Karen Johnson Davidson County
Batch# 1247863 DEEDQC
03/19/2025 10:10:30 AM 5 pgs
Fees: $27.00 Taxes: $0.00
20250319-0019489

From information furnished by the parties.

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

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

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Sworn to and subscribed before me
This 7 day of MARCH, 2025.

William B Sharp
William B. Sharp, Executor

Suzanne Anderson
NOTARY PUBLIC
My Commission Expires: 07.07.2027

SUZANNE ANDERSON STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

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

EXECUTOR'S DEED

ADDRESS OF NEW OWNERS:	SEND TAX BILLS TO:	MAP & PARCEL NO.
Vicki L. Sharp 518 Richmar Drive Nashville, TN 37211	SAME	14604011700

FOR NO MONETARY CONSIDERATION, I, **William B. Sharp**, Executor of the Last Will and Testament of Jocelyn C. Sharp, by these presents do hereby quitclaim and convey unto **Vicki L. Sharp**, all the estate's right, title, and interest in and to the following described tract of land:

Being Lot No. 723 on the Plan of Caldwell Hall, Section XI, as of record in Book 3300, page 54, Register's Office for said County.

Said Lot No. 723 fronts 72 feet on the north side of Richmar Drive and runs back 121.94 on the west line and 154.8 feet on the east line to a dead line in the rear, which is a broken line, on which it measures 119.06 feet.

Being the same property conveyed to Donald E. Sharp and wife, Jocelyn C. Sharp, from Andrew Ewing, Trustee, by Warranty Deed of record in Book 3499, Page 515, Register's Office for Davidson County, Tennessee. Donald E. Sharp passed away on February 7, 2010. Jocelyn C. Sharp passed away on August 26, 2024. Their death certificates are attached hereto.

This improved property known as 518 Richmar Drive, Nashville, TN 37211.

Witness my hand this 7th day of March, 2025.

William B. Sharp

William B. Sharp, *Executor*

STATE OF TN.)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, **William B. Sharp**, 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 March, 2025.

Suzanne Anderson
NOTARY PUBLIC
My Commission Expires: 07.07.2027

SUZANNE ANDERSON
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

Amended by Affidavit from Medical Examiner/rd 3/10/2010

T 0 0 0 7 4 1

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE NUMBER: 2010 004069

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last)	Donald Eugene Sharp
2. SEX	Male
3. DATE OF DEATH (Month, Day, Year)	February 07 2010
4. SOCIAL SECURITY NUMBER (of Deceased)	-0092
4a. AGE-LAST BIRTHDAY (Years)	79
4b. UNDER 1 YEAR: MONTHS / DAYS	
4c. UNDER 24 HOURS: HOURS / MIN	
5. DATE OF BIRTH (Month, Day, Year)	Aug 29,1930
6. BIRTHPLACE (City and State or Foreign Country)	Memphis, Tennessee
7. WAS DECEDENT EVER IN U.S. ARMED FORCES?	1 [X] Yes 2 [ ] No
8a. PLACE OF DEATH (Check only one)	Hospital: 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; Other: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
8b. FACILITY NAME (If not institution, give street and number)	Southern Hills Medical Center 025
8c. CITY, TOWN, OR LOCATION OF DEATH	Nashville
8d. COUNTY OF DEATH	Davidson
9. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify)	Married
11. SURVIVING SPOUSE (If wife, give maiden name)	Jocelyn Cohen
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	Building Engineer
12b. KIND OF BUSINESS/INDUSTRY	Communication
13a. RESIDENCE-STATE	Tennessee
13b. COUNTY	Davidson
13c. CITY, TOWN, OR LOCATION	Nashville
13d. STREET AND NUMBER OR RURAL LOCATION	518 Richmar Drive
CENSUS TRACT	
13e. INSIDE CITY LIMITS?	1 [X] Yes 2 [ ] No
13f. ZIP CODE	37211
14. WAS DECEDENT OF HISPANIC ORIGIN (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.)	[ ] Yes [O] [X] No
15. RACE (American Indian, Black, White, etc.) (Specify)	White
16. DECEDENT'S EDUCATION (Specify only highest grade completed)	Elementary/Secondary (0-12): 12; College (1-4 or 5+): 2 yr
17. FATHER'S NAME (First, Middle, Last)	Elmer Sharp
18. MOTHER'S NAME (First, Middle, Maiden Surname)	Lillian Shults
19a. INFORMANT'S NAME (Type/Print)	Jocelyn Sharp
19b. RELATIONSHIP TO DECEASED	Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	518 Richmar Drive, Nashville, TN 37211
20a. METHOD OF DISPOSITION	1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	Woodlawn Memorial Park
20c. LOCATION (City or Town, State)	Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR	Robert E Fuqua
21b. LICENSE NUMBER OF FUNERAL DIRECTOR	6060
21c. SIGNATURE OF EMBALMER	James Ryan Padgett
21d. LICENSE NUMBER OF EMBALMER	5535
22a. NAME AND ADDRESS OF FUNERAL HOME	Woodlawn-Roesch-Patton Funeral Home 660 Thompson Lane, Nashville, TN 37204
22b. LICENSE NUMBER OF FUNERAL HOME	933
23. REGISTRAR'S SIGNATURE	Linda L Boulware RR
24. DATE FILED (Month, Day, Year)	February 10, 2010
25a. CERTIFICATION: To the best of my knowledge, death occurred at the date and place and due to the cause(s) and manner as stated	1 [ ] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER	
25c. DATE SIGNED (Month, Day, Year)	
26a. CERTIFICATION: To the best of my knowledge, death occurred at the date and place and due to the cause(s) and manner as stated	2 [X] SIGNATURE AND TITLE OF MEDICAL EXAMINER: [illegible] MD
26b. LICENSE NUMBER	45273
26c. DATE SIGNED (Month, Day, Year)	February 08 2010
PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS	
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)	Sandra Thomas M D 850 R S Gass Boulevard Nashville TN 37216 MEC10-0289
28. PART I: Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.	Approximate Interval Between Onset and Death
SEE INSTRUCTIONS ON OTHER SIDE	Immediate Cause (Final disease or condition resulting in death): a. Complications of right hip fracture
	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	Chronic obstructive pulmonary disease hypertensive and atherosclerotic cardiovascular disease
28a. WAS AN AUTOPSY PERFORMED?	1 [ ] Yes 2 [X] No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	1 [ ] Yes 2 [ ] No
30. MANNER OF DEATH	1 [ ] Natural 2 [X] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year)	03 February 07 2010
31b. TIME OF INJURY	UNK M
31c. INJURY AT WORK?	1 [ ] Yes 2 [X] No
31d. DESCRIBE HOW INJURY OCCURRED	Fall
31e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) (Specify)	Residence
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	518 Richmar Drive Nashville TN
	BIRTH NO
PH 1808 (REV 6/99)	* 31a
	RDA 134

3915142

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.

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

Sharon M. Leinbach
STATE REGISTRAR

Tonya Y. Foreman
Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

4/13/2010
Date Issued

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

202503190019489

STATE OF TENNESSEE
CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2024 053266

1. Decedent's Legal Name				2. Sex	3. Date of Death
JOCELYN COHEN SHARP AKA CLARA JOCELYN COHEN				FEMALE	08/26/2024
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**		
04:53	92	09/09/1931	NASHVILLE, TN		
8a. Place of Death					
DECEDENT'S HOME					
8b. Facility Name		**8c. City or Town**		**8d. County of Death**	
518 RICHMAR DR.		NASHVILLE		DAVIDSON	
9. Marital Status	**10. Surviving Spouse** (Name prior to first marriage)	**11a. Decedent's Usual Occupation**		**11b. Kind of Business/Industry**	
WIDOWED		HOMEMAKER		OWN HOME	
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**		**13c. City or Town**	
-6425	TENNESSEE	DAVIDSON		NASHVILLE	
13d. Street and Number		**13e. Inside City Limits?**	**13f. Zip Code**	**14. Was Decedent ever in US Armed Forces?**	
518 RICHMAR DR.		YES	37211	NO	
15. Decedent's Education	**16. Decedent of Hispanic Origin?**			**17. Decedent's Race**	
HIGH SCHOOL GRADUATE OR GED COMPLETED	NO, NOT SPANISH/HISPANIC/LATINO			WHITE	
18. Father's Name			**19. Mother's Name Prior to First Marriage**		
WILLIAM MARON COHEN			HAZEL MARY BEAL		
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**			
WM. BARTON SHARP	SON	2966 MCGAVOCK PIKE , NASHVILLE, TN 37214			
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			08/30/2024		

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/ BRUCE ALAN WALLSTEDT	025914	08/29/2024

27d. Name and Address: BRUCE ALAN WALLSTEDT 1601 17TH AVENUE SOUTH, NASHVILLE, TN 37212

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. ACUTE CEREBROVASCULAR INFARCT	9999
	b. AORTIC STENOSIS	9999
	c. HYPERTENSION	9999
	d.	

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

TYPE 2 DIABETES MELLITUS

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 certify that this is a true and correct representation of the original certificate on file with the Tennessee Office of Vital Records. This copy is not valid unless prepared on security paper displaying the state seal and signature of the State Registrar.

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued: Sep-03-2024

016519100

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

202503190019489

Tennessee Certification of Electronic Document

I, Adam J. Berk, do hereby make oath that I am a licensed attorney and 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 the 7th day of March, 2025.

Affiant Signature

3/11/2025

Date

STATE OF Tennessee)

COUNTY OF Davidson)

Sworn to and subscribed before me this 11 day of March, 2025.

Notary Public

My Comission Expires: 07/03/2028

[SEAL]

ABBIGAIL ANDERSON
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires 07-03-2028

202503190019489