Karen Johnson
Batch # 1120040
04/08/2024 08:56:13 AM
Fees: $17.00 Taxes: $0.00
Davidson County
DEEDQC
3 pgs
20240408-0024482

THIS INSTRUMENT PREPARED BY: **Martin Heller Potempa & Sheppard** 2122 21st Avenue South Nashville, Tennessee 37212 (615) 800-7096 This Deed was prepared based on information provided by the parties and no independent title examination was prepared.	STATE OF TENNESSEE COUNTY OF DAVIDSON The actual consideration for this transfer is: $10.00 KENNETH L. MARKANICH, AFFIANT Subscribed and sworn to before me, this 2nd day of April 2024. NOTARY PUBLIC My Commission Expires: 11-3-2025

SHELLEY A. MASON
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON
MY COMM. EXPIRES NOVEMBER 3, 2025

QUITCLAIM DEED

Address New Owner:	**Send Tax Bills To:**	**Tax Information:**
KENNETH L. MARKANICH, TRUSTEE 4137 Brandywine Pointe Blvd. Old Hickory, TN 37138	New Owner	Map and Parcel No.: 064 03 0B 039.00

FOR AND IN CONSIDERATION of Ten and No/100ths Dollars ($10.00) and other good and valuable consideration, the receipt of all of which is hereby acknowledged, I, Kenneth L. Markanich, ("Grantor") do hereby quitclaim, transfer and convey unto Kenneth L. Markanich, Trustee of the Kenneth L. Markanich Revocable Trust, created April 1, 2024, its successors and assigns, all of my right, title and interest in certain real property in the County of Davidson, State of Tennessee, identified below.

This is improved property known as 4137 Brandywine Pointe Blvd., Old Hickory, Tennessee 37138, and more particularly described as follows:

Being Lot No. 220 on the Final Plat of Phase Three, Section One, Brandywine Pointe, a Planned Unit Development, as of record in Book 7900, Pages 405 and 406, Register's Office for Davidson County, Tennessee, to which plat reference is hereby made for a more complete description of said lot.

Being the same property conveyed to Kenneth L. Markanich and wife, Jennifer L. Markanich, from Brandywine Pointe Partners, L.P., a Tennessee Limited Partnership, by Warranty Deed, recorded in the Register's Office of said county and state at Book 8887, Pages 132-135. The said Jennifer L. Markanich having since died on February 11, 2024, leaving Kenneth L. Markanich as the surviving tenant. A copy of the death certificate for Jennifer L. Markanich is attached hereto as "Exhibit A".

Whenever used, the singular shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

This conveyance is subject to any and all existing easements and restrictions as shown of record.

This quitclaim deed was prepared based upon information provided by the parties and no independent title examination was prepared in preparation of this deed.

IN WITNESS WHEREOF, Grantor has executed this instrument on this the 2nd day of April 2024.

Kenneth L. Markanich, Grantor

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned Notary Public, in and for the said county and state, the within named **Kenneth L. Markanich**, the Grantor, 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 purposes therein contained.

Witness my hand and official seal at office, this 2nd day of April 2024.

Notary Public

My Commission Expires: 11-3-2025

SHELLEY A. MASON
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON
MY COMM. EXPIRES NOVEMBER 3, 2025

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2024 008860

1. Decedent's Legal Name			2. Sex	3. Date of Death
JENNIFER LINDA MARKANICH			FEMALE	02/11/2024
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
10:56 PM	66	10/26/1957	BRISTOL, PA	
8a. Place of Death				
DECEDENT'S HOME				
8b. Facility Name		**8c. City or Town**	**8d. County of Death**	
4137 BRANDYWINE POINT BLVD		OLD HICKORY	DAVIDSON	
9. Marital Status	**10. Surviving Spouse (name prior to first marriage)**	**11a. Decedent's Usual Occupation**	**11b. Kind of Business/Industry**	
MARRIED	KENNY MARKANICH	INTERIOR DESIGNER	DESIGN	
12. Social Security Number	**13a. Residence State or Foreign Country**	**13b. County**	**13c. City or Town**	
	TENNESSEE	DAVIDSON	OLD HICKORY	
13d. Street and Number		**13e. Inside City Limits?**	**13f. Zip Code**	**14. Was Decedent ever in US Armed Forces?**
4137 BRANDYWINE POINT BLVD		YES	37138	NO
15. Decedent's Education	**16. Decedent of Hispanic Origin?**		**17. Decedent's Race**	
BACHELOR'S DEGREE	NO, NOT SPANISH/HISPANIC/LATINO		WHITE	
18. Father's Name			**19. Mother's Name Prior to First Marriage**	
HERMAN DICK			ARDELLE LAUBLE	
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**		
KENNY MARKANICH	HUSBAND	4137 BRANDYWINE POINT BLVD, OLD HICKORY, TN 37138		
21a. Method of Disposition	**21b. Place of Disposition**	**21c. Location**		
CREMATION	HENDERSONVILLE CREMATION CENTER	HENDERSONVILLE, TN		
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**	**22d. License Number**	
▶ /e/ SCOTT KEEL	16297	▶		
23a. Name and Address of Funeral Home			**23b. License Number**	
TRISTAR CREMATION, 4962 LEBANON ROAD, OLD HICKORY, TN 37138			1355	
24. Registrar's Signature		**25. Date Filed**		
▶ /e/ EDWARD G BISHOP III		02/14/2024		

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/ JOEL SHACKSON	66365	02/12/2024

27d. Name and Address
JOEL SHACKSON 1718 PATTERSON ST, NASHVILLE, TN 37203

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.	
	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	31. Did Tobacco Use Contribute to Death?	32. If Female:
NATURAL	NO	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

15713153

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.

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: Feb-14-2024

CERTIFICATION OF VITAL RECORD

COPYRIGHT/CAPTURE ARCHIVAL PROTECTION