Karen Johnson Davidson County
Batch# 1076379 DEEDWARR
11/29/2023 10:28:13 AM 5 pgs
Fees: $28.00 Taxes: $1,069.30
20231129-0092035

This instrument prepared by:
Christopher Cantrell, Attorney At Law
87 South Willow Avenue
Cookeville, TN 38501
(931) 854-9377
2023-25613-2/

above for recording information

WARRANTY DEED

THIS DEED, made and entered into as of **November 22, 2023** by and between **Debra Anne Hornbuckle, a widow** hereinafter known as the Party of the First Part, and, **Jessica Anderson, an unmarried woman, and Katelynn Johnson, an unmarried woman, as joint tenants with right of survivorship**, hereinafter known as the Party of the Second Part;

WITNESSETH:

That for and in consideration of the sum of Ten Dollars ($10.00), cash in hand paid, receipt of which is hereby acknowledged, and other good and valuable consideration, the Party of the First Part has bargained and sold and does hereby grant and convey unto the Party of the Second Part, their heirs and assigns, with covenants of general warranty of title, the following described property:

Tax ID#: Map 018, Group 07, Parcel 158.00

SITUATED, LYING AND BEING in the Civil District of Cumberland County, Tennessee and being more particularly described as follows:

Being Lot No. 8 on the Plan of Phase Two, Section Four, of Charleston Square Subdivision, a plat of which is of record in Book 6900, Page 725, Register's Office for Davidson County, Tennessee, to which plat specific reference is hereby made for a more complete description of the subject property.

Subject to the plat of record in Book 6900, Page 725, in the official records of Davidson County, Tennessee.

Being the same property conveyed from Norma Lisa Moore to Norma Lisa Moore, who reserved a life estate and Donald Hornbuckle and wife, Debra Anne Hornbuckle by quitclaim deed dated 04/26/2002 and recorded on 05/08/2002 as Instrument Number 20020508-0056905 in the Official Records of the Davidson County Recording Office. FOR FURTHER REFERENCE: Being the same property conveyed to Donald Hornbuckle and wife, Debra A. Hornbuckle and Norma Moore, as joint tenants with right of survivorship by Warranty Deed dated November 30, 2001 from Charles P. Chilton, Jr. and wife, Edith S. Chilton, recorded December 04, 2001, in Instrument Number 20011204-0133306, in the Official Records of Davidson County, Tennessee.

Norma Lisa Moore who reserved a life estate in and to the subject property is now deceased having died on or about August 11, 2012, thereby extinguishing her life estate.

Donald Hornbuckle is now deceased, having died on or about February 8, 2021, leaving Debra Anne Hornbuckle as surviving tenant by the entirety, there having been no divorce or separation between them until the date of his death.

TO HAVE AND TO HOLD unto the Party of the Second Part, their heirs and assigns, forever. The Party of the First Part, for themselves, their successors and assigns, covenant that they are lawfully seized and possessed of the property hereby conveyed; that they have a good and lawful right to convey the same; that said property is free and clear of any encumbrance, except as herein stated; that they will execute such further assurances of title as may be reasonably required, and that they will forever warrant and defend the title thereto against the lawful claims of all persons whomsoever.

It is expressly agreed by the parties hereto that all taxes for the year 2023 shall be prorated between them as of the date of this deed.

This conveyance is expressly made subject to reservations, restrictions, easements,

This conveyance is expressly made subject to reservations, restrictions, easements, covenants and conditions contained in former instruments of record pertaining thereto and to all easements and encroachments apparent from an inspection of the property.

WITNESS the following signatures on this day and year first above written.

GRANTOR(S):

Debra Anne Hornbuckle

STATE OF TENNESSEE
COUNTY OF PUTNAM

On this 22nd day of November, 2023, before me personally appeared Debra Anne Hornbuckle, to me known to be the person (or persons) described in and who executed the foregoing instrument, and acknowledged that such person (or persons) executed the same as such person's (or persons') free act and deed.

Witness my hand, at office, this 22nd day of November, 2023.

Notary Signature
My commission expires: 4-23-2024

NORMAN KANTROWITZ STATE OF TENNESSEE NOTARY PUBLIC SUMNER COUNTY My Commission Expires 04-23-2024

STATE OF TENNESSEE
COUNTY OF DAVIDSON

I hereby swear or affirm that the actual consideration for this transfer or value of the property transferred, whichever is greater, is **$289,000.00** which amount is equal to or greater than the amount which the property transferred would command at a fair and voluntary sale.

Witness my hand, at office, this 22nd day of November, 2023.

Affiant

SWORN TO AND SUBSCRIBED BEFORE ME, this 22nd day of November, 2023.

My commission expires: 4/23/2024

Notary Public

NORMAN KANTROWITZ STATE OF TENNESSEE NOTARY PUBLIC SUMNER COUNTY My Commission Expires 04-23-2024

NAME AND ADDRESS OF PROPERTY OWNER:
Jessica Anderson and Katelynn Johnson
301 Carlton Place
Goodlettsville, TN. 37072

PARTY RESPONSIBLE FOR THE PAYMENT OF THE REAL PROPERTY TAX: Same as owner

STATE OF TENNESSEE
COUNTY OF CUMBERLAND

I hereby swear or affirm that the actual consideration for this transfer or value of the property transferred, whichever is greater, is **$289,000.00** which amount is equal to or greater than the amount which the property transferred would command at a fair and voluntary sale.

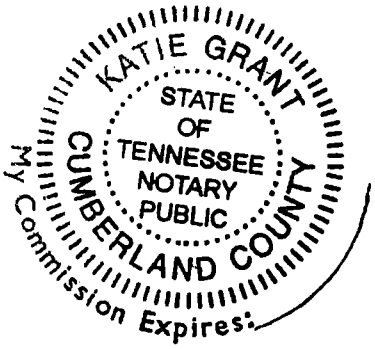
Witness my hand, at office, this 22nd day of November, 2023.

Affiant

SWORN TO AND SUBSCRIBED BEFORE ME, this 22nd day of November, 2023.

My commission expires: 2/3/2027

Notary Public



STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2021011040

1. Decedent's Legal Name: DONALD ALLEN HORNBUCKLE		2. Sex: MALE	3. Date of Death: 02/08/2021
4. Time of Death (Approx): 12:38 PM	4a. Age: 68	5. Date of Birth: 10/13/1952	6. Birthplace: HUNTSVILLE, AL
7a. Place of Death: INPATIENT			
7b. Facility Name: SAINT THOMAS MIDTOWN HOSPITAL		7c. City or Town: NASHVILLE	7d. County of Death: DAVIDSON
8. Marital Status: MARRIED	9. Surviving Spouse (name prior to first marriage): DEBRA MOORE	10a. Decedent's Usual Occupation: RETAIL COUNSELOR	10b. Kind of Business/Industry: MITCHELL GROCERY
11. Social Security Number: [redacted]	12a. Residence-State or Foreign Country: TENNESSEE	12b. County: DAVIDSON	12c. City or Town: GOODLETTSVILLE
12d. Street and Number: 301 CARLTON PLACE		12e. Inside City Limits? YES	12f. Zip Code: 37072
13. Decedent's Education: BACHELOR'S DEGREE	14. Decedent of Hispanic Origin? NO, NOT SPANISH/HISPANIC/LATINO	15. Decedent's Race: WHITE	16. Was Decedent ever in US Armed Forces? YES
17a. Father's Name: DAVID HORNBUCKLE		17b. Mother's Name Prior to First Marriage: SARAH KIRBY	
18a. Informant's Name: DEBRA A HORNBUCKLE	18b. Relationship to Decedent: WIFE	18c. Mailing Address: 301 CARLTON PLACE, GOODLETTSVILLE, TN 37072	
19a. Method of Disposition: CREMATION	19b. Place of Disposition: NASHVILLE CREMATION SERVICE	19c. Location: NASHVILLE, TN	
20a. Signature of Funeral Director: /s/ MICHAEL LEE FRAZER	20b. License Number: 6079	20c. Signature of Embalmer:	20d. License Number:
21a. Name and Address of Funeral Home: EASTLAND FUNERAL HOME AND CREMATION SERVICE, 904 GALLATIN RD, NASHVILLE, TN 37206			21b. License Number: 526
22. Registrar's Signature: /s/ EDWARD G BISHOP III		23. Date Filed: 02/15/2021	

24. Certifier

24a. ☒ PHYSICIAN – TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.
24b. ☐ 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.

24a. Certifier: /s/ ORAN A BASEL	24b. License Number: 53759	24c. Date Signed: 02/11/2021
24d. Name and Address: ORAN A BASEL 2000 CHURCH STREET BOX 102, NASHVILLE, TN 37236		

25. 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. COVID-19 PNEUMONIA	14 DAYS
	b.	
	c.	
	d.	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: CONGESTIVE HEART FAILURE; CHRONIC KIDNEY DISEASE

26a. Was an Autopsy Performed? NO

26b. Were Autopsy Findings Available to Complete the Cause of Death?

27. Manner of Death: NATURAL	28. Did Tobacco Use Contribute to Death? UNKNOWN	29. If Female: N/A		
30. If Transportation Injury, Specify:	31a. Date of Injury	31b. Time of Injury	31c. Injury at Work?	31d. Place of Injury
	31e. Describe How Injury Occurred			31f. Location of Injury

PH-1659E

ROA 10112

13158500

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 certificate. 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

Date Issued: Feb 22 2021

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

1204763

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Norma Lissa Moore
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): August 11, 2012
4. TIME OF DEATH (Approx.): 11:00 PM
5a. AGE-Last Birthday (Years): 84
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): April 12, 1928
7. BIRTHPLACE (City and State or Foreign Country): Cage, Montana

3

TYPE/PRINT IN PERMANENT BLACK INK

6a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: ☐ 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)

6b. FACILITY NAME (If not institution, give street and number): 301 Carlton Place
6c. CITY OR TOWN: Goodlettsville
6d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: ☐ Married ☐ Married, but separated ☑ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Homemaker
11b. KIND OF BUSINESS/INDUSTRY: Domestic
12. SOCIAL SECURITY NUMBER: [redacted]
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Goodlettsville
13d. STREET AND NUMBER: 301 Carlton Place
13e. INSIDE CITY LIMITS: ☑ Yes ☐ No
13f. ZIP CODE: 37072
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☑ No

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
☐ 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
☐ 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)
☑ 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): Fred Sabins
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Ruth Jessie Josephine Miller

DISPOSITION

20a. INFORMANT'S NAME: Debbie Hornbuckle
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 301 Carlton Place, Goodlettsville, TN 37072

21a. METHOD OF DISPOSITION: ☐ Burial ☑ 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 Parick
22b. LICENSE NUMBER: 5755
22c. SIGNATURE OF EMBALMER: N/A
22d. LICENSE NUMBER: N/A

23a. NAME AND ADDRESS OF FUNERAL HOME: Eastland Funeral Home & Cremation Service 904 Gallatin Road, Nashville, TN 37206
23b. LICENSE NUMBER OF FUNERAL HOME: 120

REGISTRAR

24. REGISTRAR'S SIGNATURE: Martha L. Stanley DR
25. DATE FILED (Month, Day, Year): August 15, 2012

CERTIFIER

26. CERTIFIER (Check only one):
26a. ☑ 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 43 HOURS.

27a. SIGNATURE OF CERTIFIER: S. Greenwood
27b. LICENSE NUMBER: 42577
27c. DATE SIGNED (Month, Day, Year): 8/15/12
27d. NAME AND ADDRESS: Sharon Greenwood 1718 Patterson Street, Nashville, TN 37203

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.

		Approximate interval Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. dementia of unknown type		
Due to (or as a consequence of)		
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: 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.
acute kidney injury, diabetes

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

30. MANNER OF DEATH: ☑ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☐ Unknown
32. IF FEMALE: ☐ 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-1859 (Rev. 10/2011)

ROA 1399

5289015

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

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

AUG 15 2012

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Foreman
Tonya Y Foreman Local Registrar
Davidson County, Tennessee

Date Issued

CERTIFICATION OF VITAL RECORD