File No **0625-018**

QUITCLAIM DEED

JAMES C SMITH
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF RUTHERFORD

STATE OF **TENNESSEE**
COUNTY OF **Davidson**

THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $-0-

Terry Ann Hill
Affiant

SUBSCRIBED AND SWORN TO BEFORE ME THIS THE 15th day of July, 2025

Notary Public

MY COMMISSION EXPIRES February 21, 2027
(AFFIX SEAL)

Karen Johnson
Batch # 1301815
07/24/2025 11 14 00 AM
Fees $17 00 Taxes $0 00

20250724-0058551

Davidson County
DEEDQC
3 pgs

THIS INSTRUMENT WAS PREPARED BY
Athens Title & Escrow LLC
5115 Maryland Way
Brentwood, Tennessee 37027
This instrument was prepared by information furnished by the parties herein

No Warranty of Title either expressed or implied, see Deed Disclaimers

ADDRESS NEW OWNER(S) AS FOLLOWS	SEND TAX BILLS TO	MAP-PARCEL NUMBERS
Terry Ann Hill	**SAME AS OWNER**	MAP **083**
(NAME) **1413 Franklin Avenue**	(NAME)	GROUP **05 0**
(ADDRESS) **Nashville, Tennessee 37206**	(ADDRESS)	PARCEL **354 00**
(CITY) (STATE) (ZIP)	(CITY) (STATE) (ZIP)	

FOR AND IN CONSIDERATION OF THE SUM OF TEN DOLLARS, CASH IN HAND PAID BY THE HEREINAFTER NAMED GRANTEE(S), AND OTHER GOOD AND VALUABLE CONSIDERATIONS, THE RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED, I/WE,

Terry Ann Hill, a single woman

HEREINAFTER CALLED THE GRANTOR(S), DO (ES) HEREBY **QUITCLAIM**, AND BY THESE PRESENTS DO TRANSFER AND CONVEY ANY AND ALL TITLE INTEREST UNTO

Terry Ann Hill, a single woman,

HEREINAFTER CALLED THE GRANTEE(S), HIS/HER/THEIR HEIRS AND ASSIGNS, A CERTAIN TRACT OR PARCEL OF LAND IN Davidson COUNTY, STATE OF TENNESSEE, DESCRIBED AS FOLLOWS, TO-WIT

A certain tract or parcel of land in Davidson County, State of Tennessee, described as follows, to-wit

Land in Davidson County, Tennessee, being Lot Number 48 on the Plan of the Subdivision of part of the Weakley Home Place, of record in Plat Book 421, page 36, Register of Deeds Office for Davidson County, Tennessee, to which reference is hereby made for a more comprehensive legal description

Being the same property conveyed to Terry Ann Hill by Last Will and Testament of Helen L Smith dated May 18, 1989 of record as Will Book 187, page 478, Probate Court Clerk's Office for Davidson County, Tennessee, and also recorded February 17, 1995 as Book 9606, page 90, Register's Office for Davidson County, Tennessee

Further conveyed by Quitclaim Deed to Terry Ann Hill, a single woman and Ellen L Sullivan, a single woman, as tenants in common with right of survivorship, dated June 24, 2020 and filed of record June 30, 2020 as Instrument No 20200630-0070735, Register's Office for Davidson County, Tennessee The said Ellen L Sullivan also known as Ellen Lee Sullivan died October 28, 2022 with her interest divesting to Terry Ann Hill by operation of law

Ex h: bit "A"

This conveyance is made subject to the following

1) **2025** taxes and subsequent years
2) Any and all restrictions, conditions, and easements of record

This conveyance is further subject to (1) all applicable zoning ordinances (2) utility, sewer, drainage and other easements of record, (3) all subdivision/condominium assessments, covenants, bylaws, restrictions, declarations and easements of record, (4) building restrictions, and (5) other matters of public record

This is improved property known as **1413 Franklin Avenue, Nashville, Tennessee 37206**

Such address is not part of the legal description of the property herein and in the event of any discrepancy, the legal description herein shall control

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

WITNESS my hand and official seal at office this 18th day of July, 2025

Terry Ann Hill

STATE OF **TENNESSEE**
COUNTY OF **Davidson**

Personally appeared before me, Terry Ann Hill, a single woman, with whom I am personally acquainted, (or who proved to me on the basis of satisfactory evidence) and who acknowledged that he/she/they executed the within instrument for the purposes therein contained

Witness my hand, at office, this 18th day of July, 2025

NOTARY PUBLIC

My Commission Expires February 21, 2027

JAMES C SMITH
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF RUTHERFORD

Deed Disclaimers

Preparer of this instrument is NOT a Closing Agent under Section 6045 of the Internal Revenue Code, as Amended by the Tax Reform Act of 1986, or Otherwise Amended, in Relation to the Real Property Conveyed Herein

Preparer of this Instrument Was Provided ALL Information by the First Party and/or prepared this Instrument based on the prior Deeds and Releases of record Preparer has not performed a title search on the Real Property and makes NO Representations Concerning the Accuracy of Such Information in Relation to the Real Property Conveyed Herein

Preparer of this Instrument Makes NO Warranties as to the Merchantability or Status of Title in Relation to the Real Property Conveyed Herein

File Number **0625-018**

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT "A" attched hereto

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2022 071675

1. Decedent's Legal Name: ELLEN LEE SULLIVAN				2. Sex: FEMALE	3. Date of Death: 10/29/2022
4. Time of Death (hours): 2048	5a. Age: 64	6. Date of Birth: 09/14/1958	7. Birthplace: NASHVILLE, TN		
8a. Place of Death: DECEDENT'S HOME					
8b. Facility Name: 1402 MONTGOMERY AVE		8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON	
9. Marital Status: DIVORCED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: PRODUCTION SUPERVISOR		11b. Kind of Business/Industry: FOOD SERVICE	
12. Social Security Number: 411	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: NASHVILLE	
13d. Street and Number: 1402 MONTGOMERY AVE		13e. Inside City Limits? YES	13f. Zip Code: 37207	14. Was Decedent ever in US Armed Forces? NO	
15. Decedent's Education: 9TH 12TH GRADE, NO DIPLOMA		16. Decedent of Hispanic Origin? NO, NOT SPANISH/HISPANIC/LATINO		17. Decedent's Race: WHITE	
18. Father's Name: SAMUEL ALBERT HILL			19. Mother's Name Prior to First Marriage: ANNA MARIE RHODES		
20a. Informant's Name: CHRISTY CAMP	20b. Relationship to Decedent: DAUGHTER	20c. Mailing Address: 3398 DAMION DR, CLARKSVILLE, TN 37042			
21a. Method of Disposition: CREMATION	21b. Place of Disposition: NASHVILLE CREMATION SERVICE		21c. Location: NASHVILLE, TN		
22a. Signature of Funeral Director: ▶ /s/ ROBERT E FUQUA	22b. License Number: 9060	22c. Signature of Embalmer: ▶		22d. License Number	
23a. Name and Address of Funeral Home: EASTLAND FUNERAL HOME AND CREMATION SERVICE, 904 GALLATIN RD, NASHVILLE, TN 37206				23b. License Number: 120	
24. Registrar's Signature: ▶ /s/ EDWARD G BISHOP III			25. Date Filed: 11/02/2022		

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
▶ /s/ THOMAS B MILLER	7538	11/02/2022

27d. Name and Address: THOMAS B MILLER 100 E. MAIN STREET, HENDERSONVILLE, TN 37075

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. RESPIRATORY FAILURE	3-6 MONTHS
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. CHRONIC OBSTRUCTIVE LUNG DISEASE	3-5 YEARS
	c.	
	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 Findings Available to Complete the Cause of Death?
NO	

30. Manner of Death	31. Did Tobacco Use Contribute to Death?	32. If Female:
NATURAL	UNKNOWN	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

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.

14548248

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

[redacted]

1 4 5 4 8 2 4 8

Date Issued: [redacted]

CERTIFICATION OF VITAL RECORD