Karen Johnson Davidson County
Batch# 1039372 DEEDQC
08/17/2023 09 22 03 AM 2 pgs
Fees $12 00 Taxes $0 00
20230817-0064150

FROM: Thelma Cheryl Sanders

TO: Thelma Cheryl Sanders and Corey Sanders

QUITCLAIM DEED

Address of New Owner:	**Send Tax Bills To:**	**Map & Parcel:**
Thelma Cheryl Sanders 2441 Vale Lane Nashville, TN 37214	OWNER	73-16-10

THIS INSTRUMENT WAS PREPARED BY

Advantage Title and Escrow
1321 Murfreesboro Pike, #823
Nashville, Tennessee 37217

Prepared from information furnished by the parties

HILARY JOHNSON STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY MY COMMISSION EXPIRES 05-09-2026

STATE OF Tennessee
COUNTY OF Davidson

The actual consideration or value, whichever greater, for this transaction is $0.00

Affiant

Subscribed and sworn to before me this the 16th day of August, 2023.

Notary Public
Commission Expires:_____

I, **Thelma Cheryl Sanders**, do hereby quitclaim to **Thelma Cheryl, a widow and Corey Sanders, unmarried, as tenants in common with right of survivorship,** their Heirs and Assigns, all his rights, title and interest in the following land located in Davidson County, Tennessee described as follows: To-Wit:

Land in Davidson County, Tennessee, being Lot No. 89 on the Plan of Sunset View, Section I, Revised, of record in Book 2663, page 27 and 28, Register's Office for Davidson County, Tennessee, and more particularly described as follows

Said Lot No 89 fronts 125 feet on the westerly side of Vale Lane and extends back between lines 152.7 feet on the northerly side and 150 7 feet on the southerly side to a dead line in the rear on which it measures 60 feet.

Being the same property conveyed to James A. Sanders and wife, Thelma Cheryl Sanders by deed .of record in Book 8793, Page 885, Register's Office for Davidson County, Tennessee. James A Sanders having since died. See Exhibit A.
James A. Sanders also known as James Allen Sanders.
This conveyance is subject to any and all existing restrictions and easements of record

This is improved property known as 2441 Vale Lane, Nashville, TN 37214

Witness my/our hand(s) this the 16th day of August, 2023

Thelma Cheryl Sanders

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named Thelma Cheryl Sanders with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, and who acknowledged that she executed the within instrument for the purpose therein contained

Witness my hand and official seal at Nashville, TENNESSEE, this the 16th day of August, 2023.

Notary Public
Commission Expires:_____

HILARY JOHNSON STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY MY COMMISSION EXPIRES 05-09-2026

STATE OF TENNESSEE
Office of Vital Records

Exhibit A

Page 1 of 2

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2022 009856

1. Decedent's Legal Name			2. Sex	3. Date of Death
JAMES ALLEN SANDERS			MALE	02/04/2022
4. Time of Death (Spelled)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
18 50	59	05/27/1962	NASHVILLE, TN	
8a. Place of Death				
DECEDENT'S HOME				
8b. Facility Name		**8c. City or Town**	**8d. County of Death**	
2909 SUSAN DRIVE		NASHVILLE	DAVIDSON	
9. Marital Status	**10. Surviving Spouse (name prior to first marriage)**	**11a. Decedent's Usual Occupation**	**11b. Kind of Business/Industry**	
MARRIED	THELMA WOOD	STAGE HAND	IATSE LOCAL 46	
12. Social Security Number	**13a. Residence State or Foreign Country**	**13b. County**	**13c. City or Town**	
-3898	TENNESSEE	DAVIDSON	NASHVILLE	
13d. Street and Number	**13e. Inside City Limits?**	**13f. Zip Code**	**14. Was Decedent ever in US Armed Forces?**	
2909 SUSAN DRIVE	YES	37214	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**		
DAVID KENNETH SANDERS		PATRICIA ANN GILLESPIE		
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**		
CHERYL SANDERS	WIFE	5011 MAGNOLIA ESTATES BLVD MOUNT JULIET TN 37122		
21a. Method of Disposition	**21b. Place of Disposition**	**21c. Location**		
CREMATION	WEST HARPETH CREMATORY	NASHVILLE TN		
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**	**22d. License Number**	
▶ /e/ EMILY ANN HAAG	20367	▶		
23a. Name and Address of Funeral Home			**23b. License Number**	
HARPETH HILLS MEMORY GARDENS FUNERAL HOME AND CREMATION CENTER, 9090 HIGHWAY 100, NASHVILLE TN 37221-			849	
24. Registrar's Signature		**25. Date Filed**		
▶ /e/ EDWARD G BISHOP III		02/10/2022		

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/ KEVIN JENKINS	53688	02/07/2022

27d. Name and Address: KEVIN JENKINS 850 R S GASS BLVD NASHVILLE, TN 37216

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	PENDING	
	b		
	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?

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		
PENDING				
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

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.

14089439

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 9 4 3 9
Date Issued Apr-20-2022

CERTIFICATION OF VITAL RECORD

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