Karen Johnson
Batch # 1185323
09/24/2024 11:16:09 AM
Fees: $32.00 Taxes: $0.00
Davidson County
DEEDQC
6 pgs
20240924-0073988

RECORDING REQUESTED BY:
Thomas David Stewart

INSTRUMENT PREPARED BY:
Robin S. Kuhn
2487 Baker Rd
Goodlettsville, Tennessee 37072

(Above reserved for official use only)

RETURN DEED TO:
Thomas David Stewart
201 Bennett Dr
Old Hickory, Tennessee, 37138

SEND TAX STATEMENTS TO:
Thomas David Stewart
201 Bennett Dr
Old Hickory, Tennessee, 37138

Tax Parcel ID/APN # 04413002500
Prior Instrument Reference: Book # 3277, Page 617, of the Recorder of Davidson County, Tennessee

QUIT CLAIM DEED FOR TENNESSEE

STATE OF TENNESSEE
COUNTY OF DAVIDSON

THIS DEED is made this day of 03/19/2024, by and between the **"Grantor,"**

Robert D. Stewart (deceased) and Jacqueline S. Stewart, an unmarried individual residing at 201 Bennett Dr, Old Hickory, Tennessee 37138

AND the **"Grantee,"**

Thomas David Stewart, an unmarried individual residing at 201 Bennett Dr, Old Hickory, Tennessee 37138

FOR VALUABLE CONSIDERATION of the sum of $1.00, the receipt and sufficiency of which is hereby acknowledged, Grantor hereby quitclaims to Grantee and Grantee's heirs and assigns forever, all of Grantor's rights, titles, interests, and claims in or to the following described real estate (the **"Property"**), together with all hereditaments and appurtenances belonging thereto, located in Davidson county, Tennessee, subject to any restrictions herein:

Property Address: 201 Bennett Dr, Old Hickory, Tennessee 37138

Legal Description: Description from Warranty Deed; Book 3277, page 617, Register's office State of Tennessee, Davidson County. Being lot No. 46 on the plan of section III, Knoll Subdivision of record in book 2854, page 110, Register's office for said county, described as follows: Beginning at a point in the southwesterly margin of Bettie Drive at the corner of Lots No. 46 and 47; thence with the line between said lots, southwesterly 155 feet to a point; thence northwesterly 130 feet to the southwesterly margin of Bennett Drive; thence with the margin of the same, northeasterly 130 feet to the beginning of a curve; thence around said curve, easterly 39.27 feet to the margin of Bettie Drive; thence with the margin of the same, southeasterly 105 feet to the point of beginning. Being part of the property conveyed to J.R. Coarsey, Trustee, by deed from C. G. Bennett and wife, of record in book 3069, page 631, said Register's office.

Vesting Information / Property Interest: Grantee receives the Property in fee simple as the sole owner.

[SIGNATURE PAGE FOLLOWS]

Signatures

Grantor signed, sealed, and delivered this quit claim deed to Grantee on _____ (date).

Grantor (or authorized agent)

x/ Jacqueline Stewart

Print Name: Jacqueline Stewart

NOTARY ACKNOWLEDGMENT

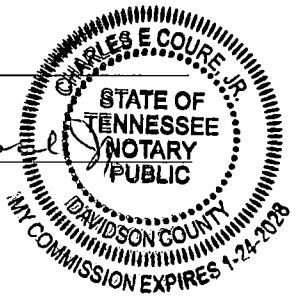
TENNESSEE
COUNTY OF DAVIDSON

On March 19 before me, Jacqueline S. Stewart, personally appeared **Jacqueline S. Stewart**, personally known to me or proved 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.

WITNESS my hand and official seal.

Commission Expires: _____

Charles E Coure Jr
Notary Public, Tennessee



STATE OF TENNESSEE
Office of Vital Records

0107086

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2001 053099

1. DECEDENT'S NAME (First, Middle, Last)				2. SEX	3. DATE OF DEATH (Month, Day, Year)
BOBBY	DOUGLAS	STEWART	SR	Male	December 13, 2001
4. SOCIAL SECURITY NUMBER	4a. AGE-Last Birthday (Years)	4b. UNDER 1 YEAR (Months)	4c. UNDER 1 DAY (Hours)	5. DATE OF BIRTH (Month, Day, Year)	6. BIRTHPLACE (City and State or Foreign Country)
-7107	68			Nov. 17, 1933	Whites Creek, Tn

DECEDENT

7. WAS DECEDENT EVER IN U.S. ARMED FORCES? (X) 2 No
8. WAS DECEDENT OF HISPANIC ORIGIN? 1 Yes 2 No
9. RACE (American Indian, Asian, Black, White) 5
10. MARITAL STATUS (Never Married, Married, Widowed, Divorced) Married
11. SURVIVING SPOUSE (If wife, give maiden name) Jacqueline Sheaton
12a. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Stretes Route
12b. KIND OF BUSINESS/INDUSTRY Truck Driver

9c. FACILITY NAME (If not institution, give street and number) Alive Hospice 910
9d. CITY, TOWN, OR LOCATION OF DEATH Nashville 094
9e. COUNTY OF DEATH Davidson 19

713v4

13a. RESIDENCE-STATE Tennessee
13b. COUNTY Davidson
13c. CITY, TOWN OR LOCATION Old Hickory
13d. STREET AND NUMBER OR RURAL LOCATION 201 Bennett Dr
13e. INSIDE CITY LIMITS? (X) No
13f. ZIP CODE 37138
14. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) (X) No
15. RACE (American Indian, Asian, Black, White, etc.) White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)

PARENTS

17. FATHER'S NAME (First, Middle, Last) Ronald Keith Stewart
18. MOTHER'S NAME (First, Middle, Maiden Surname) Bertha Gifford

INFORMANT

19a. INFORMANT'S NAME (Type/Print) Jacqueline Stewart
19b. RELATIONSHIP TO DECEASED Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 201 Bennett Dr, Old Hickory, TN. 37138

20a. METHOD OF DISPOSITION (X) 1 Burial
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Hermitage Cemetery
20c. LOCATION (City or Town, State) Hermitage, TN

21a. SIGNATURE OF FUNERAL SERVICE OF/DA Tof Biddle
21b. LICENSE NUMBER OF FUNERAL DIRECTOR 5162
21c. SIGNATURE OF EMBALMER Ronnie Harrell
21d. LICENSE NUMBER OF EMBALMER 5022

22a. NAME AND ADDRESS OF FUNERAL HOME Hermitage Funeral Home, Shute Ln, Hermitage, TN. 37076
22b. LICENSE NUMBER OF FUNERAL HOME 540

23. NAME AND TITLE OF ATTENDING PHYSICIAN (Type/Print) Robert W. Rhodes Jr
24. DATE FILED (Month, Day, Year) December 26, 2001

25. I, the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated
SIGNATURE AND TITLE OF CERTIFIER
25b. LICENSE NUMBER 34321
25c. DATE SIGNED (Month, Day, Year) 12-21-01

26. I, on the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated
27. SIGNATURE AND TITLE OF MEDICAL EXAMINER
27a. LICENSE NUMBER
27b. DATE SIGNED (Month, Day, Year)

27c. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) Dr. John Mulder, 1710 Patterson St, Nashville, Tn. 37203

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.

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

Teresa S Hendricks
STATE REGISTRAR

Date Issued Jul-19-2010

CERTIFICATION OF VITAL RECORD

KAREN JOHNSON
REGISTER OF DEEDS

www.nashville.gov/rod

PO Box 196398
Nashville, TN 37219-6398
(615) 862-6790 phone
(615) 880-2039 fax

The following oath of consideration is required on all deeds transferring property:

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration or true value, whichever is greater for this transfer is $ 1.00 .

Affiant

Subscribed and sworn before me, this 28 day of August, 2024.

Notary

CHARLES E COURE JR
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 1-24-2028