THIS INSTRUMENT PREPARED BY AND AFTER RECORDING RETURN TO:

Shanone Emmack, Attorney at Law
219 Third Avenue North
Franklin, TN 37064
615-920-0906

Address New Owner as:
Ronnie Flatt
1556 Campbell Road
Goodlettsville, TN 37072

Send Tax Bill to New Owner

MAP 33-4-A, PARCEL 29

State of Tennessee
County of Sumner

The actual Consideration or Value , whichever is greater, for this transfer is $10.00

ALEIGHA ELLIS
STATE OF TENNESSEE
NOTARY PUBLIC
SUMNER COUNTY
MY COMMISSION EXPIRES 3-3-2026

Subscribed and sworn to before me, this the 27th **day of** April **, 2023.**

Notary Public

Commission Expires: 03-03-2026

EXECUTRIX'S QUITCLAIM DEED

Truman C. Flatt died March 2, 2022, leaving a Last Will and Testament dated September 15, 2020 (see attached Exhibit "C"). The Last Will and Testament was admitted in the Seventh Circuit Court of Davidson County Probate Division Docket Number 22-P-1121 on August 11, 2022 . The Last Will and Testament, Section X, names Lisa Fuqua as the Executrix .The Executrix is duly qualified. All debts of the decedent have been paid. The Executrix by signing this Deed releases any right the Executrix has to recover this property in the event of the subsequent insolvency of this estate. In accordance with the provisions of Item III of the Last Will and Testament of Truman C. Flatt , the Executrix quitclaims to Ronnie Flatt his successors, heirs and assigns, certain real estate located in DAVIDSON County, Tennessee, being more particularly described in Exhibit "A", which is attached hereto and incorporated herein by reference, together with all right, title and interest in and to all buildings and fixtures located on said real estate, and any easements and rights-of-way adjoining or abutting said real estate an any covenants and other rights appurtenant thereto (collectively, the "Property"). This conveyance of the Property and all covenants and warranties contained herein, are made expressly subject to the exceptions and other matters set forth in Exhibit "B", which is attached hereto and incorporated herein by reference.

Karen Johnson Davidson County
Batch# 996956 DEEDQC
04/27/2023 02:15:23 PM 13 pgs
Fees: $67.00 Taxes: $0.00
20230427-0031151

This is improved property known as 29 Rolling Meadows, Goodlettsville, Tennessee 37072

Estate of Truman C. Flatt

By _____ Date 4/27/2023
Lisa Fuqua, Executrix

STATE OF TN

COUNTY OF Sumner

Witness my hand and official seal this 27th day of April, 2023.

_____
Notary Public

My commission expires: 03-03-2026

ALEIGHA ELLIS
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY
MY COMMISSION EXPIRES 3-3-2026

EXHIBIT "A"

A certain tract or parcel of land being in Davidson County, Tennessee, described as follows:

BEING Lot No. 29 on the Plan of Rolling Meadows, Phase I. Section 7, of Record in Book No. 79001, page No, 703, Register's Office for Davidson County, Tennessee. to which plan reference is *hereby* made for a more complete and accurate description.

BEING the same property conveyed to DANIEL W. KITTRELL AND WIFE, MIRIAM E. KITTRELL. by Deed from JAMES L. AND ETHEL M. BRENNAN, of record in Book 10566, page 25, Register's Office for DAVIDSON County, Tennessee. MIRIAM E. KITTRELL subsequently died and the property is vested by operation of law in her surviving spouse, DANIEL W. KITTRELL, the Grantor herein.

Being the same property conveyed to Truman Flatt and Dorothy Flatt, Husband, and Wife, on December 21, 1998, by Warranty Deed from Daniel W. Kittrell of record in Book 11267 Page 53-56 , Register's Office for Davidson County, Tennessee. Dorothy Flatt subsequently died on February 4, 2000 (see Exhibit "D" attached) and the property vested in her surviving spouse, Truman Flatt, by operation of law.

EXHIBIT "B"

Said Lot is subject to the following restrictions:

I. All County and City REAL PROPERTY taxes for the year 2023 and subsequent years, (MAP 33-4-A, PARCEL 29, 2022 REAL PROPERTY TAXES ARE PAID IN FULL).

2. All matters as set forth on the Plan of record in Plat Book 7900, page 703. said Register's Office, including any and all setback lines, easements, notes, restrictions, etc., as may be shown thereon.

3. Declaration of Covenants, Conditions and Restrictions, of record in Deed Book 6593, Page 194, as amended in Book 9319. page 100, Register's Office for DAVIDSON County, Tennessee, and By-Laws of Rolling Meadows Townhomes Association, of record in Book 6593, page 242, appended thereto.

4. TVA Easement affecting common area of record in Book 3248, page 58, and shown on plat plus plats of record in Book 6250, page 173, and Book 4175, page 8, said Register's Office.

5. Sewer easement to City of Goodlettsville, of record in Book 5818, page 658, said Register's Office, and also shown on plat of record.

6. Charter of Rolling Meadows Townhomes Association, of record in Book 8052. page 513, said Register's Office.

Exhibit C

Truman C. Flatt Last Will and Testament

22P1121

WILL

FILED
AUG 11 2022
RICHARD R. ROOKER, Clerk
By _____ Deputy

TRUMAN C. FLATT

I, TRUMAN C. FLATT, a citizen and resident of Davidson County, Tennessee, being of sound mind and disposing memory, do hereby make, publish and declare this my Last Will and Testament, hereby revoking any and all other wills by me at any time heretofore made.

ITEM I

I direct that all my legal debts be paid by my Executrix, hereinafter named, as soon as practical after my death.

ITEM II

I hereby give and bequeath the sum of One Hundred Thousand Dollars ($100,000.00), two pistols, two cedar wardrobes, and any truck that I may own to RONNIE FLATT.

ITEM III

I hereby give, devise and bequeath my condominium located at # 29 Rolling Meadows Drive, Goodlettsville, Tennessee together with the furniture and appliances in the condominium to RONNIE FLATT.

Truman C. Flatt

Truman C. Flatt

EFILED 08/11/22 12:44 PM ..., Clerk

TOMMIE SUE HARRIS will be able to reside rent free for (1) one year at 29 Rolling Meadow, Goodlettsville, TN 37072 but will be responsible for the maintenance fee.

I hereby give to TOMMIE SUE HARRIS a love seat and TV and TV stand.

EFILED 08/11/22 12:44 PM ..., Clerk

ITEM IV

I hereby give and bequeath the War Bonds to LISA FUQUA.

ITEM V

I hereby give and bequeath the sum of Twenty Thousand Dollars ($20,000.00) to CHARLES W. SPURLOCK.

ITEM VI

I hereby give and bequeath to TOMMIE SUE HARRIS the sum of One Hundred Thousand Dollars. ($100,000.00).

ITEM VII

I hereby give, devise and bequeath to PATRICIA DAVIS 7.97 acres of land located on Kedron Road in Spring Hill, Tennessee.

ITEM VIII

I hereby give, devise and bequeath to AMANDA KENNARD the sum of Twenty Thousand ($20,000.00).

ITEM IX

I hereby give, devise and bequeath, absolutely and in fee simple, the remainder of my Estate, real and personal, wheresoever located. to LISA FUQUA.

Truman C. Flatt

Truman C. Flatt

ITEM X

I hereby nominate and appoint LISA FUQUA as sole Executrix of this my Last Will and Testament, and I direct that to bond or other surety shall be required to file any inventory or final accounting with any Court other than required for the clearing of title to any real property involved in my Estate.

IN WITNESS WHEREOF, I have hereunto set my signature, at Goodlettsville, Tennessee, this 15 of September, 2020.

Truman C. Flatt

Truman C. Flatt

SIGNED by the said TRUMAN C. FLATT as and for his Last Will and Testament in the presence of us, the undersigned, who, at his request and in his sight and presence, and in the presence of each other, have subscribed our names on the date above written.

Crystal D Jones Witness

Ilan Cantrell Witness

Sworn and Subscribed to me on 9-15-2020

Crystal D Jones

Comm Exp 7-19-2021

CRYSTAL D. JONES
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

My Commission Expires July 19, 2021

AFFIDAVIT OF WITNESSES TO PROVE WILL

Personally appeared before me, the undersigned Notary Public, Crystal D Jones and Shantilus Leartmdl, who each being separately and duly sworn, each for himself/herself on his/her oath or affirmation disposes and says:

1. That I am the witness whose name is signed to the Last Will and Testament of Truman C. Flatt;
2. That Truman C. Flatt, the testator, in the presence of each us, signed the Will willingly after declaring it be his Last Will;
3. That we, as witnesses, signed and witnessed the Will in the presence of the testator and in the presence of each other;
4. That each of us believes that the testator was of sound mind and memory and under no constraint or undue influence whatsoever when he signed his Will; and
5. That we, as witnesses, and the testatrix are each at least eighteen (18) years of age.

Crystal D Jones
Witness

Shantilus Leartmdl
Witness

State of Tennessee

County of Robertson

Subscribed and sworn to before me this 5th day of August, 2022.

Notary Public

My Commission Expires: 03/25/2022

DANIEL A. DIXON
STATE OF TENNESSEE NOTARY PUBLIC
ROBERTSON COUNTY

Exhibit "D"

Dorothy Flatt Death Certificate

Metropolitan Government of Nashville and Davidson County

Bill Purcell, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

FEB 9 2000

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

John T. Dunn
LOCAL REGISTRAR

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT: Flatt, Dorothy
For use by Physician or Institution

1. DECEDENT'S NAME (First, Middle, Last): Dorothy T. Flatt		2. SEX: F	3. DATE OF DEATH (Month, Day, Year): 02/04/2000	STATE FILE NUMBER
4. SOCIAL SECURITY NUMBER (of Deceased): -0890	5a. AGE-LAST BIRTHDAY (Years): 68	5b. UNDER 1 YEAR: MOS / DAYS	5c. UNDER 1 DAY: HOURS / MIN.	6. DATE OF BIRTH (Month, Day, Year): 7/16/1931
7. BIRTHPLACE (City and State or Foreign Country): Spring Hill, TN				

DECEDENT

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No

9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA — OTHER: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)

9b. FACILITY NAME (If not institution, give street and number): 29 Rolling Meadows	9c. CITY, TOWN, OR LOCATION OF DEATH: Goodlettsville	9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS-Married, Never Married, Widowed Divorced (Specify): Married	11. SURVIVING SPOUSE (If wife, give maiden name): Truman Flatt	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Machine Operator
12b. KIND OF BUSINESS/INDUSTRY: Wrethan Industries		
13a. RESIDENCE-STATE: Tennessee	13b. COUNTY: Davidson	13c. CITY, TOWN OR LOCATION: Goodlettsville
13d. STREET AND NUMBER OR RURAL LOCATION: 29 Rolling Meadows Dr.		
CENSUS TRACT	13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No	13f. ZIP CODE: 37072
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No — Specify, if yes:	15. RACE-American Indian, Black, White, etc. (Specify): White	16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12 — College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Hollie Tucker	18. MOTHER'S NAME (First, Middle, Maiden Surname): Oney Brown

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Truman Flat	19b. RELATIONSHIP TO DECEASED: Husband	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 29 Rolling Meadows Dr. Goodlettsville, TN 37072

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Woodlawn Memorial Park	20c. LOCATION-City or Town, State: Nashville, TN

21a. SIGNATURE OF FUNERAL DIRECTOR: ► Donald Garrison	21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4308	21c. SIGNATURE OF EMBALMER: ► David Reeves	21d. LICENSE NUMBER OF EMBALMER: 4484

22a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Funeral Home 2707 Gallatin Rd., Nashville, TN 37216	22b. LICENSE NUMBER OF FUNERAL HOME: 331

REGISTRAR

23. REGISTRAR'S SIGNATURE: ► Marsha L. Jones	24. DATE FILED (Month, Day, Year): February 7, 2000

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.

1 [ ] SIGNATURE AND TITLE OF PHYSICIAN ►	25b. LICENSE NUMBER	25c. DATE SIGNED (Month, Day, Year)

26a. 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 as stated.

2 [X] SIGNATURE AND TITLE OF MEDICAL EXAMINER ► Janet R Pillow	26b. LICENSE NUMBER: 16669	26c. DATE SIGNED (Month, Day, Year): 2/4/2000

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Janet R. Pillow. M.D.;84 Hermitage Ave;Nashville TN 37210; MEC00-0306

CAUSE OF DEATH

SEE INSTRUCTIONS ON OTHER SIDE

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Atherosclerotic cardiovascular diseaes	
	DUE TO (OR AS A CONSEQUENCE OF):	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b.	
	DUE TO (OR AS A CONSEQUENCE OF):	
	c.	
	DUE TO (OR AS 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? 1 [ ] Yes 2 [X] No	29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [X] No

30. MANNER OF DEATH: 1 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined	31a. DATE OF INJURY (Month, Day, Year)	31b. TIME OF INJURY	31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No	31d. DESCRIBE HOW INJURY OCCURRED
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)			31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

BIRTH NO.

PH-1659
REV. 3-98

RDA 1399