Karen Johnson
Batch # 1124785
04/19/2024 08:39:22 AM
Fees: $17.00 Taxes: $0.00

Davidson County
DEEDQC
3 pgs

20240419-0028011

New Owner: (send tax bills to this address)	Jasmine Webb and JoAnna Webb 940 T S Jackson Avenue Nashville, TN 37209	Instrument Prepared by: Aaron Fletcher Law Office of Aaron Fletcher 4205 Gallatin Road Nashville, TN 37216
Map & Parcel:	**092 05 0 056.00**	

I hereby swear or affirm that to the best of affiant's knowledge, information, and belief, the actual consideration for this transfer or the value of the property, whichever is greater, is ZERO DOLLARS ($0.00).

AARON FLETCHER
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON

William Hipps, Trustee, Grantor/Affiant

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Sworn to and subscribed before me on this 17 day of APRIL, 2024.

Notary Public

9-7-26
My commission expires

QUITCLAIM DEED

For and in consideration of ZERO DOLLARS ($0.00) paid by the Grantees, JASMINE DELORES WEB and JOANNA ROSETTA WEBB, to hold title as TENANTS IN COMMON, and other good and valuable consideration, the receipt of which is hereby acknowledged, I, WILLIAM HIPPS, SUCCESSOR TRUSTEE of the CALVIN O. ATCHISON REVOCABLE LIVING TRUST, Grantor, agree that Grantor is lawfully seized and possessed of the land described below in fee simple, and I hereby convey to Grantees any and all of Grantor's interest in that land, subject to existing taxes, assessments, liens, encumbrances, covenants, conditions, restrictions, rights of way, easements, liabilities, and all other obligations of record or held by Grantor:

Land in Davidson County, Tennessee, being Lot no. 48 and the southerly 25 feet of Lot no. 47 on the Plan of College Hill Subdivision, Section 11, of record in Book 2133, Page 52, in the Register's Office of Davidson County, Tennessee.

Said Lot and part of said Lot adjoin and front together 100 feet on the easterly side of T S Jackson Avenue and run back between lines 134 feet on the north line of part of Lot no. 47, and 153.2 feet on the south line of Lot no. 48 to a dead line on which they measure 116.5 feet.

Being the same property conveyed on June 15, 2000, by Quitclaim Deed from ROSETTE M. ATCHISON (wife of Calvin O. Atchison) of record as instrument no. 20000714-0069772 in the Register's Office of Davidson County, Tennessee. The interest of Calvin O. Atchison was conveyed by Quitclaim Deed on August 2,

2006, of record as instrument no. 20060803-0094760 in the Register's Office of Davidson County, Tennessee.

William Hipps was appointed Successor Trustee of the Calvin O. Atchison Revocable Living Trust (dated April 14, 2000) upon the death of original Trustee Calvin O. Atchison on November 5, 2018 (Mr. Atchison's death certificate is attached at Exhibit A).

This improved property has the address of 940 T S Jackson Avenue Nashville Tennessee 37209.

By affixing my signature below, I execute the foregoing Quitclaim Deed:

William Hipps, Trustee/Grantor

AARON FLETCHER
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON

STATE OF TENNESSEE
COUNTY OF DAVIDSON

On the 17 day of APRIL, 2024, before me personally appeared **William Hipps**, as Successor Trustee of the Calvin O. Atchison Revocable Living Trust, known to me to be the person described in and who executed the foregoing Quitclaim Deed, and acknowledged that he executed the foregoing instrument as his free act and deed.

Notary Public

9-7-26
My commission expires

EXHIBIT A

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 064368

DECEDENT

TYPE/PRINT IN PERMANENT BLACK INK

NAME OF DECEDENT (First, Middle, Last, Suffix)

1. DECEDENT'S LEGAL NAME				2. SEX	3. DATE OF DEATH
CALVIN ATCHISON				MALE	11/05/2018

4. TIME OF DEATH (Approx.)	5a. AGE	5b. UNDER 1 YEAR Months	Days	5c. UNDER 1 DAY Hours	Minutes	6. DATE OF BIRTH	7. BIRTHPLACE
16:09	98					09/15/1920	MILLRY, AL

8a. PLACE OF DEATH	8b. FACILITY NAME	8c. CITY OR TOWN	8d. COUNTY OF DEATH
NURSING HOME/LONG TERM CARE	MORNINGSIDE OF BELMONT	NASHVILLE	DAVIDSON

9. MARITAL STATUS	10. SURVIVING SPOUSE (name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
WIDOWED		PROFESSOR OF TSU	EDUCATION

SECURITY NUMBER	12a. RESIDENCE-STATE OR FOREIGN COUNTRY	12b. COUNTY	12c. CITY OR TOWN
6762	TENNESSEE	DAVIDSON	NASHVILLE

12d. STREET AND NUMBER	12e. INSIDE CITY LIMITS?	12f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
940 TS JACKSON AVE. NORTH	YES	37209	YES

15. DECEDENT'S EDUCATION	16. DECEDENT OF HISPANIC ORIGIN?	17. DECEDENT'S RACE
DOCTORATE OR PROFESSIONAL DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	BLACK OR AFRICAN AMERICAN

PARENTS

18. FATHER'S NAME	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE
CHARLIE ATCHISON	VADA CRAIG

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS
JOANNA WEBB	GRANDDAUGHTER	940 TS JACKSON AVE. NORTH, NASHVILLE, TN 37209

DISPOSITION

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION	21c. LOCATION
BURIAL	WOODLAWN MEMORIAL PARK	NASHVILLE, TN

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
/e/ JEFFREY RUTLEDGE	16216	/e/ Patrick Lamont Tucker	5072

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER
LEWIS AND WRIGHT FUNERAL DIRECTORS, 2500 CLARKSVILLE HIGHWAY, NASHVILLE, TN 37208-1060	812

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED
/e/ EDWARD G. BISHOP III	11/23/2018

CERTIFIER

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

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/ SUMATHI K MISRA	034916	11/23/2018

27d. NAME AND ADDRESS: SUMATHI K MISRA 3400 LEBANON ROAD, MURFREESBORO, TN 37129

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. MULTIPLE MYELOMA WITH BONE METASTASIS	3 MONTHS
	DUE TO (OR 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 A CONSEQUENCE OF)	
	c.	
	DUE TO (OR A CONSEQUENCE OF)	
	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	N/A

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-1659 (Rev. 6/2017) RDA 10112

10491479

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

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

10491479

Date Issued NOV 28 2018

CERTIFICATION OF VITAL RECORD