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.

Karen Johnson
Batch # 1264986
04/25/2025 10 39 51 AM
Fees $17 00 Taxes $0 00

Davidson County
DEEDQC
3 pgs

20250425-0031913

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration for this transfer is: $10.00

SANDRA J. ROBERTS, AFFIANT

Subscribed and sworn to before me, this 21st day of April 2025.

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:**
SANDRA J. ROBERTS, TRUSTEE 4103 Dorman Dr. Nashville, TN 37215	New Owner	Map and Parcel No.: 131-01-0C-002.00 CO

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, Sandra J. Roberts, ("Grantor") do hereby quitclaim, transfer and convey unto Sandra J. Roberts, Trustee of the Sandra J. Roberts Revocable Trust, created April 21, 2025, 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 4103 Dorman Dr., Nashville, TN 37215, and more particularly described as follows:

Land in Davidson County, Tennessee, being Lot No. 4103, on the Plan of Second Revision of Park Place, a Planned Unit Development of record in Plat Book 4860, Page 124, amended in Book 5050, Page 98, Book 5056, Page 872, Book 5088, Page 360, Book 5151, Page 206, Book 5223, Page 789, Book 5293, Page 838, Book 5302, Page 667, Book 5316, Page 227, Book 5482, Page 252, Book 5614, Page 859, Book 5722, Page 772 and Book 5798, Page 732, Register's Office for Davidson

County, Tennessee, to which said plan reference is hereby made for a more complete and accurate legal description thereof.

Being the same property conveyed to Parker W. Duncan and Sandra J Roberts, husband and wife, from Andrew G. Chadwick and Shannon M. O'Shea, husband and wife, by Warranty Deed recorded in the Register's Office of said county and state at Instrument No. 20140218-0013647 The said Parker W. Duncan having since died on June 6, 2024, leaving Sandra J. Roberts as the sole surviving tenant. A copy of Parker W. Duncan's 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 21st day of April 2025.

Sandra Roberts

Sandra J. Roberts, 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 **Sandra J. Roberts**, 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 21st day of April 2025.

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

CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2024 036019

1 Decedent's Legal Name: PARKER WARDEN DUNCAN JR			2. Sex: MALE	3 Date of Death: 06/06/2024
4 Time of Death (Approx): 08 24 AM	5a Age: 82	6 Date of Birth: 03/21/1942	7 Birthplace: MONTICELLO, KY	
8a. Place of Death: INPATIENT				
8b Facility Name: TRISTAR CENTENNIAL MEDICAL CENTER		8c City or Town: NASHVILLE		8d. County of Death: DAVIDSON
9 Marital Status: MARRIED	10 Surviving Spouse (name prior to first marriage): SANDRA ROBERTS	11a. Decedent's Usual Occupation: LAWYER		11b Kind of Business/Industry: LAW
12. Social Security Number	13a Residence-State or Foreign Country: TENNESSEE	13b County: DAVIDSON		13c City or Town: NASHVILLE
13d. Street and Number: 4103 DORMAN DRIVE		13e Inside City Limits?: YES	13f Zip Code: 37215	14. Was Decedent ever in US Armed Forces?: YES
15 Decedent's Education: DOCTORATE OR PROFESSIONAL DEGREE	16 Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO		17 Decedent's Race: WHITE	
18 Father's Name: PARKER WARDEN DUNCAN SR		19 Mother's Name Prior to First Marriage: MARY DODSON		
20a, Informant's Name: SANDRA ROBERTS	20b. Relationship to Decedent: WIFE	20c Mailing Address: 4103 DORMAN DRIVE, NASHVILLE, TN 37215		
21a Method of Disposition: CREMATION	21b Place of Disposition: NASHVILLE CREMATION SERVICE		21c Location: NASHVILLE, TN	
22a Signature of Funeral Director: ▶ /e/ HUNTER HILDRETH	22b License Number: 20590	22c Signature of Embalmer: ▶		22d. License Number
23a Name and Address of Funeral Home: WOODLAWN-ROESCH-PATTON FUNERAL HOME AND MEMORIAL, 660 THOMPSON LANE, NASHVILLE, TN 37204-0407				23b License Number: 933
24 Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25 Date Filed: 06/13/2024		

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: ▶ /e/ PARAG R PATEL	27b License Number: 52911	27c. Date Signed: 06/12/2024

27d. Name and Address: PARAG R PATEL CENTENNIAL HEART LLC 2400 PATTERSON ST STE 502, NASHVILLE, TN 37203

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.	SAME TIME
	b	2 DAYS PRIOR
	c.	30 DAYS PRIOR
	d	30 DAYS PRIOR

Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: ACUTE KIDNEY INJURY, PROTEIN CALORIE MALNUTRITION; FRAILTY

29a Was an Autopsy Performed?: NO

29b. Were Autopsy Findings Available to Complete the Cause of Death?

30 Manner of Death: NATURAL	31 Did Tobacco Use Contribute to Death?: NO	32. If Female: N/A	
33 If Transportation Injury, Specify	34a Date of Injury	34b Time of Injury	34c Injury at Work?
	34e Describe How Injury Occurred		34d Place of Injury
			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
Edward G Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued Jun-13-2024

016384544

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

VERIFIED ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE