Karen Johnson Davidson County
Batch# 1002581 DEEDQC
05/12/2023 11:12:30 AM 6 pgs
Fees: $32.00 Taxes: $0.00
20230512-0035542

File No: 30289862
Grantor's Loan No. 2201579980

After Recording, Send to:
ServiceLink, LLC
1355 Cherrington Parkway
Moon Township, PA 15108

Prepared by: Thomas Granville McCroskey, Esq., Tennessee Bar No. 15569, Cordell Law LLC, 5315 N Clark Street #173, Chicago, IL 60640, (866) 363-3337.

The preparer of this instrument has neither been requested to nor has the preparer conducted a title search or an inspection of the real property transferred hereby. No representations or warranties as to accuracy of the description, the status of title or condition of the real property have been made by the preparer.

New Owner Address/Send Tax Bills To:
Madge A. Fly and **Gary Cutler** and **Susan Cutler**, 156 Babb Dr, Joelton, TN 37080

Tax Parcel Number: 021 00 0 332.00

Exempt: Section 67-4-409(a)(4): This is a quitclaim deed given for no monetary consideration and pursuant to Tennessee Code Section 67-4-409(a)(4) no transfer tax is due.

QUITCLAIM DEED

Madge A. Fly, unmarried, surviving spouse of Kenneth H. Fly who passed from this life 3/4/2022, ("Grantor"), of **156 Babb Dr, Joelton, TN 37080**, for and in consideration of $0.00 (Zero Dollars and Zero Cents) and other good and valuable consideration in hand paid, receipt of which is hereby acknowledged, conveys and quitclaims his/her/their interest to **Madge A. Fly,** unmarried, and **Gary Cutler** and **Susan Cutler,** husband and wife, all as joint tenants with right of survivorship, ("Grantee"), whose tax mailing address is **156 Babb Dr, Joelton, TN 37080,** with quitclaim covenants, the following described real estate:

The following described property:

LAND IN THE 14TH CIVIL DISTRICT OF DAVIDSON COUNTY, TENNESSEE, BEING LOT NO. 4 OF THE UNRECORDED WILLIAM GIFFORD SUBDIVISION, DESCRIBED ACCORDING TO A SURVEY BY BRUCE RAINEY, SURVEYOR, #823, DATED DECEMBER 31, 1985, AND KNOWN AS JOB NO. 80-247, AS FOLLOWS:

SAID LOT NO. 4 BEGINS AT A POINT IN THE CENTER OF A PRIVATELY MAINTAINED ROAD AT THE COMMON BOUNDARY BETWEEN LOTS 3 AND 4; THENCE NORTHERLY ALONG SAID COMMON BOUNDARY N 26 DEGREES 13 MINUTES 04 SECONDS W 670.00 FEET TO A POINT IN THE NORTHERLY BOUNDARY OF SAID TRACT; THENCE SOUTHERLY ALONG THE BOUNDARY OF SAID TRACT S 48 DEGREES 10 MINUTES 49 SECONDS W 320.56 FEET TO A POINT; THENCE S 49 DEGREES 00 MINUTES 54 SECONDS W 56.47 FEET TO A POINT IN THE COMMON BOUNDARY BETWEEN LOTS 4 AND 5: THENCE SOUTHERLY ALONG THE SAID COMMON BOUNDARY S 18 DEGREES 56 MINUTES 37 SECONDS E 408.83 FEET TO A POINT IN THE CENTER OF A PRIVATELY MAINTAINED ROAD; THENCE NORTH - EASTERLY N 71 DEGREES 03 MINUTES 23 SECONDS E 107.28 FEET TO A POINT IN A CURVE IN THE CENTER OF SAID ROAD; THENCE ALONG THE CENTER OF SAID ROAD S 66 DEGREES 20 MINUTES 45 SECONDS E 196.64 FEET TO A POINT; THENCE ALONG THE CENTER OF SAID ROAD N 63 DEGREES 46 MINUTES 56 SECONDS E 181.97 FEET TO THE POINT OF BEGINNING, CONTAINING 5.00 ACRES MORE OR LESS.

BEING THE SAME PROPERTY CONVEYED TO KENNETH H. FLY AND WIFE, MADGE A. FLY FROM KENNETH H. FLY AND WIFE, MADGE A. FLY, DATED 04/05/2013, RECORDED 04/12/2013, DEED INSTRUMENT # 20130412-0036511, COUNTY OF DAVIDSON, STATE OF TENNESSEE.

Commonly known as: 156 Babb Dr, Joelton, TN 37080

The instrument constituting the source of Grantor's interest in the foregoing described property was a deed recorded as Instrument No. 20130412-0036511 in the Register's Office of Davidson County, Tennessee.

Parcel ID: 021 00 0 332.00

Title to the property hereinabove described is subject to the following: a) real estate taxes and assessments not yet due and payable; b) zoning laws and ordinances; c) covenants, conditions, restrictions of record and easements for the use of public utilities; d) legal roads and highways; and e) any rights of tenants in possession.

Executed by the undersigned on 5/10, 2023:

Madge A. Fly

Madge A. Fly

STATE OF Tennessee
COUNTY OF Davidson

I, the undersigned, a Notary Public in and for said County and State aforesaid, DO HEREBY CERTIFY THAT **Madge A. Fly**, personally known to me, or has produced DL., as identification, to be the same person(s) whose names are subscribed to the foregoing instrument, as having executed the same, appeared before me this day in person and acknowledged that (he/she/they) signed, sealed, and delivered the said instrument as (his/her/their) free and voluntary act for the uses and purposes therein set forth.

Given under my hand and Notarial Seal this 10th day of MAY, 2023.

Notary Public

GREG D. DAVIS
NOTARY PUBLIC
STATE OF TENNESSEE

MY COMMISSION EXPIRES:
10/21/24

STATE OF Tennessee
COUNTY OF Davidson

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 $0.00

Affiant

Subscribed and sworn to before me on this the 10th day of May, 2023.

Notary Public

My Commission Expires: 10/21/24

GREG D. DAVIS NOTARY PUBLIC STATE OF TENNESSEE

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2022 018950

1. Decedent's Legal Name			2. Sex	3. Date of Death
KENNETH HOWARD FLY			MALE	03/04/2022
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
07:24 AM	83	03/09/1938	NASHVILLE, TN	
8a. Place of Death				
INPATIENT				
8b. Facility Name		**8c. City or Town**	**8d. County of Death**	
SAINT THOMAS WEST HOSPITAL		NASHVILLE	DAVIDSON	
9. Marital Status	**10. Surviving Spouse** (name prior to first marriage)	**11a. Decedent's Usual Occupation**	**11b. Kind of Business/Industry**	
MARRIED	MADGE CHUNN	METER READER	NASHVILLE ELECTRIC SERVICE	
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**	**13c. City or Town**	
-1059	TENNESSEE	DAVIDSON	JOELTON	
13d. Street and Number		**13e. Inside City Limits?**	**13f. Zip Code**	**14. Was Decedent ever in US Armed Forces?**
156 BABB DRIVE		YES	37080	NO
15. Decedent's Education	**16. Decedent of Hispanic Origin?**	**17. Decedent's Race**		
HIGH SCHOOL GRADUATE OR GED COMPLETED	NO, NOT SPANISH/HISPANIC/LATINO	WHITE		
18. Father's Name		**19. Mother's Name Prior to First Marriage**		
HOWARD FLY		MYRTLE LUNN		
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**		
MADGE FLY	WIFE	156 BABB DRIVE, JOELTON, TN 37080		
21a. Method of Disposition	**21b. Place of Disposition**	**21c. Location**		
BURIAL	MOUNT OLIVET CEMETERY	NASHVILLE, TN		
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**	**22d. License Number**	
▶ /e/ KEITH EPPERSON	20419	▶ /e/ RYAN HEATH	20321	
23a. Name and Address of Funeral Home			**23b. License Number**	
MOUNT OLIVET FUNERAL HOME AND CEMETERY, 1101 LEBANON PIKE, NASHVILLE, TN 37210-3001			970	
24. Registrar's Signature		**25. Date Filed**		
▶ /e/ EDWARD G BISHOP III		03/15/2022		

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/ CIARA CONWAY	57379	03/15/2022

27d. Name and Address

CIARA CONWAY 4220 HARDING ROAD, NASHVILLE, TN 37205

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. PRESUMED SEPSIS OF UNCLEAR SOURCE	
	c.	
	d.	

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

DEMENTIA, HYPERTENSION, ICHTHYOSIS, HYPOTHYROIDISM

29a. Was an Autopsy Performed? NO

29b. Were Autopsy Findings Available to Complete the Cause of Death?

30. Manner of Death	**31. Did Tobacco Use Contribute to Death?**	**32. If Female:**
NATURAL	UNKNOWN	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

14082770

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

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

1 4 0 8 2 7 7 0
Date Issued: Mar-15-2022

CERTIFICATION OF VITAL RECORD

Tennessee Certification of Electronic Document

I, Amy Cox, 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 05/10/2023 (date of document).

Affiant Signature

05/11/2023
Date

State of Pennsylvania

County of Allegheny

Sworn to and subscribed before me this 11 day of MAY, 2023.

Notary's Signature

MY COMMISSION EXPIRES 5/4/2026

NOTARY'S SEAL

Commonwealth of Pennsylvania - Notary Seal
Lissette Anne Moree, Notary Public
Allegheny County
My commission expires May 4, 2026
Commission number 1223847
Member, Pennsylvania Association of Notaries