee and further described as follows:

Being Lot No. 37 Southfork, Section Two, as of record in Book 6250, Page 386 Register's Office for Davidson County, Tennessee to which plan reference is hereby made for a more complete description.

Be the same more or less, but subject to all legal highways.

This description is the same as the description contained in the prior deed referenced herein.

Subject to easements, restrictions and all other matters of record, zoning ordinances, real estate taxes and assessments, if any, prorated to the date of this deed.

Andrew A. Altieri and wife, Carmen S. Altieri, and Astrid M. Hagopian held title as tenants in common with rights of survivorship, and by virtue of the death of Carmen S. Altieri, who died on November 14, 2016, as evidenced by the Certificate of Death attached hereto, fee simple title to the above described premises is vested in Andrew A. Altieri and Astrid M. Hagopian, Grantors herein, by operation of law.

County Parcel number: 06409025900
Street address of property: 4433 S Trace Boulevard, Old Hickory, TN 37138
Prior Instrument Reference by which Grantor(s) acquired title: Instrument Number

PCL 72756470 QC101 01 01 03

20120711-0060751 in the Register's Office, Davidson County, Tennessee.
Mail Tax Statements to: Astrid M. Hagopian, 4433 S Trace Boulevard, Old Hickory, TN 37138

Signed this 1st day of February, 2023.

Signatures of Grantors:

Andrew A. Altieri

Astrid M. Hagopian

STATE OF Tennessee, COUNTY OF Davidson, SS:

BE IT REMEMBERED That on this 1st day of February, 2023 before me, the subscriber, a Notary Public in and for said state, duly commissioned and qualified, personally came Andrew A. Altieri and Astrid M. Hagopian, known to me, or proved to me on the basis of satisfactory evidence, to be the Grantor(s) in the foregoing deed, and acknowledged by the signing thereof to be their free and voluntary act and deed.

In testimony whereof, I have hereunto subscribed my name and affixed my official seal on the day and year last aforesaid.

Notary Public

GREG D. DAVIS NOTARY PUBLIC STATE OF TENNESSEE

PCL 72756470 QC101 01 02 03

Property Address: 4433 S Trace Boulevard, Old Hickory, TN 37138
Tax Parcel: 06409025900

Oath of Consideration

I or we, Astrid M. Hagopian, the Affiant(s), herby swear or affirm that to the best of my/our knowledge, information and belief, that the actual consideration for this transfer is $38,411.75.

Signed this 1st day of February, 2023.

Signatures of Affiant(s):

Astrid M. Hagopian

Sworn and subscribed before me this 1st day of February, 2023

Notary Public

GREG D. DAVIS NOTARY PUBLIC STATE OF TENNESSEE

PCL 72756470 QC101 01 03 03

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Carmen Sofia Altieri
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): November 14, 2016
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 76
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): February 10, 1940
7. BIRTHPLACE (City and State or Foreign Country): Mayaguez, Puerto Rico

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: [ ] Hospice facility [ ] Nursing home/Long term care facility [ ] Decedent's home [ ] Other residence [ ] Other (Specify) _____

8b. FACILITY NAME (If not institution, give street and number): Summit Medical Center
8c. CITY OR TOWN: Hermitage
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: [X] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Andrew Altieri
11a. DECEDENT'S USUAL OCCUPATION: Cook
11b. KIND OF BUSINESS/INDUSTRY: Restaurant Owner

12. SOCIAL SECURITY NUMBER: [redacted]
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Old Hickory

13d. STREET AND NUMBER: 4433 South Trace Blvd.
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37138
14. WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [X] No

NAME OF DECEDENT (For use by Physician or Institution)

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
[ ] 8th grade or less
[X] 9th – 12th grade; no diploma
[ ] High school graduate or GED completed
[ ] Some college credit, but no degree
[ ] Associate degree (e.g., AA, AS)
[ ] Bachelor's degree (e.g., BA, AB, BS)
[ ] Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
[ ] Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
[ ] Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
[ ] No, not Spanish/Hispanic/Latino
[ ] Yes, Mexican, Mexican American, Chicano
[X] Yes, Puerto Rican
[ ] Yes, Cuban
[ ] Yes, other Spanish/Hispanic/Latino (Specify) _____
[ ] Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
[X] White
[ ] Black or African American
[ ] American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
[ ] Asian Indian
[ ] Chinese
[ ] Filipino
[ ] Japanese
[ ] Korean
[ ] Vietnamese
[ ] Other Asian (Specify) _____
[ ] Native Hawaiian
[ ] Guamanian or Chamorro
[ ] Samoan
[ ] Other Pacific Islander (Specify) _____
[ ] Other (Specify) _____
[ ] Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): Andres Gonzalez
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Matilda Marrero

DISPOSITION

20a. INFORMANT'S NAME: Andrew Altieri
20b. RELATIONSHIP TO DECEDENT: Husband
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 4433 South Trace Blvd. - Old Hickory, TN 37138

21a. METHOD OF DISPOSITION: [ ] Burial [X] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Nashville Cremation Service
21c. LOCATION - City or Town and State: Nashville, Tennessee

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ John Andrew Pavlek
22b. LICENSE NUMBER: 5755
22c. SIGNATURE OF EMBALMER: ▶ Not Embalmed
22d. LICENSE NUMBER: N/A

23a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn Roesch Patton Funeral Home 660 Thompson Lane Nashville, TN 37204
23b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Charles Bowden, JR
25. DATE FILED (Month, Day, Year): NOV. 22, 2016

CERTIFIER

26. CERTIFIER (Check only one):
26a. [X] PHYSICIAN - To the best of my knowledge, death occurred at the date 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, 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. SIGNATURE OF CERTIFIER: ▶ BMD
27b. LICENSE NUMBER: MD24187
27c. DATE SIGNED (Month, Day, Year): 11/21/2016
27d. NAME AND ADDRESS: Michael Beckhum MD 3901 Central Pike, Ste 350 Hermitage, TN 37076

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Congestive heart failure — Due to (or as a consequence of)
b. Pulmonary hypertension and secondary artery — Due to (or as a consequence of)
c. _____ — Due to (or as a consequence of)
d. _____

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

Approximate Interval: Onset to death
b. 10 years

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
Pulmonary fibrosis

29a. WAS AN AUTOPSY PERFORMED? [ ] Yes [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [ ] No

30. MANNER OF DEATH: [X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [X] No [ ] Unknown
32. IF FEMALE: [X] Not pregnant within past year [ ] Pregnant at time of death [ ] Not pregnant, but pregnant within 42 days of death [ ] Not pregnant, but pregnant 43 days to 1 year before death [ ] Unknown if pregnant within the past year

33. IF TRANSPORTATION INJURY, SPECIFY: [ ] Driver/Operator [ ] Passenger [ ] Pedestrian [ ] Other (Specify) _____
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? [ ] Yes [ ] No
34d. PLACE OF INJURY – at home, farm, street, factory, office, building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

PH-1659 (Rev. 10/2011) RDA 1390

08914785

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.

Lori B. Ferranti, PhD, MSN, MBA, RN
State Registrar/Asst. Commissioner

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

0 8 9 1 4 7 8 5
Date Issued

CERTIFICATION OF VITAL RECORD

202303010014740

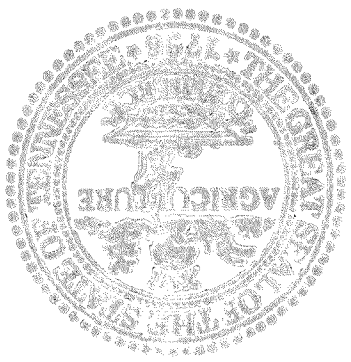


EXHIBIT A - LEGAL DESCRIPTION

Tax Id Number(s): 064 09 0 259.00

Land situated in the County of Davidson in the State of TN

LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT NO. 37 SOUTHFORK, SECTION TWO, AS OF RECORD IN BOOK 6250, PAGE 386 REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE TO WHICH PLAN REFERENCE IS HEREBY MADE FOR A MORE COMPLETE DESCRIPTION:

Commonly known as: 4433 S Trace Blvd, Old Hickory, TN 37138-4206

THE PROPERTY ADDRESS AND TAX PARCEL IDENTIFICATION NUMBER LISTED ARE PROVIDED SOLELY FOR INFORMATIONAL PURPOSES.

Being the same property conveyed to Andrew A. Altieri and Astrid M. Hagopian, as tenants in common with rights of survivorship, by deed dated July 6, 2012 of record in Deed Instrument/Case No. 20120711-0060751, in the County Clerk's Office.

Tennessee Certification of Electronic Document

I, Sam Rider, 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 2/1/2023 (date of document).

Affiant Signature

Mar 1, 2023
Date

State of Michigan

County of Wayne

Sworn to and subscribed before me this 01 day of March, 2023

Notary's Signature

MY COMMISSION EXPIRES: 6/29/2025

NOTARY'S SEAL

KELLY L. SCOTT
Notary Public, State of Michigan
County of Macomb
My Commission Expires Jun. 29, 2025
Acting in the County of WAYNE