Karen Johnson
Batch # 1202730
11/07/2024 02:01:31 PM
Fees: $22.00 Taxes: $0.00
Davidson County
DEEDQC
4 pgs
20241107-0086954

QUIT CLAIM DEED

For and in consideration of the sum of One ($1.00) Dollar, cash in hand paid, together with other good and valuable consideration not herein mentioned, receipt of all of which is hereby acknowledged, **NANNIE SUE KIMBRO, surviving spouse of ROBERT D. KIMBRO, deceased, after first reserving unto myself a life estate in the subject property**, have this day bargained and sold and by these presents do hereby bargain, sell, transfer, quit claim, and convey unto my children, **ROBERT KIMBRO, JR. and MICHELE KIMBRO BARNWELL**, their respective heirs and assigns, as tenants in common, all of the right, title, claim and interest in the following described tract or parcel of land, lying and being in the FIFTH, formerly the SEVENTH, CIVIL DISTRICT of Davidson County, Tennessee, bounded and described as follows:

BEGINNING at a point in the center of Antioch Pike and the Northwest corner of the property conveyed to Ben Taylor and wife, by T. R. Kimbro, et al, by deed of record in Book 2017, page 160, Register's Office for said County; thence with Taylor's line South 40° West, 116 feet to a post, North 47° 15' West, 119 feet to a post on the Easterly margin of Anderson Lane; thence with said margin North 25° 15' East, 152.4 feet to the center of said Antioch Pike; thence with the center of said Pike, South 33° 15' East, 163.4 feet to the beginning, per survey by Geo. Watkins, Surveyor, dated July 19, 1951.

Being the same property acquired by Robert D. Kimbro and wife, Nannie Sue Kimbro, by deed dated July 10, 1967, from T. R. Kimbro and wife, Bessie Kimbro, of record at Book 4150, page 812, Register's Office, Davidson County, Tennessee. Robert D. Kimbro died on May 7, 2023, and Nannie Sue Kimbro acquired title as the surviving tenant by the entirety. A copy of his Death Certificate is attached as Exhibit "A".

This instrument prepared by
Looney, Looney, Chadwell & Hamby, PLLC, Attorneys
156 Rector Avenue, Crossville, Tennessee 38555
Cl/c:deeds/kimbro to kimbro qc (davidson county reserving life estate)

Account No. 13415002500

The said grantor, **Nannie Sue Kimbro**, reserve unto herself a life estate in the above-described property for so long as she shall live, with the right to occupy and use said property as her own during her lifetime.

WITNESS my hand and signature on this the 22nd day of October, 2024.

Nannie Sue Kimbro
NANNIE SUE KIMBRO

State of Tennessee)
)
County of Cumberland)

Before me, the undersigned authority, a Notary Public in and for said State and County, personally appeared **Nannie Sue Kimbro**, the within named bargainor with whom I am personally acquainted, (or proved to me on the basis of satisfactory evidence), and who acknowledged the execution of the within and foregoing instrument as her free act and deed for the purposes therein contained.

WITNESS my hand and signature on this the 22nd day of October, 2024.

Rhonda S. Wyatt
NOTARY PUBLIC

RHONDA S. WYATT
STATE OF TENNESSEE NOTARY PUBLIC
CUMBERLAND COUNTY

My commission expires: 2/8/26

The name and address of a property owner is:	The name and address of the person or entity responsible for the payment of real property taxes is:
Robert Kimbro, Jr. and	Same
Michele Kimbro Barnwell	
c/o Nannie Sue Kimbro	
999 Hillcrest Drive	
Crossville, Tennessee 38555	

This instrument was prepared at the specific request of the parties, based solely upon information supplied by one or more of the parties to this instrument, and without examination of title or being furnished a survey. The preparer makes no representations or warranties as to the accuracy of the description or the status of the title to the property. The preparer of this instrument assumes no liability for any errors, inaccuracies, or omissions in this instrument resulting from the information provided, and the parties hereto signify their assent to this disclaimer by the execution and the acceptance of this instrument.

STATE OF TENNESSEE
COUNTY OF CUMBERLAND

I, or we, hereby swear or affirm that the actual consideration for this transfer or value of the property transferred, whichever is greater, is $ -0- , which amount is equal to or greater than the amount which property transferred would command at a fair voluntary sale. This deed is exempt from deed recordation tax pursuant to Tennessee Code Annotated §67-4-409(3)(f).

AFFIANT

Sworn to and subscribed before me on this 22nd day of October, 2024.

RHONDA S. WYATT
STATE OF TENNESSEE NOTARY PUBLIC
CUMBERLAND COUNTY

My commission expires: 2/8/26

NOTARY PUBLIC

STATE OF TENNESSEE
Office of Vital Records

UNOFFICIAL DOCUMENT

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 027849

1. Decedent's Legal Name			2. Sex	3. Date of Death
ROBERT DAULTON KIMBRO SR			MALE	05/07/2023
4. Time of Death (Approx.)	5a. Age	6. Date of Birth	7. Birthplace	
15:01	93	08/01/1929	NASHVILLE, TN	
8a. Place of Death				
DECEDENT'S HOME				
8b. Facility Name		8c. City or Town		8d. County of Death
999 HILLCREST DRIVE		CROSSVILLE		CUMBERLAND
9. Marital Status	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation		11b. Kind of Business/Industry
MARRIED	NANNIE SUE DAVIS	SUPERINTENDENT		ROAD CONTRUCTION
12. Social Security Number	13a. Residence-State or Foreign Country	13b. County		13c. City or Town
[redacted]	TENNESSEE	CUMBERLAND		CROSSVILLE
13d. Street and Number		13e. Inside City Limits?	13f. Zip Code	14. Was Decedent ever in US Armed Forces?
999 HILLCREST DRIVE		YES	38555	YES
15. Decedent's Education	16. Decedent of Hispanic Origin?		17. Decedent's Race	
8TH GRADE OR LESS	NO, NOT SPANISH/HISPANIC/LATINO		WHITE	
18. Father's Name			19. Mother's Name Prior to First Marriage	
THEODORE ROSEVELT KIMBRO			BESSIE MAE WHITE	
20a. Informant's Name	20b. Relationship to Decedent	20c. Mailing Address		
NANNIE SUE KIMBRO	WIFE	999 HILLCREST DRIVE, CROSSVILLE, TN 38555		
21a. Method of Disposition	21b. Place of Disposition		21c. Location	
BURIAL	GREEN ACRES MEMORY GARDENS		CROSSVILLE, TN	
22a. Signature of Funeral Director	22b. License Number	22c. Signature of Embalmer		22d. License Number
▶ /e/ NATOSHA SNOW ASHBURN	20281	▶ /e/ BOBBY DONALD ALLRED		4231
23a. Name and Address of Funeral Home				23b. License Number
BILBREY FUNERAL HOME, INC., 76 EAST ADAMS STREET, CROSSVILLE, TN 38555				657
24. Registrar's Signature		25. Date Filed		
▶ /e/ EDWARD G BISHOP III		05/09/2023		

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/ TIMOTHY MICHAEL SPITLER	027384	05/09/2023

27d. Name and Address: TIMOTHY MICHAEL SPITLER 100 LANTANA ROAD, CROSSVILLE, TN 38557

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. CEREBROVASCULAR ACCIDENT	
	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	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

COPYRIGHT/COPYRIGHT ANTI-FRAUD PROTECTION

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 certi[redacted] document is prohibited.

15185388

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: May-10-2023

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE 1796

CERTIFICATION OF VITAL RECORD