Karen Johnson Davidson County
Batch # 1207166 DEEDQC
11/20/2024 01 00 31 PM 5 pgs
Fees $27 00 Taxes $0 00
20241120-0090496

This Instrument Prepared by:
ADAM J. BERK, ESQ.
ELDER LAW OF NASHVILLE PLC
4235 Hillsboro Pike, Suite 300
Nashville, TN 37215

From information furnished by the parties.

RICHARD CRAIG
COMM. # 2447581
NOTARY PUBLIC - CALIFORNIA
ALAMEDA COUNTY
COMM. EXPIRES JUNE 8, 2027

The actual consideration or value whichever is greater for this transfer is NO MONETARY CONSIDERATION.

STATE OF California)
COUNTY OF Alameda)

Sworn to and subscribed before me
This 7 day of Nov, 2024.

Amber Lester, Affiant

Notary Public
My Commission Expires: June 8, 2027

[Exempt from Taxation Pursuant to T.C.A. § 67-4-409(3)(A)(ii)]

TRUSTEE'S DEED

ADDRESS OF NEW OWNERS:	SEND TAX BILLS TO:	MAP & PARCEL NO.
David Lester 156 Queens Lane Nashville, TN 37218	SAME	58-14; 71; 221-A & 222-A

FOR NO MONETARY CONSIDERATION, I, **Amber Lester, Trustee David Lester Supplemental Needs Trust**, by these presents do hereby quitclaim and convey unto **David Lester**, individually, all the Trust's right, title, and interest in and to the following described tract of land:

Land in the First Council District of Metropolitan Nashville, Davidson County, Tennessee, being a part of Parcel 71 on Tax Map 58-14, and being more particularly described as follows.

Tract No. **221-A**:

Beginning at an existing iron pin at the common rear corner of Lots 221 and 222, Enchanted Hills, Section II, as of record in Book 4460, page 184; R.O.D.C., Tennessee, thence,

1. With the common line of Lots 221 and 222 Extended, S82 degrees, 36' 47"E, 60.69 feet to an iron pin set in the center of Parcel 71; thence,

2. With the center of Parcel 71 with a curve to the left (radius 5,729.6 feet) southeastwardly a distance of 107.34 feet to an iron pin set and having a chord bearing and distance of S2 degrees 16' 01"E, 107.34' feet; thence,
3. S53 degrees, 13' 20"W, 72.18 feet to an existing concrete monument in the easterly line of Lot No. 221; thence,
4. With the easterly line of Lot 221 with a curve to the right (radius 5,789.6 feet) northwestwardly a distance of 158.42 feet to the point of beginning and having a chord bearing and distance of N2 degrees 23' 35"W, 159.414 feet and containing 7,968 square feet.

Tract No. **222-A**:

Beginning at an iron pin at the common rear corners of Lots 222 and 223, Enchanted Hills, Section II, as of record in Book 4460, page 184, R.O.D.C., Tennessee; thence,

1. With the common line between Lots 22 and 223 Extended, N83 degrees, 17' Bl"E, 60.44 feet to an iron pin set in the center of parcel 71; thence,
2. With the center of Parcel 71 with a curve to the left (radius 5,729.6 feet) southeastwardly a distance of 196.87 feet to an iron pin set and having a chord bearing and distance of S00 degrees, 44' 45"E, 196.86 feet; thence,
3. N82 degrees, 36' 47"W, 60.69 feet to an existing iron pin, common corner of Lots 221 and 222; thence,
4. With the easterly line of Lot No. 222 with a curve to the right (radius 5,789.6 feet) northwestwardly a distance of 181.99 feet to the point of beginning and containing 11,359 square feet.

Tract 222-A subject to a 20-foot easement for sanitary sewer.

Being the same property conveyed to Louis J. Bernard and wife, Lois J. Bernard by Warranty Deed of record in Book 10104, Pages 956-958, said Register's Office for Davidson County, Tennessee, dated June 27, 1996. Louis J. Bernard died on December 23, 2016. His wife, Lois J. Bernard died on January 1, 2024. Their death certificates are attached hereto. ~~Certified copies of Lois J. Bernard's Last Will and Testament and the Order admitting her will to probate are also attached hereto.~~ See Instrument No. 20241120-0090495

This improved property known as 156 Queens Lane, Nashville, TN 37218.

Witness my hand this 7 day of Nov, 2024.

Amber Lester, Trustee

STATE OF California)
COUNTY OF Alameda)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, **Amber Lester**, the within named bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and official seal, this 7 day of Nov, 2024.

RICHARD CRAIG
COMM. # 2447581
NOTARY PUBLIC - CALIFORNIA
ALAMEDA COUNTY
COMM. EXPIRES JUNE 8, 2027

Notary Public
My Commission Expires: June 8, 2027
June 8, 2027

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

[redacted]

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Louis Joseph Bernard, MD
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): December 23, 2016
4. TIME OF DEATH (Military): 2352
5a. AGE-Last Birthday (Years): 91
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): August 19, 1925
7. BIRTHPLACE (City and State or Foreign Country): LaPlace, Louisiana

TYPEWRITE or PERMANENT BLACK INK

6a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/long term care facility ☒ Decedent's home ☐ Other residence ☐ Dover (Specify) ____

6b. FACILITY NAME (If not institution, give street and number): 156 Queens Lane
6c. CITY OR TOWN: Nashville
6d. COUNTY OF DEATH: Davidson

8. MARITAL STATUS: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Lois J. McDonald
11a. DECEDENT'S USUAL OCCUPATION: Surgical Oncologist
11b. KIND OF BUSINESS/INDUSTRY: Medical
12. SOCIAL SECURITY NUMBER: 0940
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 156 Queens Lane
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37218
14. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
☐ 8th grade or less
☐ 9th – 12th grade; no diploma
☐ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☒ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
☐ Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
☒ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino (Specify) ____
☐ Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
☐ White
☒ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe) ____
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (Specify) ____
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify) ____
☐ Other (Specify) ____
☐ Unknown

18. FATHER'S NAME (First, Middle, Last): Edward Bernard
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Jeanne Vinet

20a. INFORMANT'S NAME: Lois J. Bernard
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 156 Queens Lane, Nashville, Tennessee 37218

21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) ____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Nashville Cremation Service
21c. LOCATION - City or Town and State: Nashville, Tennessee

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Delbrita L. Greene
22b. LICENSE NUMBER: 6763
22c. SIGNATURE OF EMBALMER: ▶ N/A
22d. LICENSE NUMBER: N/A
343VA +P
23a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn Roesch-Patton Funeral Home, 660 Thompson Ln, Nashville, TN 37204
23b. LICENSE NUMBER OF FUNERAL HOME: 933

24. REGISTRAR'S SIGNATURE: ▶ Dthornberry DR
25. DATE FILED (Month, Day, Year): 12/28/16

26. CERTIFIER (Check only one)
26a. ☒ PHYSICIAN - To the best of my knowledge, death occurred at the date 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, and place, and due to the cause(s) and manner stated.

PHYSICIAN OR MEDICAL EXAMINER EXECUTIVE CLINE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

27a. SIGNATURE OF CERTIFIER: ▶ Robert Berkompas MD
27b. LICENSE NUMBER: 17891
27c. DATE SIGNED (Month, Day, Year): 12/27/16
27d. NAME AND ADDRESS: Robert Berkompas, M.D. 1718 Patterson Street, Nashville, TN 37203

28. PART I. Enter the chain of events (disease, injury, 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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Vascular dementia
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. Cerebrovascular disease Due to (or as a consequence of)
c. Due to (or as a consequence of)
d. Due to (or as a consequence of)
Approximate Interval: Onset to death

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
29a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No

30. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☒ Probably ☐ No ☐ Unknown
32. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

33. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) ____
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? ☐ Yes ☐ No
34d. PLACE OF INJURY – at home, farm, street, factory, office building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

PH-1650 (Rev. 10/2011)
NDA 1999

08979526

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.

DEC 28 20

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

Lori B. Ferranti, PhD, MSN, MBA, RN
State Registrar/Asst. Commissioner

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

0 8 9 7 9 5 2 6
Date Issued

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2024 006317

1 Decedent's Legal Name			2. Sex	3 Date of Death
LOIS JEANNETTE BERNARD			FEMALE	01/31/2024
4 Time of Death (Approx.)	**5a Age**	**6 Date of Birth**	**7 Birthplace**	
2:08	85	02/26/1938	TOPEKA, KS	
8a Place of Death				
INPATIENT				
8b Facility Name		**8c City or Town**		**8d County of Death**
SAINT THOMAS WEST HOSPITAL		NASHVILLE		DAVIDSON
9 Marital Status	**10 Surviving Spouse (name prior to first marriage)**	**11a Decedent's Usual Occupation**		**11b Kind of Business/Industry**
WIDOWED		NURSE ANESTHETIST		HOSPITAL
12. Social Security Number	**13a Residence-State or Foreign Country**	**13b County**		**13c City or Town**
-6469	TENNESSEE	DAVIDSON		NASHVILLE
13d Street and Number	**13e Inside City Limits?**	**13f Zip Code**		**14 Was Decedent ever in US Armed Forces?**
156 QUEENS LANE	YES	37218		NO
15 Decedent's Education	**16 Decedent of Hispanic Origin?**	**17. Decedent's Race**		
MASTER'S DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	BLACK OR AFRICAN AMERICAN		
18 Father's Name		**19 Mother's Name Prior to First Marriage**		
WILLIAM HERBERT MCDONALD		GRACE MAE MCDONALD		
20a Informant's Name	**20b Relationship to Decedent**	**20c Mailing Address**		
DAVID S LESTER	SON	156 QUEENS LANE , NASHVILLE, TN 37218		
21a Method of Disposition	**21b Place of Disposition**	**21c Location**		
CREMATION	NASHVILLE CREMATION SERVICE	NASHVILLE TN		
22a Signature of Funeral Director	**22b License Number**	**22c. Signature of Embalmer**		**22d. License Number**
▶ /e/ LEAH NICOLE HALE	20578	▶		
23a Name and Address of Funeral Home				**23b License Number**
WOODLAWN-ROESCH-PATTON FUNERAL HOME AND MEMORIAL, 660 THOMPSON LANE, NASHVILLE, TN 37204 0407				933
24 Registrar's Signature			**25 Date Filed**	
▶ /e/ EDWARD G BISHOP III			02/04/2024	

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/ ASHLEY ELIZABETH CLARK	67129	02/02/2024

27d Name and Address
ASHLEY ELIZABETH CLARK 4220 HARDING PIKE, NASHVILLE, TN 37205

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 SEPTIC SHOCK
b ACUTE CYSTITIS
c
d

Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I

ACUTE SYSTOLIC HEART FAILURE

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

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.

15713525

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-20-2024

CERTIFICATION OF VITAL RECORD