Karen Johnson
Batch # 1212895
12/05/2024 02 09 13 PM
Fees $17 00 Taxes $0 00
Davidson County
DEEDQC
3 pgs
20241205-0094602

THIS INSTRUMENT PREPARED BY: **Martin Heller Potempa & Sheppard** 2122 21st Avenue South Nashville, Tennessee 37212 (615) 800-7096 This Deed was prepared based on information provided by the parties and no independent title examination was prepared.	STATE OF TENNESSEE COUNTY OF DAVIDSON The actual consideration for this transfer is: $10.00 Carolyn L. Griggs CAROLYN L. GRIGGS, AFFIANT Subscribed and sworn to before me, this 25th day of November 2024. Shelley Mason NOTARY PUBLIC My Commission Expires: 11-3-2025

SHELLEY A MASON
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON
MY COMM EXPIRES NOVEMBER 3, 2025

QUITCLAIM DEED

Address New Owner:	**Send Tax Bills To:**	**Tax Information:**
CAROLYN L. GRIGGS, TRUSTEE 4922 Log Cabin Road Nashville, TN 37216	New Owner	Map and Parcel No.: 061-04-0 153.00

FOR AND IN CONSIDERATION of Ten and No/100ths Dollars ($10.00) and other good and valuable consideration, the receipt of all of which is hereby acknowledged, I, Carolyn L. Griggs, ("Grantor") do hereby quitclaim, transfer and convey unto Carolyn L. Griggs, Trustee of the Carolyn L. Griggs Revocable Trust, created July 9, 2024, its successors and assigns, all of my right, title and interest in certain real property in the County of Davidson, State of Tennessee, identified below.

This is improved property known as 4922 Log Cabin Road, Nashville, TN 37216, and more particularly described as follows:

Land in Davidson County, Tennessee, being Lot No. 3 on the plan of LOHR SUBDIVISION, of record in Book 4660, page 199, Register's Office for said County.

Said Lot No. 3 fronts 55.0 feet on the easterly margin of the cul-de-sac at the terminus of Log Cabin Road and extends back 194.19 feet on the southeasterly line and 204.6 feet on the northwesterly line to a broken line in the rear, measuring 127.92 feet thereon.

Being the same property conveyed to Larry D. Griggs and wife, Carolyn L. Griggs, from Teresa C. Henley, formerly Teresa J. Chessor, joined by her husband, Thomas D. Henley, by Warranty Deed recorded in the Register's Office of said county and state at Book 6308, Pages 22-24. The said Larry D. Griggs having since died on March 9, 2013, leaving Carolyn L. Griggs as the sole surviving tenant. A copy of Larry D. Griggs' death certificate is attached hereto as Exhibit A.

Whenever used, the singular shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

This conveyance is subject to any and all existing easements and restrictions as shown of record.

This quitclaim deed was prepared based upon information provided by the parties and no independent title examination was prepared in preparation of this deed.

IN WITNESS WHEREOF, Grantor has executed this instrument on this the 25th day of November 2024

Carolyn L Griggs
Carolyn L. Griggs, Grantor

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned Notary Public, in and for the said county and state, the within named **Carolyn L. Griggs**, the Grantor, 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.

Witness my hand and official seal at office, this 25th day of November 2024.

Shelley Mason
Notary Public

My Commission Expires: 11-3-2025

SHELLEY A. MASON
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON
MY COMM EXPIRES NOVEMBER 3, 2025

STATE OF TENNESSEE
Office of Vital Records

130 1577

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER

DECEDENT

1 DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)	2 SEX	3. DATE OF DEATH (Month, Day, Year)
Larry Duane Griggs	Male	March 9, 2013

4 TIME OF DEATH (Asterisk)	5a AGE-Last Birthday (Years)	5b UNDER 1 YEAR Months	Days	5c UNDER 1 DAY Hours	Minutes	6 DATE OF BIRTH (Month, Day, Year)	7 BIRTHPLACE (City and State or Foreign Country)
2 45 pm	65					June 11, 1947	Waynesboro, VA

TYPE/PRINT IN PERMANENT BLACK INK

8a 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 ☐ Other (Specify) _____

8b FACILITY NAME (If not institution, give street and number)	8c. CITY OR TOWN	8d COUNTY OF DEATH
4922 Log Cabin Road	Nashville	Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9 MARITAL STATUS	10 SURVIVING SPOUSE (If wife, give name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b KIND OF BUSINESS/INDUSTRY
☒ Married ☐ Married but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown	Carolyn Leigh Albrecht	Moving Consultant	Allied Moving

12 SOCIAL SECURITY NUMBER	13a RESIDENCE-STATE OR FOREIGN COUNTRY	13b COUNTY	13c. CITY OR TOWN
	Tennessee	Davidson	Nashville

13d STREET AND NUMBER	13e INSIDE CITY LIMITS	13f ZIP CODE	14 WAS DECEDENT EVER IN US ARMED FORCES?
4922 Log Cabin Road	☒ Yes ☐ No	37216	☒ 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

7+3VAT 1pt

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

PARENTS

18 FATHER'S NAME (First, Middle, Last)	19 MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)
L D Griggs	Dorothy Jo Steakley

DISPOSITION

20a INFORMANT'S NAME	20b RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
Carolyn Griggs	spouse	4922 Log Cabin Road, Nashville, TN 37214

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

22a SIGNATURE OF FUNERAL DIRECTOR	22b LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d LICENSE NUMBER
▶ Thomas W Bowers	3049	▶ Nathaniel Holman	5975

23a. NAME AND ADDRESS OF FUNERAL HOME	23b LICENSE NUMBER OF FUNERAL HOME
Spring Hill Funeral Home & Cemetery 5110 Gallatin Road Nashville, TN 37216	1046

REGISTRAR

24 REGISTRAR'S SIGNATURE	25 DATE FILED (Month, Day, Year)
▶ Tonya B Kirby, LFD, OR	March 13, 2013

CERTIFIER

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 EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

27a. SIGNATURE OF CERTIFIER	27b. LICENSE NUMBER	27c. DATE SIGNED (Month, Day, Year)
▶	34753	3/13/13
	27d NAME AND ADDRESS	

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	
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	Due to (or as a consequence of): b	
	Due to (or as a consequence of): c	
	Due to (or as 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? ☐ Yes ☒ No

29b WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

30 MANNER OF DEATH	31 DID TOBACCO USE CONTRIBUTE TO DEATH?	32 IF FEMALE
☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined	☐ Yes ☐ Probably ☒ No ☐ Unknown	☐ 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	34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c. INJURY AT WORK?	34d. PLACE OF INJURY – at home, farm, street, factory, office building, etc. (Specify)
☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____			☐ Yes ☐ No	

34e DESCRIBE HOW INJURY OCCURRED

34f LOCATION OF INJURY (Street and Number, City or Town, State)

PH-1659 (Rev. 9/2011) RDA 1399

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.

5674013

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

MAR 13 2013

Teresa S Hendricks
STATE REGISTRAR

Tonya Y Foreman Local Registrar
Davidson County Tennessee

Date Issued

CERTIFICATION OF VITAL RECORD

COPY NOT CERTIFIED WITHOUT RED SEAL OF THE STATE OF TENNESSEE