Karen Johnson Davidson County
Batch # 1089318 DEEDQC
01/08/2024 11:30:24 AM 6 pgs
Fees: $32.00 Taxes: $0.00
20240108-0001490

This instrument was prepared by:
Darlene Genese Cobble Tucker
2835 Creekbend Dr
Nashville

Once recorded, return to:
Darlene Genese Cobble Tucker
2835 Creekbend Dr
Nashville

STATE OF TENNESSEE
COUNTY OF DAVIDSON
The actual consideration or true value, whichever is greater for this transfer is
$ 0
Darlene Tucker, **Affiant**
Subscribed and sworn before me this the
8 **Day of** January, 2024.
Brandi Wells, **Deputy Register**
This Space for Recorder's Use Only.

Tennessee Quitclaim Deed

State of Tennessee, County of Davidson

KNOW ALL MEN BY THESE PRESENTS, that for and in consideration of the sum of 10 US Dollars ($ 10) in hand, paid to Arlene S Cobble, an unmarried individual with an address of 3605 Fairmeade Dr, Nashville TN 37218 (the "Grantor" or "Grantors"), does/do hereby remise, release, and forever quit claim to Darlene Genese Cobble Tucker, an unmarried individual with an address of 2835 Creekbend Dr, Nashville, TN 37207 (the "Grantee" or Grantees") all the rights, title, interest, and claim in or to the following described real estate, situated in Davidson County, Tennessee, to wit:

A complete legal description of the real property being conveyed by this instrument is attached hereto on page 4 as EXHIBIT A.

Tax Parcel ID Number 05812001600

The property identified herein ☑ is **-OR-** ☐ is not registered as the homestead of the Grantor(s).

Until amended, tax information shall be sent to:

Name: Darlene Genese Cobble Tucker

Address: 2835 Creekbend Dr, Nashville, TN 37207

~~**TO HAVE AND TO HOLD**, all and singular the described property, together with the tenements, hereditaments, and appurtenances belonging, or in anywise appertaining thereto, unto the Grantee(s), and their heirs and assigns forever.~~ NOT

IN WITNESS WHEREOF, the Grantor(s) has/have duly executed this Quitclaim Deed as of the date hereinunder.

Grantor Signature: Arlene Cobble Date: 1/7/2024

Printed Name: Arlene S Cobble

Grantor Signature: Willie Cobble Date: _____

Printed Name: ~~Willie Eugene Cobble ETUX~~

1st Witness Signature: _____ Date: _____

Printed Name: _____

2nd Witness Signature: _____ Date: _____

Printed Name: _____

NOTARY ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of Tennessee)
County of Davidson)

On 1/7/24 before me, ANDREA DAVIS-Jefferson,
personally appeared Arlene Cobble,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the state of Tennessee that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Andrea Davis-Jefferson
Printed Name ANDREA DAVIS-Jefferson
My Commission Expires 9/7/26

(Seal) ANDREA DAVIS JEFFERSON STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

EXHIBIT A

Legal description of the real property being conveyed by this instrument.

LOT 24 FAIRMEADE ACRES 162X322XIR

FORM NO. WD-1

STATE OF TENNESSEE
COUNTY OF DAVIDSON

BOOK 4425 PAGE 963

THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $ 21,000.00

Willie Eugene Cobble
Affiant

SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 19th DAY OF June, 1970.

Notary Public

MY COMMISSION EXPIRES: 12-12-72

(AFFIX SEAL)

THIS INSTRUMENT WAS PREPARED BY
Percy Wilkins, Jr., Attorney, 633 Stahlman Bldg., Nashville, Tenn.
NAME ADDRESS

ADDRESS NEW OWNER (S) AS FOLLOWS:	SEND TAX BILLS TO:	MAP-PARCEL NUMBERS
Willie Eugene Cobble (NAME)	Collateral Investment Co. (NAME)	13D 18285
3605 Fairmeade Drive (STREET ADDRESS OR ROUTE NUMBER)	2233 Fourth Ave. North (STREET ADDRESS)	58-12-16
Nashville, Tenn. (CITY) (STATE) (P. O. ZIP)	Birmingham, Alabama (CITY) (STATE) (ZIP)	

FOR AND IN CONSIDERATION OF THE SUM OF TEN DOLLARS, CASH IN HAND PAID BY THE HEREINAFTER NAMED GRANTEES, AND OTHER GOOD AND VALUABLE CONSIDERATIONS, THE RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED, WE, HOWARD B. MOORE AND WIFE, MARGIE M. MOORE

HEREINAFTER CALLED THE GRANTORS, HAVE BARGAINED AND SOLD, AND BY THESE PRESENTS DO TRANSFER AND CONVEY UNTO WILLIE EUGENE COBBLE AND WIFE, ARLENE COBBLE

HEREINAFTER CALLED THE GRANTEES, THEIR HEIRS AND ASSIGNS, A CERTAIN TRACT OR PARCEL OF LAND IN DAVIDSON COUNTY, STATE OF TENNESSEE, DESCRIBED AS FOLLOWS: TO-WIT:

LAND in Davidson County, Tennessee, being Lot No. 24 on the Plan of Fairmeade Acres, as of record in Book 3700, page 52, Register's Office for said County.

SAID Lot No. 24 fronts 162 feet on the southerly side of Fairmeade Drive and runs back 301.2 feet on the easterly line and 321.7 feet on the westerly line to a dead line in the rear on which it measures 88.4 feet.

BEING the same property conveyed to Howard B. Moore and wife, Margie M. Moore, by deed from Carley Ray Lewis and wife, Betty Jean Lewis, of record in Book 4388, page 96, Register's Office for Davidson County, Tennessee.

This is { unimproved ( ) / improved (X) } property, known as 3605 Fairmeade Drive, Nashville, Tenn.
(House Number) (Street) (P. O. Address) (City or Town) (Postal Zip)

TO HAVE AND TO HOLD the said tract or parcel of land, with the appurtenances, estate, title and interest thereto belonging to the said GRANTEES, their heirs and assigns, forever; and we do covenant with the said GRANTEES that we are lawfully seized and possessed of said land in fee simple, have a good right to convey it, and the same is unencumbered, unless otherwise herein set out; and we do further covenant and bind ourselves, our heirs and representatives, to warrant and forever defend the title to the said land to the said GRANTEES, their heirs and assigns, against the lawful claims of all persons whomsoever. Wherever used, the singular number shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

Witness our hand s this 19th day of June, 1970

Howard B. Moore — Howard B. Moore

Margie M. Moore — Margie M. Moore

PS/DG

STATE OF TENNESSEE
Office of Vital Records

1201311

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2012 008824

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Willie Eugene Cobble, Sr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): March 3, 2012
4. TIME OF DEATH (Approx.): 7:15am
5a. AGE-Last Birthday (Years): 72
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): November 13, 1939
7. BIRTHPLACE (City and State or Foreign Country): College Grove, Tn.

TYPE/PRINT IN PERMANENT BLACK INK

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)

8a. PLACE OF DEATH (Check only one)
8b. FACILITY NAME (If not institution, give street and number): Alive Hospice Residence
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: ☒ Married ☐ Married but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Arlene Smith
11a. DECEDENT'S USUAL OCCUPATION: Fireman
11b. KIND OF BUSINESS/INDUSTRY: Metro Fire Department
12. SOCIAL SECURITY NUMBER: -6042
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 3605 Fairmeade Drive
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37218
14. WAS DECEDENT EVER IN US ARMED FORCES? ☒ Yes ☐ No

NAME OF DECEDENT (To be used by Physician or Institution)

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): Willie H. E. Cobble
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Alice Pearl Floyd

DISPOSITION

20a. INFORMANT'S NAME: Arlene Cobble
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 3605 Fairmeade Drive Nashville, Tn. 37218
21a. METHOD OF DISPOSITION: ☐ Donation ☐ Entombment ☒ Burial ☒ Cremation ☒ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Music City Crematory
21c. LOCATION - City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Terrell Broady
22b. LICENSE NUMBER: 4009
22c. SIGNATURE OF EMBALMER: ▶ Terrell Broady
22d. LICENSE NUMBER: 4117
23a. NAME AND ADDRESS OF FUNERAL HOME: Terrell Broady Funeral Home, Inc. 3855 Clarksville Pike Nashville, Tn. 37218
23b. LICENSE NUMBER OF FUNERAL HOME: 1137

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Linda R Bridges, RR
25. DATE FILED (Month, Day, Year): March 07, 2012

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

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.
27a. SIGNATURE OF CERTIFIER: ▶ [signature] MD
27b. LICENSE NUMBER: 4257
27c. NAME AND ADDRESS: Sharon Green Firemans Health 1718 Patterson Street, Nashville, TN 37
27d. DATE SIGNED (Month, Day, Year): 3/6/12

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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. acute renal failure
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. necrotizing fasciitis
c.
d.
Due to (or as a consequence of):
Approximate interval: Onset to death

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

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-1659 (Rev. 10/2011) RDA 1389

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.

5800930

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

Tonya Y. Foreman, Local Registrar
Davidson County Tennessee

5/23/2013
Date Issued

Teresa S. Hendricks
STATE REGISTRAR

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

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CERTIFICATION OF VITAL RECORD