Prepared By:
Mrs. Princess Rodgers
1304 Autumn Springs Ln
Old Hickory, Tennessee 37138

Mail Tax Bills To:
Mrs. Princess Rodgers
1304 Autumn Springs Ln
Old Hickory, Tennessee 37138

Karen Johnson Davidson County
Batch# 1055933 DEEDQC
09/29/2023 02 39 32 PM 4 pgs
Fees $22 00 Taxes $0 00
20230929-0076767

TAX PARCEL ID #: 03215004000

QUIT CLAIM DEED

BE IT KNOWN BY ALL, that Mr. Overton Merritt Jr. *("Grantor")* , **whose address is** 4216 Grandville Blvd, Nashville, Tennessee 37207, hereby ***REMISES, RELEASES AND FOREVER QUITCLAIMS TO*** Mrs. Princess Rodgers *("Grantee")* , **whose address is** 1304 Autumn Springs Ln, Old Hickory, Tennessee 37138, all right, title, interest and claim to the following real estate property located at 4216 Grandville Blvd. in the City/Township of Nashville, located in the County of Davidson and State of Tennessee and ZIP code of 37207, to-wit:

LAND in Davidson County, Tennessee, being Lot No. 24 on the Plan of Grande Villa Subdivision, Section I, as of record in Book 4675, Page 30, Register's Office for Davidson County, Tennessee, a corrected by surveyor's certificate of correction of record in Book 4910, Page 83, Register's Office for Davidson County, Tennessee, dated March 6, 1975.

BEING the same property conveyed to Overton Meritt Jr. and wife, Gayle A. Merritt, by deed from Robert H. Lott and wife Deborah D. Lot, Incorporated of record in Book 6356, Page 770, Register's Office of Davidson County, Tennessee.

Overton Merritt Jr. was married to Gayle A. Merritt, who passed away 03/15/1989 (evidenced by death certificate in hand) leaving Overton as her surviving spouse.

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 09/27/2023, 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.

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.

Overton Merritt Jr

(Grantor's Signature)
Overton Merritt Jr

STATE OF TENNESSEE
COUNTY OF DAVIDSON
The actual consideration or true value, whichever is greater for this transfer is
$ 0
Princess Rodgers, **Affiant**
Subscribed and sworn before me this the
29 **Day of** Sept, 2023.
A. Hayes, **Deputy Register**

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

The foregoing Quit Claim Deed was acknowledged before me on September 28, 2023 by Mr. Overton Merritt Jr., 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:

State: Tennessee
County: Davidson

(Signature of Notary)

Starr Ashonda Mosley
(Printed Notary Name) Davidson, Tennessee

My Commission expires: 3/3/2026



STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

8901438 — STATE FILE NUMBER 89-007891

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): GAYLE A. HARDING MERRITT
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): March 15, 1989
4. SOCIAL SECURITY NUMBER (or Deceased): [redacted]
5a. AGE (Last Birthday) (Years): 41
5b. UNDER 1 YEAR: Days / Hours / Minutes
5c. UNDER 1 DAY: Minutes
6. DATE OF BIRTH (Month, Day, Year): Sept. 23, 1947
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 XX No
8a. PLACE OF DEATH (Check only one): HOSPITAL 1 XX Inpatient 2 ER/Outpatient 3 DOA; OTHER 4 Nursing Home 5 Residence 6 Other (Specify)
9a. FACILITY NAME (If not institution, give street and number): [redacted] DH2
9c. CITY, TOWN OR LOCATION OF DEATH: Nashville, Tennessee
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Overton Merritt, Jr.
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): File and Burr 709
12b. KIND OF BUSINESS/INDUSTRY: Avco Blvd. 352
13a. RESIDENCE — STATE: Tennessee
13b. COUNTY: Davidson 19
13c. CITY, TOWN OR LOCATION: Nashville, Tennessee 094
13d. STREET AND NUMBER OR RURAL LOCATION: 4216-Grandville Blvd.
13e. INSIDE CITY LIMITS? 1 XX Yes 2 No
13f. ZIP CODE: 37207
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No — If yes specify Cuban, Mexican, Puerto Rican, etc.) Yes 0 XX No. Specify if yes.
15. RACE — American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): XXXXXXXXXXXXXX; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): [redacted]
18. MOTHER'S NAME (First, Middle, Maiden Surname): [redacted]

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Overton Merritt, Jr.
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4216 - Grandville Blvd.

DISPOSITION

20a. METHOD OF DISPOSITION: 1 XX Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place): Nashville National Cemetery
20c. LOCATION — City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Mary Kathryn Patton
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3379
21c. SIGNATURE OF EMBALMER: Ronald Stewart
21d. LICENSE NUMBER OF EMBALMER: 3272

22a. NAME AND ADDRESS OF FUNERAL HOME: Patton Brothers Funeral Home-1306 South Street 37212
22b. LICENSE NUMBER OF FUNERAL HOME: 185

REGISTRAR

23. REGISTRAR'S SIGNATURE: Mary C. Pentecost
24. DATE FILED (Month, Day, Year): April 3, 1989

CERTIFIER

25a. PHYSICIAN — To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and manner as stated. 1 SIGNATURE AND TITLE OF PHYSICIAN: [redacted]
25b. LICENSE NUMBER: [redacted]
25c. DATE SIGNED (Month, Day, Year): 3 29 89
26a. MEDICAL EXAMINER — On the basis of examination and/or investigation in my opinion death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER
26c. DATE SIGNED (Month, Day, Year)

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): [redacted]

CAUSE OF DEATH

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. [redacted]
DUE TO (OR AS A CONSEQUENCE OF): [redacted]
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: 2020
b. DUE TO (OR AS A CONSEQUENCE OF):
c. DUE TO (OR AS A CONSEQUENCE OF):
d.

SEE INSTRUCTIONS ON OTHER SIDE

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

29b. WAS AN AUTOPSY PERFORMED? 1 Yes 2 No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No

30. MANNER OF DEATH: 1 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-1059 REV 1/89

CONTINUE CERTIFICATE INSTRUCTIONS ON REVERSE

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.

15377791

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

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued: Sep-26-2023

CERTIFICATION OF VITAL RECORD