Karen Johnson
Batch # 1081374
12/13/2023 10:40:39 AM
Fees: $32.00 Taxes: $0.00

Davidson County
DEEDQC
6 pgs

20231213-0095875

QUITCLAIM DEED

ADDRESS OF NEW OWNER AS FOLLOWS:	SEND TAX BILLS TO:	MAP & PARCEL ID.
Lynn Haber 3733 West End Avenue Condo #100 Nashville, TN 37205	same	104 09 0L 100.00

THIS INSTRUMENT WAS PREPARED BY:
Elizabeth L. Adams, Attorney - 7100 Hardwood Lane - College Grove, TN 37046
Phone: 615-293-5598 - Fax: 615-791-6096 - Email: eadams@adamslaw-tn.com

STATE OF TENNESSEE)
COUNTY OF Williamson)

The actual consideration for this transfer is $-0-.)

ARNOLD DAN HABER, Trustee)
Affiant)

Subscribed and sworn to before me,)
this 7 day of December 2023.)

NOTARY PUBLIC)
My Commission Expires: 01/26/2025)

SUNNI S. PAINE
NOTARY PUBLIC AT LARGE
WILLIAMSON COUNTY, TN

FOR AND IN CONSIDERATION of One Dollar ($1.00) cash in hand paid by Grantee, the receipt of which is hereby acknowledged, ARNOLD DAN HABER III, TRUSTEE of the GERALDINE D. SADOW AMENDED AND RESTATED REVOCABLE TRUST u/a dated March 9, 2015, "Grantor," by these presents, does hereby quitclaim and convey unto LYNN HABER, "Grantee," her successors and assigns all of his interest in and to the following described property with all improvements located thereon, lying situate and being in Davidson County, Tennessee, bounded and described as follows:

LAND in Davidson County, Tennessee, being Unit 100, the Westende Condominiums, as established under Master Deed of Record in Book 7288, page 65, Amended in Book 8713, page 111, in the Register's Office, Davidson County, Tennessee, to which Master Deed reference is hereby made for a more particular description of said unit.

BEING the same property conveyed to Geraldine D. Sadow, Trustee of the Geraldine D. Sadow Amended and Restated Revocable Trust u/s dated March 9,

2015, of record in Instrument Number: 20150316-0022297, Register's Office for Davidson County, Tennessee.

Certification of Trust attached as Exhibit A.

Certificate of Death attached as Exhibit B.

TennCare Release attached as Exhibit C.

This is improved property more commonly known as 3733 West End Avenue, #100, Nashville, Tennessee 37205.

IN WITNESS WHEREOF, I have hereunto set my hand on this the 7 day of December, 2023.

SUNNI S. PAINE
NOTARY PUBLIC AT LARGE
WILLIAMSON COUNTY, TN

GERALDIND D. SADOW AMENDED AND RESTATED REVOCABLE TRUST
u/a dated March 9, 2015

By: Arnold Dan Haber III
ARNOLD DAN HABER III, Trustee

STATE OF TENNESSEE)
COUNTY OF Williamson

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named ARNOLD DAN HABER III with whom I am personally acquainted, and who acknowledged that he executed the within instrument for the purposes therein contained.

WITNESS, my hand and official seal this 7 day of December, 2023.

My Commission Expires: 01/20/2025

Sunni Paine
Notary Public

[redacted]

CERTIFICATION OF TRUST

The following trust is the subject of this certification:

GERALDINE D. SADOW AMENDED AND RESTATED REVOCABLE TRUST U/A DTD MARCH 9, 2015,

GERALDINE D. SADOW, Grantor,

ARNOLD DAN HABER III, Trustee.

1. Said trust is in full force and effect on the date of this certification;

2. Grantor entered into a revocable trust agreement dated August 26, 2005 and subsequently amended and restated said revocable trust agreement on November 10, 2010, and amended same on on March 9, 2011;

3. GERALDINE D. SADOW died on May 6, 2023;

4. Said trust is irrevocable as of the day of Grantor's death;

5. Said Trustee was appointed by the GERALDINE D. SADOW AMENDED AND RESTATED REVOCABLE TRUST u/a dtd March 9, 2015;

6. Said trust gives the Trustee very broad management and investment powers;

7. The trust identification number is xx-xxxxxxxx;

8. All trust assets should be titled to: GERALDINE D. SADOW AMENDED AND RESTATED REVOCABLE TRUST u/a dtd March 9, 2015

9. To the best of the Trustee's knowledge, the trust has not been revoked, modified, or amended in any manner that would cause the representations contained in the certification of trust to be incorrect;

10. The Trustee of the trust wishes to keep the specific trust provisions confidential, as they are of a personal nature;

11. The signature listed below is the Trustee of the GERALDINE D. SADOW AMENDED AND RESTATED REVOCABLE TRUST u/a dtd March 9, 2015, who declares that the foregoing statements are true and correct, under penalty of perjury.

This Certification of Trust of the GERALDINE D. SADOW AMENDED AND RESTATED REVOCABLE TRUST u/a dtd March 9, 2015 is dated this the 28 day of June, 2023.

ARNOLD DAN HABER III,
Trustee

STATE OF TENNESSEE)

COUNTY OF Williamson)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named **ARNOLD DAN HABER III** with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence), and who acknowledged that he executed the within instrument for the purpose therein contained.

Witnessed my hand this 28 day of June, 2023.

My Commission Expires: June 2, 2026

Notary Public



This instrument prepared by:
Elizabeth L. Adam - The Adams Law Firm, P.C.
7100 Hardwood Lane - College Grove, TN 37046
Phone: 615-293-5598 - Fax: 615-791-6096 - Email: eadams@adamslaw-tn.com

STATE OF TENNESSEE
Office of Vital Records

[redacted]

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 032896

1. Decedent's Legal Name: GERALDINE D SADOW			2. Sex: FEMALE	3. Date of Death: 05/06/2023
4. Time of Death (Approx.): 12:01 PM	5a. Age: 95	6. Date of Birth: 05/13/1927	7. Birthplace: CHATTANOOGA, TN	
8a. Place of Death: NURSING HOME/LONG TERM CARE				
8b. Facility Name: NHC THE TRACE - NASHVILLE		8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON
9. Marital Status: WIDOWED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: HOMEMAKER IN OWN HOME		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: NASHVILLE
13d. Street and Number: 3733 WEST END AVE 100		13e. Inside City Limits?: YES	13f. Zip Code: 37205	14. Was Decedent ever in US Armed Forces?: NO
15. Decedent's Education: BACHELOR'S DEGREE	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: WHITE		
18. Father's Name: HARRY DANEMAN		19. Mother's Name Prior to First Marriage: RACHEAL LEBOVITZ		
20a. Informant's Name: DANNY HABER	20b. Relationship to Decedent: SON	20c. Mailing Address: 202 LEWISBERG AVE, FRANKLIN, TN 37064		
21a. Method of Disposition: BURIAL	21b. Place of Disposition: TEMPLE CEMETERY	21c. Location: NASHVILLE, TN		
22a. Signature of Funeral Director: /e/ SAMANTHA JAYDE SISSOM	22b. License Number: 20564	22c. Signature of Embalmer:	22d. License Number	
23a. Name and Address of Funeral Home: MARSHALL-DONNELLY-COMBS FUNERAL HOME, 201 25th AVE NORTH, NASHVILLE, TN 37203-1604			23b. License Number: 40	
24. Registrar's Signature: /e/ EDWARD G BISHOP III		25. Date Filed: 06/01/2023		

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: /e/ ROBERT FORTI	27b. License Number: 020029	27c. Date Signed: 06/01/2023
27d. Name and Address: ROBERT FORTI 235 NOAH DRIVE SUITE 300, FRANKLIN, TN 37064		

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. DEMENTIA	5 YEARS
	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?: NO
29b. Were Autopsy Findings Available to Complete the Cause of Death?:

30. Manner of Death: NATURAL	31. Did Tobacco Use Contribute to Death?: NO	32. If Female: NOT PREGNANT WITHIN PAST YEAR		
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.

115067658

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: Jun-01-2023

CERTIFICATION OF VITAL RECORD

TN Division of TennCare



RFR PROCESSING UNIT
310 GREAT CIRCLE RD., 3W
NASHVILLE, TN 37243
Phone: (615) 741-0636, Fax (615) 413-1941
Email: RFR.TENNCARE@TN.GOV

#

July 6, 2023

Elizabeth L. Adams
7100 Hardwood Ln
College Grove, TN 37046

RE: Sadow, Geraldine D. Date of Death: 5/6/2023 SSN: xxx-xx-2616
Our File Number: 102137

Elizabeth L. Adams:

The referenced decedent did not receive TennCare Long-Term Services and Supports. Therefore, the State of Tennessee hereby releases the TennCare claim against this estate pursuant to Tenn. Code Ann. § 71-5-116(c)(2). This release is not a waiver of the right of the State of Tennessee to pursue criminal or civil penalties if fraud or abuse is found to exist pursuant to Tenn. Code Ann. § 71-5-2601, et seq.

This document is only relevant to TennCare's claim against the Decedent's probate estate. It does not apply to any Special Needs Trusts, Pooled Special Needs Trust, Qualified Income Trusts, or any other type of trust that contains a Medicaid payback provision. If you need a payoff for this type of trust, you must contact TennCare at 844-629-0941, 2 at prompt, or via email at estate.recovery@tn.gov. Please provide the Decedent's death certificate and copy of the trust when making such a request.

Sincerely,

Joan Jackson

TennCare RFR Processing Unit