Karen Johnson
Batch # 1152355
06/28/2024 10:53:21 AM
Fees: $17.00 Taxes: $0.00

Davidson County
DEEDQC
3 pgs

20240628-0048660

PREPARED BY:	STATE of Tennessee COUNTY of Dickson
Rebecca Ryan 1056 Beech Tree Lane Brentwood, TN 37027	The actual consideration or value, whichever is greater for this transfer is: $0.00. Rachel Hill AFFIANT Subscribed and sworn to before me, this 19 day of June 2024. NOTARY PUBLIC My Commission Expires: 05-18-2027

Address New Owners:	**Sent Tax Bills To:**	**Tax Information**
Cathy O. Certain Victor Certain Lori Lynne Franks 1923 Dahlia Dr. Nashville, TN 37210	**New Owners**	95-12-162

QUIT CLAIM DEED

For and in consideration of One Dollar, cash in hand paid, the receipt and sufficiency of which is hereby acknowledged, the undersigned, Rachel E. Hill by these presents, do hereby quitclaim and convey unto Cathy O. Certain, her successors and assigns, all of her right, title and interest in and to the following described tract or parcel of land, to wit:

LAND in Davidson County, Tennessee, being Lot No. 42 on the Plan of Perry Heights, of record in Book 2900, Page 18, Register's Office for said County, to which reference is hereby made for a more particular description.

Being the same property conveyed to Thomas E. Certain and Rebecca Faye Link by deed dated April 18, 1979 of record Book 5422, page 675, Register's Office for Davidson County, Tennessee.

Further being the same property conveyed to Thomas E. Certain by quitclaim deed from Rebecca Faye Link, now Rebecca Faye Ryan, dated December 19, 2005 of record in Instrument No. 20051219-0151567, Register's Office for Davidson County, Tennessee.

Further being the same property conveyed to Thomas Edward Certain by quitclaim deed from Thomas E. Certain, dated July 11, 2012, of record in Instrument No. 20120711-0060883, Register's Office for Davidson County, Tennessee.

Further being the same property conveyed to Carl Lee Certain, Victor Certain and Lori Franks by INSTRUMENT #20240220-0011422, Register's Office for Davidson County, Tennessee.

GARRETT KIGHT
STATE OF TENNESSEE NOTARY PUBLIC
DICKSON COUNTY

Further being the same property conveyed to Cathy O. Certain, Rachel E. Hill, and Carl Lee Certain II by INSTRUMENT #20240628004865 8, register's Office for Davidson County, Tennessee.
20240628004865 9
SUBJECT TO any and all restrictions, conditions, easements, setback lines, plat of record and encumbrances of record in the Register's Office for said County.

SWORN this 19 day of June 2024.

X Rachel E Hill
Rachel E. Hill, Affiant

STATE Of TN
COUNTY OF Dickson

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, Rachel E. Hill, the within named Affiant, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that she executed the within instrument for the purposes therein contained.

Sworn to and subscribed before me, the undersigned Notary Public, this 19 day of June, 2024.

X
NOTARY PUBLIC
My Commission espires: 05-18-2027

GARRETT KIGHT
STATE OF TENNESSEE NOTARY PUBLIC
DICKSON COUNTY

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2024

1. Decedent's Legal Name			2. Sex	3. Date of Death
CARL CERTAIN			MALE	05/11/2024
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
06:42 AM	65	02/25/1959	SMYRNA, TN	
8a. Place of Death				
INPATIENT				
8b. Facility Name		**8c. City or Town**	**8d. County of Death**	
TRISTAR CENTENNIAL MEDICAL CENTER		NASHVILLE	DAVIDSON	
9. Marital Status	**10. Surviving Spouse** (name prior to first marriage)	**11a. Decedent's Usual Occupation**	**11b. Kind of Business/Industry**	
MARRIED	CATHY ALDRIDGE	MECHANIC	SELF EMPLOYED	
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**	**13c. City or Town**	
-5229	TENNESSEE	HICKMAN	BON AQUA	
13d. Street and Number	**13e. Inside City Limits?**	**13f. Zip Code**	**14. Was Decedent ever in US Armed Forces?**	
9734 ROCKY POINT RD	NO	37025	YES	
15. Decedent's Education	**16. Decedent of Hispanic Origin?**	**17. Decedent's Race**		
9TH - 12TH GRADE, NO DIPLOMA	NO, NOT SPANISH/HISPANIC/LATINO	WHITE		
18. Father's Name		**19. Mother's Name Prior to First Marriage**		
TOM CERTAIN		LINDA MARTINSON		
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**		
CATHY CERTAIN	WIFE	9734 ROCKY POINT RD, BON AQUA, TN 37025		
21a. Method of Disposition	**21b. Place of Disposition**	**21c. Location**		
CREMATION	ELLIS CREMATORY	NASHVILLE, TN		
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**	**22d. License Number**	
▶ /e/ ROBERT H WHITLEY	3618	▶		
23a. Name and Address of Funeral Home			**23b. License Number**	
ELLIS FUNERAL HOME AND CREMATION SERVICE, 2627 NOLENSVILLE PIKE, NASHVILLE, TN 37211-2216			775	
24. Registrar's Signature		**25. Date Filed**		
▶				

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/ JASON WANG	66890	05/15/2024

27d. Name and Address

JASON WANG 2300 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. HEPATIC ENCEPHALOPATHY	
	b. METASTATIC HEPATOCELLULAR CARCINOMA	
	c. GASTROINTESTINAL BLEED	
	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-1659E RDA 10112

This document is not a certified copy.

Pursuant to TENN CODE ANN § 56-7-206, this document may only be used for the purposes of establishing proof of death as it relates to a life insurance policy with a value of fifteen thousand dollars ($15,000.00) or less.