Karen Johnson Davidson County
Batch # 1315770 DEEDQC
08/28/2025 01:34:22 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20250828-0069052

QUITCLAIM DEED
James A. Pillow

QUITCLAIM DEED

Prepared by:
M. Oliver Osemwegie, Atty.
P.O. Box 281412
Nashville, Tennessee 37228

OWNER'S ADDRESS:
James A. Pillow and
Alma Pillow (deceased)
2609 Walker Lane
Nashville, Tennessee 37207

SEND TAX BILLS TO:
Thessely A. Pillow and
Ursela S. Pillow
2609 Walker Lane
Nashville, Tennessee
37207

MAP PARCEL NUMBERS 059-150-11400 BOOK 5358 PAGE 463

KNOW ALL MEN BY THESE PRESENTS that I, James A. Pillow, for and in consideration of Twenty Dollars ($20.00) cash in hand have agreed and do hereby convey, remise, release and forever quitclaim unto Thessely A. Pillow and Ursela S. Pillow ONLY, ALL of my rights, title and interest in and to a certain tract or parcel of land in Davidson County, Tennessee, described as follows and accordance with the Warranty Deed:

"LAND in Davidson County, Tennessee, being Lot No. 4, Haynes Heights, Section 4, as of record in Book 3842, Page 96, Register's Office for Davidson County, Tennessee.

SAID Lot No. 4 fronts 110.0 feet on the easterly side of Walker Lane and extends back 371.8 feet on the northerly line and 378.5 feet on the southerly side to a broken line in the rear, measuring a total of 110.7 feet thereon.

Being the same property conveyed to Triad, Inc. from James H. Chandler, and wife, Elzer S. Chandler, by deed of record in Book 5105, page 623, Register's Office for Davidson County, Tennessee."

The subject of this improved property is 2609 Walker Lane in Nashville, Tennessee 37207, for which James A. Pillow will have no financial responsibility.

BE IT KNOWN that Mrs. Alma Pillow has since passed away (see Exhibit 1).

Witness my hand this the 15th day of August, 2025.

James A. Pillow

M. OSEMWEGIE
STATE OF TENNESSEE
NOTARY PUBLIC
COUNTY OF DAVIDSON
My Commission Expires 10/4/2027

STATE OF TENNESSEE
DAVIDSON COUNTY

On this the 15th day of August, 2025, before me, a Notary Public, in and for the aforesaid state and county, personally appeared James A. Pillow, who is the person described and who executed the foregoing QUITCLAIM DEED, and acknowledges that

he executed the same as his free act and deed.

M. Osemwegie
Notary Public

October 4, 2027
My Commission Expires

Witness my hand this the 15th day of August, 2025

Thessely A. Pillow
Thessely A. Pillow

Ursela S. Pillow (by permission) TAP
Ursela S. Pillow

Witness: Lillian E. Ray
Lillian E. Ray

M. OSEMWEGIE STATE OF TENNESSEE NOTARY PUBLIC COUNTY OF DAVIDSON My Commission Expires 10/4/2027

STATE OF TENNESSEE
DAVIDSON COUNTY

On this the 15th day of August, 2025, before me, a Notary Public, in and for the aforesaid state and county, personally appeared Thessely A. Pillow and Ursela S. Pillow via telephone who are the persons described and who executed the foregoing QUITCLAIM DEED, and acknowledge that they executed the same as their free act and deed. (Ursela S. Pillow gave verbal permission for Thessely A. Pillow to sign her name on this document.)

M. Osemwegie
Notary Public

October 4, 2027
My Commission Expires

STATE OF TENNESSEE
DAVIDSON COUNTY

The actual consideration for this transfer is the expense of maintaining the property.

James A. Pillow
(AFFIANT)

M. OSEMWEGIE STATE OF TENNESSEE NOTARY PUBLIC COUNTY OF DAVIDSON My Commission Expires 10/4/2027

Sworn and subscribed to before me this the 15th day of August, 2025.

M. Osemwegie
Notary Public

October 4, 2027
My Commission Expires

STATE OF TENNESSEE
CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

9701932 — STATE FILE NUMBER 97 013793

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Alma Pillow
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): 3-29-97
4. SOCIAL SECURITY NUMBER: -9314
5a. AGE-LAST BIRTHDAY (Years): 52
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 2-14-45
7. BIRTHPLACE (City and State or Foreign Country): Covington, TN
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 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 2609 Walker Lane
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville 910 094
9d. COUNTY OF DEATH: Davidson 19
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): married
11. SURVIVING SPOUSE (If wife, give maiden name): James A. Pillow
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Director of Aging
12b. KIND OF BUSINESS/INDUSTRY: Nashville Regional Council
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2609 Walker Lane
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 0 [X] No
15. RACE-American Indian, Black, White, etc. (Specify): Black
18. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): unknown 99; College (1-4 or 5+): unknown
17. FATHER'S NAME (First, Middle, Last): Sloan Walker Hill
18. MOTHER'S NAME (First, Middle, Maiden Surname): Portia Bragg
19a. INFORMANT'S NAME (Type/Print): James A. Pillow
19b. RELATIONSHIP TO DECEASED: husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2609 Walker Lane Nashville, TN 37207

NAME OF DECEDENT: Please type/print in capitals
01276X1997

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): Greenwood Cemetery
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Melvin J. Smith
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4502
21c. SIGNATURE OF EMBALMER: Delmas Bogus
21d. LICENSE NUMBER OF EMBALMER: 3687
22a. NAME AND ADDRESS OF FUNERAL HOME: Smith Brothers Funeral Directors 706 Monroe Street Nashville, Tn 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 809

REGISTRAR

23. REGISTRAR'S SIGNATURE: Arleen A. Bowen
24. DATE FILED (Month, Day, Year): April 15, 1997

CERTIFIER

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 [X] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: MD-016653
25c. DATE SIGNED (Month, Day, Year): 4-14-97 (04-14-97)
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 EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): W. Charles Penley MD 2011 Church St. Suite 800 Nashville TN 37205

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.

CAUSE OF DEATH

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Adenocarcinoma of unknown primary site with peritoneal carcinomatosis (Original diagnosis 12/94)
DUE TO (OR AS A CONSEQUENCE OF):
b.
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: 1991
Approximate Interval Between Onset and Death: 2½ yrs

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 [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: M
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 1393

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
State Registrar

John R. Dunn, DVM, PhD, EMBA-SL
Commissioner

Date Issued: Aug-25-2025

0 1 7 4 5 3 9 7 2

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE