QUITCLAIM DEED

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)



The actual consideration or value, whichever is greater, for this transfer is $1.00.

Edith Ramsey Miranda
Grantee

Subscribed and sworn to before me, this the 6th day of October, 2025.

Notary

My Commission Expires: 9-28-26

THIS INSTRUMENT PREPARED BY:
Stacey Angello
The Law Office of Stacey Angello
14345 Lebanon Rd. Suite A
Old Hickory, Tennessee 37138
(615) 449-2700

Karen Johnson Davidson County
Batch # 1330919 DEEDQC
10/06/2025 03:05:47 PM 4 pgs
Fees: $22.00 Taxes: $0.00

20251006-0079692

Address of new owner:	Send Tax Bills to:	Map Parcel No.
Edith E. Miranda 311 Flora Maxwell Road. Nashville, Tennessee 37211	SAME	Parcel ID: 147 08 0 017.00

KNOW ALL PERSONS BY THESE PRESENTS that for the sum of One and No/100 ($1.00) Dollars, cash in hand paid, **Edith E. Ramsey**, an unmarried woman ** hereinafter called the Grantor, for the purpose of transferring the Grantor's entire ownership interest in the subject real property, hereby remises, releases and quitclaims unto **Edith E. Miranda**, hereinafter called the Grantee, as sole owner, all of the Grantor's right, title and interest in a certain tract or parcel of land in the State of Tennessee, Davidson County, more particularly described as, and incorporated herein by reference:

Being a tract or parcel of land lying in Davidson County, Tennessee, and being the easterly 75 feet of Lot No. 14 on the Plan of H. Chester Maxwell Property, not of record and being more particularly described as follows:

Beginning at the southeasterly corner of Lot No. 14 on the Plan of H. Chester Maxwell Property, not of record, said point lying on the north side of Flora Maxwell Road; thence running along the north side of said road in a westerly direction a distance of 75 feet (deed) to the southwesterly corner of the herein described tract; thence leaving said Road and running in a northerly direction a distance of 115.3 feet (deed) to the point of the beginning.

Being the same property conveyed to Casey G. Rockefeller, by deed from Gordon Weaver, a single person, of record in Book 8326, page 660, Register's Office of Davidson County, Tennessee.

Being the same property conveyed to Jesus Miranda Malagon and Edith E. Ramsey, Tenants in Common with the right of Survivorship, both unmarried persons, of record in Book 9752, page 148, Register's Office of Davidson County, Tennessee.

**Jesus Miranda Malagon and Edith Ramsey were married on November 14, 1998. Jesus Miranda Malagon having since died on July 15, 2011, leaving Edith E. Miranda (*nee* Ramsey) the surviving spouse with Right of Survivorship.

This conveyance is made subject to taxes for the current year and subsequent years and all easements, restrictions, covenants, liens, and encumbrances of record.

For Informational Purposes ONLY

This is improved property known as: 311 Flora Maxwell Road, Nashville, TN 37211.

Whenever used, the singular number shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

The Grantor makes no warranty, express or implied, as to title in the property herein described.

The preparer makes no representation or warranties as to the accuracy of the description or the status of the title to the property. This document has been prepared based upon information furnished to the preparer and without conducting a title search. It is the responsibility of the grantee to record this document and failure to do so could adversely affect the title of the property. The parties hereto signify their assent to this disclaimer by the execution and the acceptance of the instrument.

IN WITNESS WHEREOF, this the 6th day of October, 2025.

Edith E. Ramsey - Edith E. Miranda

Edith E. Ramsey (married name - Edith E. Miranda)

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, **Edith E. Ramsey, married name Edith E. Miranda**, with whom I am personally acquainted, and who acknowledged that such person executed the within instrument for the purposes therein contained.

WITNESS my hand, at office, this the 6th day of October, 2025.

Notary Public

My Commission Expires: 9-28-26

STACEY ANGELLO
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY

Certificate of Marriage

STATE OF TENNESSEE

COUNTY OF DAVIDSON

To Anyone Legally Authorized to Celebrate the Rites of Matrimony
You Are Hereby Licensed to Celebrate the

Rites of Matrimony

Between Jesus Malagon Miranda 41 AGE

and Edith Elena Ramsey 38 AGE

and for so doing this shall be your warrant.

Given under my hand and official seal, this 9th day of November

in the year of our Lord One Thousand,

Nine Hundred and Ninety Eight

Bill Covington

BILL COVINGTON COUNTY CLERK

BY: Myra Mathis
DEPUTY CLERK

By Virtue of A License from the Davidson County Clerk,

I have this day celebrated the Rites of Matrimony between

The parties herein named, as authorized in the foregoing license.

Given under my hand this the 14th day of November A.D. 1998

Book No. 179

Page No. 049

Steve Nardwick
SIGNATURE OF OFFICIANT

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 110166

TYPE/PRINT IN PERMANENT BLACK INK - FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Jesus Miranda Malagon
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): July 15, 2011
4. SOCIAL SECURITY NUMBER: -6122
5a. AGE-LAST BIRTHDAY (Years): 54
5b. UNDER 1 YEAR (MOS. / DAYS)
5c. UNDER 1 DAY (HOURS / MIN.)
6. DATE OF BIRTH (Month, Day, Year): January 1, 1957
7. BIRTHPLACE (City and State or Foreign Country): Guapa, Mexico
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): Southern Hills Medical Center
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): Edith Ramsey
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Meat Cutter
12b. KIND OF BUSINESS/INDUSTRY: Grocery
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 311 Flora Maxwell Road
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.) [X] Yes 0 No. Specify, if yes: Mexican
15. RACE-American Indian, Black, White, etc. (Specify): Hispanic
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 6; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Germen C. Miranda
18. MOTHER'S NAME (First, Middle, Maiden Surname): Valeria Z. Malagon

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Edith Miranda
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 311 Flora Maxwell Road Nashville, TN 37211

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): Spring Hill Cemetery
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Amanda Reeves
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 6368
21c. SIGNATURE OF EMBALMER: Amanda Reeves
21d. LICENSE NUMBER OF EMBALMER: 6369
22a. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill Funeral Home and Cemetery 5110 Gallatin Road Nashville, TN 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 1046

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda L. Bowers, DR
24. DATE FILED (Month, Day, Year): July 22, 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 [X] SIGNATURE AND TITLE OF PHYSICIAN: Mark W. Shelton MD
25b. LICENSE NUMBER: TN 024579
25c. DATE SIGNED (Month, Day, Year): 7.21.11
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): Mark W. Shelton, MD 391 Wallace Rd, C-302 Nashville TN 37211

CAUSE OF DEATH

SEE INSTRUCTIONS ON OTHER SIDE

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. Intestinal Ischemia — 24-36 hrs.
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. Diabetes Mellitus — > 10 yrs
DUE TO (OR AS A CONSEQUENCE OF):
c. Chronic Renal Failure — > 10 yrs
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 [X] No

30. MANNER OF DEATH: 1 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)

4638932

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

Tonya Y. Forman
Tonya Y. Forman, Local Registrar
Davidson County, Tennessee

JUL 22 2011
Date Issued

CERTIFICATION OF VITAL RECORD