Karen Johnson
Batch # 1306489
08/06/2025 03 14 43 PM
Fees $17 00 Taxes $0 00

Davidson County
DEEDQC
3 pgs

20250806-0062554

File No.

QUITCLAIM DEED

JAMES C SMITH
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF RUTHERFORD

STATE OF TENNESSEE
COUNTY OF Williamson

THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $0 00

Shirley W. Hemphill
Affiant

SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 6th of August, 2025

Notary Public

MY COMMISSION EXPIRES February 21, 2027

(AFFIX SEAL) February 21, 2027

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
Shirley W Hemphill and Mark Hemphill	Same as New Owner	Map – 142 Group – 16 0D Parcel – 015 00
(NAME) 2533 Devon Valley Drive	(NAME)	
(ADDRESS) Nashville, TN 37221	(ADDRESS)	
(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,

Shirley W. Hemphill, a widow

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

Shirley W. Hemphill, unmarried
And
Mark Hemphill, a married man
as tenants in common with rights of survivorship,

HEREINAFTER CALLED THE GRANTEE(S), THEIR HEIRS AND ASSIGNS, 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 No 44, on the Plan of Devon Valley, Phase 1, of record in Plat Book 7900, page 458 Register's Office for Davidson County, Tennessee, to which plan reference is made for a more complete description

Being the same property conveyed to Jack Hemphill, and wife, Shirley W Hemphill, by Warranty Deed from Mary K Lincoln, widow, dated October 3, 2000 and filed of record October 6, 2000 as Instrument No 20001006-0099559, Register's Office for Davidson County, Tennessee The said Jack Hemphill having died April 3, 2001 leaving aforesaid property to wife, Shirley W Hemphill, by operation of law See attached "A".

Pursuant to Tenn. Code Ann. S 66-24-121 (a), the legal description is the same as in the previous deed 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

unimproved ☐

This is improved ☒ property, known as 2533 Devon Valley Drive, Nashville, TN 37221
(House Number) (Street) (P O Address) (City or Town) (Postal Zip)

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 hands this 6th day of August, 2025

Shirley W. Hemphill

Shirley W Hemphill

STATE OF TENNESSEE

COUNTY OF Williamson

Personally appeared before me; the undersigned, a Notary Public in and for said County and State, the within named **Shirley W. Hemphill** the bargainor(s), with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person(s) described herein, and who acknowledge that he/she/they executed the within instrument for the purposes therein contained

Witness my hand at office this 6th day of August, 2025

Commission expires. February 21, 2027

Notary Public

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

Exhibit "A"

Metropolitan Government of Nashville and Davidson County

Bill Purcell, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 01 1795

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1 DECEDENT'S NAME (First, Middle, Last): Jack Hemphill
2 SEX: Male
3 DATE OF DEATH (Month, Day, Year): April 3, 2001
4 SOCIAL SECURITY NUMBER: [redacted]1795
4a AGE-LAST BIRTHDAY (Years): 70
4b UNDER 1 YEAR: 4c UNDER 1 DAY:
5 DATE OF BIRTH (Month, Day, Year): Aug. 31, 1930
7 BIRTHPLACE (City and State or Foreign Country): Ackerman, Mississippi
6 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 2533 Devon Valley Drive
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): Shirley Whitfield
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): School Principal
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: 2533 Devon Valley Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37221
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+): 5+
NAME OF DECEDENT (For use by physician or medical examiner)
17. FATHER'S NAME (First, Middle, Last): Loyce Hemphill
18. MOTHER'S NAME (First, Middle, Maiden Surname): Maggie Lou Love
19a. INFORMANT'S NAME (Type/Print): Shirley Hemphill
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2533 Devon Valley Drive, Nashville, TN 37221
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): Harpeth Hills Memory Gardens
20c. LOCATION (City or Town, State): Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Heather Bresier
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5055
21c. SIGNATURE OF EMBALMER: ▶ James Grantham
21d. LICENSE NUMBER OF EMBALMER: 5197
22a. NAME AND ADDRESS OF FUNERAL HOME: Harpeth Hills Funeral Home, 9090 Highway 100, Nashville, TN 37221
22b. LICENSE NUMBER OF FUNERAL HOME: 849
23. REGISTRAR'S SIGNATURE: ▶ Robert W. Rhodes Jr.
24. DATE FILED (Month, Day, Year): April 05, 2001
25a. PHYSICIAN - To the best of my knowledge death occurred at the time, date, and place and due to the cause(s) and manner as stated. 1 [ ] SIGNATURE AND TITLE OF PHYSICIAN ▶ MD
25b. LICENSE NUMBER: MD27755
25c. DATE SIGNED (Month, Day, Year): 4/5/01
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion death occurred at the time, 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 EXCUTING CERTIFICATE - MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr. Hyatt Sutton, 4230 Herding Road, Nashville, TN 37205 383-0190
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. METASTATIC ADENOCARCINOMA OF UNKNOWN PRIMARY — 1½ MO
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. DUE TO (OR AS A CONSEQUENCE OF)
c. 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
29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [ ] 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 2 93

RDA 1399