QUITCLAIM DEED

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Karen Johnson Davidson County
Batch # 1275809 DEEDQC
05/20/2025 03 00 26 PM 4 pgs
Fees $22 00 Taxes $0 00

20250520-0039782

This instrument prepared by
Debra A Morton
Attorney at Law
788 E McMurry Boulevard
Hartsville, Tennessee 37074

ADDRESS NEW OWNERS AS FOLLOWS	SEND TAX BILLS TO	MAP/PARCEL NUMBERS
Barbara Herald Jack Barry Herald David Brian Herald Judith A Atkins Sharon M Smith 2499 David Drive Nashville, Tennessee 37214	Barbara Herald Jack Barry Herald David Brian Herald Judith A Atkins Sharon M Smith 2499 David Drive Nashville, Tennessee 37214	095-08-0-107 00 095-08-0-107 01 095-08-0-107 02

FOR AND IN CONSIDERATION of the sum of Ten ($10.00) Dollars, and other good and valuable consideration, the receipt of which is hereby acknowledged, Barbara Herald, a widow, hereinafter called the Grantor, has quitclaimed all of her interests unto Barbara Herald, a widow, and her children, Jack Barry Herald, David Brian Herald, Judith A. Atkins, and Sharon M. Smith, as joint tenants with right of survivorship, hereinafter called the Grantees, their heirs and assigns, a certain tract or parcel of land in Davidson County, State of Tennessee, described as follows, to wit·

> Beginning at a point in the northwesterly margin of a 15 foot access strip owned by E. Neiderhauser, the same being 16.24 feet northwesterly from a concrete monument at the point where the northeasterly margin of David Drive intersects the northwest boundary of Woodberry Park Subdivision, Section 2, as of record in Book 2133, Page 118, in the Register's Office of Davidson County; Thence S 56° 26' W along Neiderhauser's north line and access way 353.06 feet to an iron pin; thence N 0° 10' W along Sharpe's east line 384.85 feet to an iron pin; thence N 59° 06' E 66.22 feet to an iron pin, thence S 47° 27' E 328.89 feet to the point of beginning and containing 1.5 acres.
>
> Being the southwesterly portion of a tract of land conveyed to Georgia M. Williams by Deed from A. M. Helms as of record in Deed Book 1344, Page 556, in said Register's Office.

Included in this conveyance shall be an access right granted for a 20 foot easement along the remainder of the west side of the tract as of record in Book 1344, Page 556, to the existing access road leading northerly to Graylynn Drive

(The above easement and access right shall apply only to the property herein conveyed until such time as the extension of David Drive is made to provide permanent access, then the above-described easement shall become null and void, and will revert to the original tract.)

BEING the same property conveyed to J. R. Herald and wife, Barbara Herald, by Warranty Deed dated January 12, 1960, from Georgia M. Williams, of record in Deed Book 00003000, Page 0000153, in the Register's Office for Davidson County, Tennessee. (J. R. Herald is now deceased. He passed away on November 29, 2014, in Nashville, Davidson County, Tennessee. A certified Death Certificate is attached hereto.)

This is improved property known as 2499 David Drive, Nashville, Tennessee 37214.

THIS INSTRUMENT and the interests hereby released and conveyed are subject to all easements, taxes, restrictive covenants and conditions, ordinances, encumbrances, and other matters of record, including all items set out on any applicable Plat of record.

WITNESS my hand this the 20th day of May, 2025.

GRANTOR:

Barbara Herald

BARBARA HERALD

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Before me, the undersigned, a Notary Public within and for the State and County aforesaid, personally appeared Barbara Herald, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, executed the foregoing instrument for the purposes therein contained by signing her name in her capacity as Grantor.

WITNESS my hand and official seal this 20th day of May, 2025.

Debra A Morton

NOTARY PUBLIC

My Commission Expires: 07/27/2027

DEBRA A MORTON STATE OF TENNESSEE NOTARY PUBLIC TROUSDALE COUNTY

DEBRA A MORTON STATE OF TENNESSEE NOTARY PUBLIC TROUSDALE COUNTY

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

I hereby swear or affirm that the actual consideration or value, whichever is greater, for this transfer is $0.00. There is no cash consideration given for this transfer.

Barbara Herald
BARBARA HERALD Affiant

Sworn to and subscribed before me, this the 20th day of May, 2025.

Debra A. Morton
Notary Public

DEBRA A MORTON
STATE OF TENNESSEE NOTARY PUBLIC
TROUSDALE COUNTY

My Commission Expires: 07/27/2027

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

I hereby swear or affirm that the actual consideration or value, whichever is greater, for this transfer is $0 00. There is no cash consideration given for this transfer.

Jack Barry Herald
JACK BARRY HERALD Affiant

Sworn to and subscribed before me, this the 20th day of May, 2025.

Debra A. Morton
Notary Public

DEBRA A MORTON
STATE OF TENNESSEE NOTARY PUBLIC
TROUSDALE COUNTY

My Commission Expires: 07/27/2027

STATE OF TENNESSEE
Office of Vital Records

1 0 7 1 5 6

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)
James Roy Herald	Male	Nov 29, 2014

4 TIME OF DEATH (Approx.)	5a AGE Last Birthday (Years)	5b UNDER 1 YEAR Month / Days	5c UNDER 1 DAY Hours / Minutes	6 DATE OF BIRTH (Month, Day, Year)	7 BIRTHPLACE (City and State or Foreign Country)
7:18 PM	83			[redacted]	Nashville, TN

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
Alive Hospice Residence	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	Barbara Jean Bledsoe	Police Officer	Law Enforcement

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

13d. STREET AND NUMBER	13e INSIDE CITY LIMITS	13f ZIP CODE	14 WAS DECEDENT EVER IN US ARMED FORCES?
2499 David Drive	☒ Yes ☐ No	37214	☒ Yes ☐ No

7+ 3VA

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

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)
Jack Herald	Minnie B Helms

20a INFORMANT'S NAME	20b RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS (Street and Number City State Zip Code)
Barbara Herald	Wife	2499 David Drive Nashville, TN 37214

DISPOSITION

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

22a SIGNATURE OF FUNERAL DIRECTOR	22b LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d LICENSE NUMBER
▶ J Scott Kearns	5939	▶	

23a NAME AND ADDRESS OF FUNERAL HOME	23b LICENSE NUMBER OF FUNERAL HOME
Nashville Funeral and Cremation Service 210 McMillan St. Nashville, TN 37203	1136

REGISTRAR

24 REGISTRAR S SIGNATURE	25 DATE FILED (Month, Day Year)
▶ Teresa Bruce Kellogg, Jr DR	Dec 2, 2014

CERTIFIER

28 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)
▶ [signature]	48448	12/1/14
	27d NAME AND ADDRESS: Laura Tharpe, M D	1718 Patterson Street, Nashville, TN 37203

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	Hemorrhagic Stroke	
Due to (or as a consequence of)		
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 b	Hypertension	
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?	29b WERE AUTOPSY FINDING AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
☐ Yes ☒ No	☐ 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 10/2011) RDA 1399

COPYRIGHT CAPTURIS® ANTI-FRAUD PROTECTION

7474838

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

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

7474838
Date Issued

SEAL OF THE STATE OF TENNESSEE 1796 DEPARTMENT OF AGRICULTURE DEPARTMENT OF COMMERCE

DEPARTMENT OF HEALTH AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD