THIS INSTRUMENT PREPARED BY: Doris C. Allen, Esq.
7075 Duncan's Glen Drive
Knoxville, Tennessee 37919

Responsible Taxpayer: Vivian D. Stockman
3794 Marydale Dr.
Nashville, TN 37207

Karen Johnson
Batch # 1300583
07/22/2025 10 47 20 AM
Fees $27 00 Taxes $0 00
Davidson County
DEEDQC
5 pgs
20250722-0057638

Tax I.D. Number CLT No. 04107008900

QUITCLAIM DEED

This instrument is made and entered into as of the 26TH day of JANUARY, 2021 by and between Douglas W. Johnson ("Grantor") and Vivian D. Stockman ("Grantee").

Grantor, does hereby grant, bargain, sell, convey, remise, release and quitclaim unto the said Grantee, all Grantor's right, title and interest in and to the real property and premises described in Exhibit A attached hereto (the "Property"), whether now existing or hereafter arising. Exhibit A is incorporated herein by reference.

Grantor does not claim an interest in the Property and has executed this instrument for the purpose of clearing a potential cloud on the title of the Property resulting from the death of the former co-owner of the Property, Deborah L. Craddock, and subsequent deaths of other relatives of Grantor and/or Deborah L. Craddock. The specification of the purpose for executing this instrument is not a limitation on the conveyance which is absolute and unconditional.

IN WITNESS WHEREOF, Grantor has caused this instrument to be executed as of the date set forth above.

Douglas W. Johnson

DOUGLAS W. JOHNSON
GRANTOR

THE PREPARER OF THIS DEED MAKES NO REPRESENTATION AS TO THE STATUS OF THE TITLE OF THE PROPERTY DESCRIBED HEREIN.

STATE OF TENNESSEE

COUNTY OF Rutherford

Before me, the undersigned, of the state and county aforesaid, personally appeared Douglas William Johnson with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and who, upon oath, acknowledged that he executed the foregoing instrument for the purpose therein contained.

Witness my hand and seal, this 26th day of Jan., 2021.

Notary Public

My commission expires: 8/19/24

CARRIE E. GARNER NOTARY PUBLIC STATE OF TENNESSEE RUTHERFORD COUNTY MY COMMISSION EXPIRES AUGUST 19, 2024

I hereby swear or affirm that the actual consideration for the property transferred hereby is $ -0-.

Douglas William Johnson

Affiant

Subscribed and sworn to before me this 26th day of Jan., 2021.

Notary Public

My commission expires: 8/19/24

CARRIE E. GARNER NOTARY PUBLIC STATE OF TENNESSEE RUTHERFORD COUNTY MY COMMISSION EXPIRES AUGUST 19, 2024

EXHIBIT A

Land in Davidson County, TN being Lot 19 on the Plan of Bell Valley as of record in Book 3500, page 45, Davidson County Register of Deeds to which plan reference is hereby made for a more complete and accurate legal description.

The property has a street address of 3794 Marydale Drive, Nashville, TN 37207.

Being the property conveyed to Jean M. Craddock, Vivian Stockman, Deborah Craddock and Margaret Craddock by deed from Thomas D. Cowan and wife, Lyndell Cowan of record in Book 5359, page 42, Davidson County Register of Deeds.

Also, being the same property conveyed by Jean M. Craddock Johnson and Margaret Craddock Waynick to Deborah L. Craddock and Vivian D. Stockman, their successors and assigns, by Quitclaim Deed dated November 18, 1997 of record in book 10698, page 936, Davidson County Register of Deeds.

Source of title 20250722-0057637

STATE OF TENNESSEE
Office of Vital Records

190268

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEDENT'S NAME (First, Middle, Last): Deborah Lynn Craddock
2 SEX: Female
3 DATE OF DEATH (Month, Day, Year): May 21, 2009
4 SOCIAL SECURITY NUMBER (of Deceased): 415 -- ----
5a AGE LAST BIRTHDAY (Years): 53
5b UNDER 1 YEAR: MOS / DAYS
5c UNDER 1 DAY: HOURS / MIN.
6 DATE OF BIRTH (Month, Day, Year): June 17, 1955
7 BIRTHPLACE (City and State or Foreign Country): Nashville, TN
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a PLACE OF DEATH (Check only one): HOSPITAL 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b FACILITY NAME (If not institution give street and number): Skyline Medical Center
9c CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d COUNTY OF DEATH: Davidson
10 MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Never married
11 SURVIVING SPOUSE (If wife, give maiden name):
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Bookkeeper
12b KIND OF BUSINESS/INDUSTRY: Southern Hostility
13a RESIDENCE STATE: TN
13b COUNTY: Davidson
13c CITY, TOWN OR LOCATION: Nashville
13d STREET AND NUMBER OR RURAL LOCATION: 3794 Marydale Drive
CENSUS TRACT
13e INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f ZIP CODE: 37207
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No — Specify if yes
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+):

NAME OF DECEDENT For use by physician or institution

PARENTS

17 FATHER'S NAME (First, Middle, Last): Walter A Craddock
18 MOTHER'S NAME (First, Middle, Maiden Surname): Jean Marshall

INFORMANT

19a INFORMANT'S NAME (Type/Print): Vivian Stockman
19b RELATIONSHIP TO DECEASED: Sister
19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3794 Marydale Drive Nashville, TN 37207

DISPOSITION

20a METHOD OF DISPOSITION: 1 [ ] Burial 2 [X] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Music City Crematory Service
20c LOCATION City or Town, State: Nashville, TN
21a SIGNATURE OF FUNERAL DIRECTOR: John T. Crockett
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 2645
21c SIGNATURE OF EMBALMER:
21d LICENSE NUMBER OF EMBALMER:
22a NAME AND ADDRESS OF FUNERAL HOME: Anderson & Garrett Funeral Home 3501 Old Clarksville Pike, P.O.Box 68, Joelton, TN 37080
22b LICENSE NUMBER OF FUNERAL HOME: 193

REGISTRAR

23 REGISTRAR'S SIGNATURE: Linda R. Borders, DR
24 DATE FILED (Month, Day, Year): May 21, 2009

CERTIFIER

25a PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated
1 [X] SIGNATURE AND TITLE OF PHYSICIAN: Nicole Baggett MD
25b LICENSE NUMBER: 38796
25c DATE SIGNED (Month, Day, Year): May 21, 2009
26a 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 as stated
2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER:
26b LICENSE NUMBER:
26c. DATE SIGNED (Month, Day, Year):

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): Nicole O. Baggott, M.D., 3443 Dickerson Rd., Suite 770, Nashville, TN 37207

CAUSE OF DEATH

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

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Sepsis severe
DUE TO (OR AS A CONSEQUENCE OF)
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b. Leg Abscess
DUE TO (OR AS A CONSEQUENCE OF)
c. Obesity
DUE TO (OR AS A CONSEQUENCE OF)
d.

SEE INSTRUCTIONS ON OTHER SIDE

PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Acute renal failure, HTN

29a WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No
29b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30 MANNER OF DEATH: 1 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a DATE OF INJURY (Month, Day, Year):
31b TIME OF INJURY:
31c INJURY AT WORK? 1 [ ] Yes 2 [ ] No
31d. DESCRIBE HOW INJURY OCCURRED:
31e PLACE OF INJURY (At home, farm, street, factory, office building, etc.) (Specify):
31f LOCATION (Street and Number or Rural Route Number, City or Town, State):

BIRTH NO

PH-1659 (REV. 6/99)

RDA 1399

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

3331881

Sharon M Leinbach
STATE REGISTRAR

MAY 21 2009
Date Issued

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796 1936

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER: 1101805

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

DECEDENT

1 DECEDENT'S NAME (First Middle Last): Jean Craddock Johnson
2 SEX: Female
3 DATE OF DEATH (Month Day Year): March 27, 2011
4 SOCIAL SECURITY NUMBER (of Deceased): 412
5a AGE-LAST BIRTHDAY (Years): 83
5b UNDER 1 YEAR MOS. DAYS
5c UNDER 1 DAY HOURS MIN.
6 DATE OF BIRTH (Month Day Year): Sept 28 1927
7 BIRTHPLACE (City and State or Foreign Country): Sterling, Scotland
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 X No
9a PLACE OF DEATH (Check only one): HOSPITAL 1 Inpatient 2 ER/Outpatient 3 DOA; OTHER 4 Nursing Home 5 Residence 6 X Other (Specify) Hospice Facility
9b FACILITY NAME (If not institution give street and number): Alive Hospice at Skyline
9c CITY TOWN OR LOCATION OF DEATH: Nashville
9d COUNTY OF DEATH: Davidson
10 MARITAL STATUS Married Never Married Widowed Divorced (Specify): Married
11 SURVIVING SPOUSE (If wife give maiden name): Linus Johnson
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Kindergarten Teacher
12b KIND OF BUSINESS/INDUSTRY: Education
13a RESIDENCE-STATE: Tennessee
13b COUNTY: Davidson
13c CITY TOWN OR LOCATION: Nashville
13d STREET AND NUMBER OR RURAL LOCATION: 593 Watsonwood Dr.
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 0 X No
15 RACE American Indian Black White etc (Specify): White
16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12th; College (1-4 or 5+):

NAME OF DECEDENT If not by physician or institution: Johnson, Jean

PARENTS

17 FATHER'S NAME (First Middle Last): Donald Marshall
18 MOTHER'S NAME (First Middle Maiden Surname): Jean Campbell

INFORMANT

19a INFORMANT'S NAME (Type/Print): Marsha Cornish
19b RELATIONSHIP TO DECEASED: Daughter
19c MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code): 2114 London Ln. Greenbrier, TN. 37073

DISPOSITION

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): Nashville National Cemetery
20c LOCATION City or Town State: Nashville, TN.
21a SIGNATURE OF FUNERAL DIRECTOR
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 4935
21c SIGNATURE OF EMBALMER
21d LICENSE NUMBER OF EMBALMER: 4622
22a NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Funeral Home 2707 Gallatin Rd., Nashville, Tennessee 37216
22b LICENSE NUMBER OF FUNERAL HOME: 331

REGISTRAR

23 REGISTRAR'S SIGNATURE: Linda R Bowles, DR
24 DATE FILED (Month Day Year): March 31, 2011

CERTIFIER

25a PHYSICIAN 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 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 as stated
2 X SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b LICENSE NUMBER: 44517
26c DATE SIGNED (Month Day Year): March 28, 2011

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): Bridget B Eutenier, M D , 850 R S Gass Boulevard, Nashville, TN 37216, MEC11-0589

CAUSE OF DEATH

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

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Complications of multiple blunt force injuries
DUE TO (OR AS A CONSEQUENCE OF)

SEE INSTRUCTIONS ON OTHER SIDE

Sequentially list conditions if any leading to immediate cause Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
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
29a WAS AN AUTOPSY PERFORMED? 1 Yes 2 X No
29b 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): February 10, 2011
31b TIME OF INJURY: UNK M
31c INJURY AT WORK? 1 Yes 2 X No
31d DESCRIBE HOW INJURY OCCURRED: Fell
31e PLACE OF INJURY At home farm street factory office building etc (Specify): Nursing Home/Long Term Care
31f LOCATION (Street and Number or Rural Route Number City or Town State): 4343 Lebanon Road, Hermitage, TN

DOTHNO
RDA 139

PH 1659 (REV 6/99)

4623899

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

Teresa S Hendricks
STATE REGISTRAR

[illegible], Local Registrar
[illegible], Tennessee

MAR 3 1 2011
Date Issued

CERTIFICATION OF VITAL RECORD