Karen Johnson Davidson County
Batch# 1242186 DEEDQC
02/28/2025 12:36:30 PM 5 pgs
Fees: $27.00 Taxes: $0.00
20250228-0015089

This Instrument prepared by:
Darleen Loch
Legacy Legal Services
410 S. University Avenue
Provo, UT 84601

QUITCLAIM DEED

THIS QUITCLAIM DEED, Executed this 4TH day of February 2025 by the Grantor,

Terrie L. Nelson, a single woman
5312 Buena Vista Way
Nashville, TN 37218
of Davidson County

to the Grantee,

TERRIE L. NELSON, Trustee, or their successors in Trust, under **The Terrie L. Nelson Revocable Living Trust**, dated February 04, 2025, and any amendments thereto.
5312 Buena Vista Way, Nashville, TN 37218

WITNESSETH, That the said Grantor, for $10.00 (Ten dollars)
the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said Grantee 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 in Sumner County, State of Tennessee, to wit:

See attached EXHIBIT A

Commonly known as:
5312 Buena Vista Way, Nashville, TN 37218

Parcel Identification: 49-9-A-001.00 CO

Source of title: Being that same Warranty Deed recorded as Instrument No. 1248845 Book 4834 Pages 414-416 on 10/17/2018, in the records of the Clerk of the Courts of Sumner County, Tennessee.

EXHIBIT "A"

For and in consideration of the sum of TEN DOLLARS, cash in hand, paid hereinafter named Grantee(s), and other good and valuable considerations, the receipt of which is hereby acknowledged, we Affordable Housing, Resources, Inc., hereinafter called the Grantor(s), have bargained and sold, by these presents do transfer and convey unto Terrie L. Nelson and Cecil G Nelson, Wife and Husband hereinafter called the Grantee(s) their heirs and assigns, that certain tract or parcel of land in **Davidson County, State of Tennessee**, described as follows to Wit:
Affordable housing resources, Inc.

Land in Davidson County, Tennessee, being Lot, No 1, **Creekside Subdivision**, as shown on plat of record in instrument No. 20040122–0008741, in the Register's Office, Davidson County, Tennessee, to which plat reference is hereby made for more particular description of said property.

Being part of the same property conveyed to Affordable Housing Resources, Inc. by Warranty Deed from Noah Horace Mann, Jr. and wife, Barbara E. Mann, recorded on the 15th day of May, 2001 in Instrument No. 20010515–0050426, in the Register's Office of Davidson County, Tennessee.

This convenience is subject to a) 2006 property taxes; B) instruments of record in the inst. No. 20040122–0008741; inst. No. 20030530–0073137; inst. No. 20040426–0047292; inst. No. 20020307–0028888; inst. No. 20041109–0135030; said Register's Office; and C) any and all existing easements and restrictions as shown of record, not stated herein

This is improved property known as: 5312 Buena Vista Pike, Nashville, TN 37218

TO HAVE AND TO HOLD the said tract or parcel of land with the appurtenances, estate, title, and interest thereto belonging to the said Grantee(s) their heirs and assigns forever; and we do covenant with the said Grantee(s) that we are lawfully seized and possessed of said land in fee simple, have a good right to convey it and the same as unencumbered, unless otherwise herein set out; and we do further covenant and bind ourselves, our heirs and representatives, to warrant and forever defend the title to said land to the said Grantee(s) their heirs and assigns, against all lawful claims of all persons whomsoever. Wherever used, the singular number shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders,

The following information is not a part of this Deed

Property Address:
5312 Buena Vista Way
Nashville, TN 37218

Owner's Name and Address:

Terrie L Nelson
5312 Buena Vista Way
Nashville, TN 37218

Mail Tax Bills to:

Terrie L Nelson
5312 Buena Vista Way
Nashville, TN 37218

Parcel Number: 0831120 D 02400

IN WITNESS WHEREOF, the said Grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in presence of:

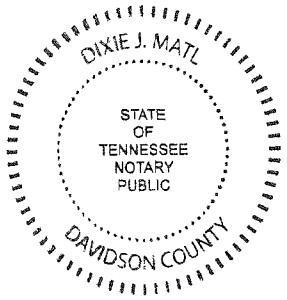
Terrie L Nelson Grantor

STATE OF TENNESSEE }
COUNTY OF SUMNER}

On this 4TH day of February ,2025 before me, Dixie J Matl, Notary personally appeared Terrie L Nelson, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Notary Signature
My commission expires: March 08, 2028



Oath of Consideration

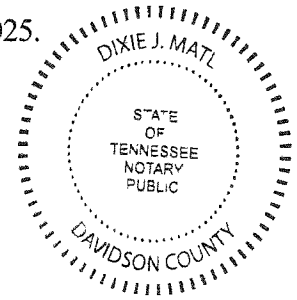
I, or we, hereby swear or affirm that to the best of the affiant's knowledge, information, and belief, the actual consideration for this transfer is $10.00.

Terrie L Nelson, Affiant 1

STATE OF TENNESSEE }
COUNTY OF SUMNER}

Subscribed and sworn before me this the 4TH day of February 2025.

Notary Public
My commission expires: MARCH 08, 2028



Tennessee Certification of Electronic Document

Terri LM

I, ~~TERRI~~ L. NELSON, 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 02/04/2025 (date of document).

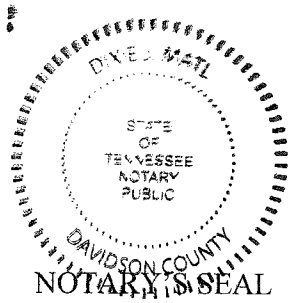
Terri L Nelson
Affiant Signature

02/04/2025
Date

State of TENNESSEE

County of SUMNER

Sworn to and subscribed before me this 4TH day of FEBRUARY, 2025.



NOTARY'S SEAL

Dixie J Matt
Notary's Signature

MY COMMISSION EXPIRES: March 08,2028

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Cecil G. Nelson
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): October 7, 2014
4. TIME OF DEATH (Approx.): 1:58 pm
5a. AGE-Last Birthday (Years): 61
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): August 18, 1953
7. BIRTHPLACE (City and State or Foreign Country): Bedford County, TN

TYPE PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: [X] 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): Centennial Medical Center
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: [X] Married [ ] Married but separated [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Terrie L. Nelson
11a. DECEDENT'S USUAL OCCUPATION: Plumber
11b. KIND OF BUSINESS/INDUSTRY: Self-employed
12. SOCIAL SECURITY NUMBER: -6897
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TN
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 5312 Buena Vista Pike
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37218
14. WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [X] 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
[X] 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.)
[X] 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
[X] 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): Cothar Nelson
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Louella Murray

DISPOSITION

20a. INFORMANT'S NAME: Terrie L. Nelson
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 5312 Buena Vista Pike, Nashville, TN 37218
21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, other place): Greenwood Cemetery
21c. LOCATION - City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Melvin J. Smith
22b. LICENSE NUMBER: 4502
22c. SIGNATURE OF EMBALMER: ▶ Chris Jefferson
22d. LICENSE NUMBER: 6500
23a. NAME AND ADDRESS OF FUNERAL HOME: Smith Brothers Funeral Directors, Inc., 706 Monroe St., Nashville, TN 37208
23b. LICENSE NUMBER OF FUNERAL HOME: 809

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Michael Edwards OR
25. DATE FILED (Month, Day, Year): October 20, 2014

CERTIFIER

PERSON(S) MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE ADDITION WITHIN 48 HOURS.

26. CERTIFIER (Check only one)
26a. [X] 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.

27a. SIGNATURE OF CERTIFIER: ▶ Edward F. Schwartz MD
27b. LICENSE NUMBER: MD 09469
27c. DATE SIGNED (Month, Day, Year): 10/14/14
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.	Lung failure	Month
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. Pulmonary Edema	Day
	Due to (or as a consequence of): c. Pneumonia	Day
	Due to (or as a consequence of): d. Ulcerative Colitis	Day

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
BPD Mental Disorder, Tearing and Pain

29a. WAS AN AUTOPSY PERFORMED? [ ] Yes [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [ ] No

30. MANNER OF DEATH: [X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [X] 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-1059 (Rev. 10/2011)

RDA 1090

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.

7469834

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

Teresa S. Hendricks
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

7469834
Date Issued

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