AFTER RECORDING RETURN TO:
GODEEDS, INC.
Attn: LegalZoom Dept.
8940 Main Street
Clarence, NY 14031
File No. 577060184-83574472

Karen Johnson Davidson County
Batch# 1235848 DEEDQC
02/10/2025 03:01:30 PM 6 pgs
Fees: $32.00 Taxes: $0.00
20250210-0010040

This document prepared by:
JOHN O. WINDSOR, ESQ. Bar # 102155
1775 Lelia Drive Suite E (2nd floor)
Jackson, MS 39216
866-333-3081

Tax ID No.: 180 02 0A 031.00

QUIT CLAIM DEED

THIS DEED made and entered into on this 7th day of February, 20 25, by and between **John R. Thompson, individually and as surviving spouse of Lauren Thompson, who died** December 20, 2023 a mailing address of 1100 Stone Ridge Court, Nashville, TN 37211, hereinafter referred to as Grantor(s) and **John Richardson Thompson, as Trustee of The John Richardson Thompson Living Trust, dated** 2/7/25 **, and any amendments thereto,** a mailing address of 1100 Stone Ridge Court, Nashville, TN 37211, hereinafter referred to as Grantee(s).

WITNESSETH: That the said Grantor(s), for and in consideration of the sum of ZERO and NO/100 ($0.00) DOLLARS, do hereby remise, release and quitclaim unto the said Grantee(s) forever, all the right, title, interest and claim which the said Grantor has in and to the following described parcel of land, and improvements and appurtenances thereto, located in Davidson County, TENNESSEE:

SEE ATTACHED EXHIBIT "A" FOR LEGAL DESCRIPTION

Also known as: 1024 Stone Ridge Drive, Nashville, TN 37211

SUBJECT TO EASEMENTS, COVENANTS, CONDITIONS, RESTRICTIONS, RESERVATIONS, AND LIMITATIONS OF RECORD, IF ANY.

Being the same property conveyed to the Grantor(s) in a prior Deed recorded under Document Number: 20071107-0131359, recorded on 11/07/2007 in Davidson County, TENNESSEE.

And that said conveyance does not render the Grantor(s) insolvent nor is it for the purpose of defrauding any of the creditors of the Grantor(s).

IN WITNESS WHEREOF, the said Grantor(s) has/have signed and sealed this deed, the day and year above written.

John R. Thompson

STATE OF Tennessee
COUNTY OF Davidson

Personally appeared before me, the undersigned notary public of the aforesaid County and State, John R. Thompson, the within named bargainer, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who acknowledged that he/she executed the within instrument for the purposes therein contained.

Witness my hand, at offices, the 7 day of FEBRUARY, 2025.

Notary Public
My Commission expires: 6-20-2027



VALUATION AFFIDAVIT

I, hereby swear or affirm that to the best of knowledge, information, and belief of the Affiant, that the actual consideration for this transfer is $0.00.

Affiant

STATE OF Tennessee
COUNTY OF Davidson

Sworn to before me this 7th day of February, 2025.

Notary Public
My Commission Expires: 6-20-2027

VON RICHCREEK
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF RUTHERFORD

Name and address for person(s) responsible for taxes:

John Richardson Thompson
1100 Stone Ridge Court
Nashville, TN 37211

Name and address of property owner:

John Richardson Thompson
1100 Stone Ridge Court
Nashville, TN 37211

EXHIBIT A
LEGAL DESCRIPTION

A certain tract or parcel of land in Davidson County, Tennessee, described as follows, to-wit:

Being Lot No. 71 on the Plan of The Ridge at Stone Creek, Section 1, a Planned Unit Development, as of record in Instrument # 20031027-0157621, Register's Office for Davidson County, Tennessee, to which said plan reference is hereby made for a more complete and accurate legal description thereof.

APN: 180 02 0A 031.00

PROPERTY COMMONLY KNOWN AS: 1024 Stone Ridge Drive, Nashville, TN 37211

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 082138

1. Decedent's Legal Name			2. Sex	3. Date of Death
LAUREN MICHELLE THOMPSON			FEMALE	12/20/2023
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
10:47 AM	66	04/06/1957	MEMPHIS, TN	
8a. Place of Death				
ASSISTED LIVING				
8b. Facility Name		**8c. City or Town**	**8d. County of Death**	
6030 CLOVERLAND DRIVE		BRENTWOOD	DAVIDSON	
9. Marital Status	**10. Surviving Spouse (name prior to first marriage)**	**11a. Decedent's Usual Occupation**	**11b. Kind of Business/Industry**	
MARRIED	JOHN RICHARD THOMPSON	R N	VANDERBILT MEDICAL CENTER	
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**	**13c. City or Town**	
-9248	TENNESSEE	DAVIDSON	NASHVILLE	
13d. Street and Number	**13e. Inside City Limits?**	**13f. Zip Code**	**14. Was Decedent ever in US Armed Forces?**	
1100 STONE RIDGE COURT	YES	37211	NO	
15. Decedent's Education	**16. Decedent of Hispanic Origin?**	**17. Decedent's Race**		
BACHELOR'S DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	WHITE		
18. Father's Name		**19. Mother's Name Prior to First Marriage**		
LEONARD G WISEMAN SR		OUIDA L CASEY		
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**		
JOHN RICHARD THOMPSON	HUSBAND	1100 STONE RIDGE COURT, NASHVILLE, TN 37211		
21a. Method of Disposition	**21b. Place of Disposition**	**21c. Location**		
BURIAL	CHRIST CHURCH MEMORIAL GARDENS	NASHVILLE, TN		
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**	**22d. License Number**	
▶ /e/ WENDELL L. BYRD	2558	▶ /e/ PAMELA S PENLAND	4323	
23a. Name and Address of Funeral Home			**23b. License Number**	
WOODBINE FUNERAL HOME, INC. - HICKORY CHAPEL, 5852 NOLENSVILLE ROAD, NASHVILLE, TN 37211			760	
24. Registrar's Signature		**25. Date Filed**		
▶ /e/ EDWARD G BISHOP III		01/11/2024		

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/ KRISTEN SLADEK COLLER	038920	01/09/2024

27d. Name and Address: KRISTEN SLADEK COLLER 3443 DICKERSON PIKE SUITE 770, NASHVILLE, TN 37027

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. CORTICOBASAL DEGENERATION OF THE BRAIN.	YEARS
	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	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.

15706460

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: Jan-11-2024

CERTIFICATION OF VITAL RECORD

Tennessee Certification of Electronic Document

I, Frank P. Dec do hereby make oath that I am a licensed attorney and/or the custodian of the original version of the electronic document tendered for registration herewith and that this electronic document is a true and exact copy of the original document executed and authenticated according to law on 2/7/2025 . [date of document]

Affiant Signature

2/10/2025
Date

State of New York

County of Erie

Sworn to and subscribed before me this 10TH day of FEBRUARY , 2 025

Notary's Signature

MY COMMISSION EXPIRES:

NOTARY'S SEAL

JAMES ROALDI
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01RO6128100
Qualified in Erie County
Commission Expires June 06, 2025