Karen Johnson Davidson County
Batch# 1347633 DEEDQC
11/18/2025 12:17:30 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20251118-0091837

This Instrument Prepared by:
BARBARA J.. MOSS
ELDER LAW OF NASHVILLE PLC
4235 Hillsboro Pike, Suite 300
Nashville, TN 37215

From information furnished by the parties

The actual consideration or value whichever is greater for this transfer is NO MONETARY CONSIDERATION

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Sworn to and subscribed before me
This 19th day of September, 2025.

BARBARA J MOSS
STATE OF TENNESSEE
NOTARY PUBLIC
My Commission Expires on 05/09/2026
DAVIDSON COUNTY

Charles Herman D. Black, Affiant **NOTARY PUBLIC**
My Commission Expires: 5/9/26

[Exempt from Taxation Pursuant to T.C.A. § 67-4-409(3)(A)(ii)]

QUITCLAIM DEED

ADDRESS OF NEW OWNER:	SEND TAX BILLS TO:	MAP & PARCEL NO.
Kelly Martin, Trustee 1206 Katie Ave. Nashville, TN 37207	SAME	071 14 0 008.00

FOR NO MONETARY CONSIDERATION, I, Charles Herman D. Black, by these presents do hereby quitclaim and convey unto Kelly Martin, Trustee of the Charles H. Black Living Trust, dated September 19, 2025 all my right, title and interest in and to the following described tract of land in Davidson County:

Being Lot No. 15 on the Map of W.G. Bush Tract, of record in Book 421, page 24, Register's Office for said County.

Said lot fronts 50 feet on the westerly side of Katie Avenue and runs back between parallel lines 163 feet to an alley.

Being the same property conveyed to Charles Herman D. Black and wife, Peggy June Black, by installment deed dated October 17, 1961, of record at Book 3285, page 609, said Register's Office. Peggy June Black is deceased as shown by her death certificate filed herewith.

This improved property is known as 1204 Katie Ave., Nashville, TN 37207.

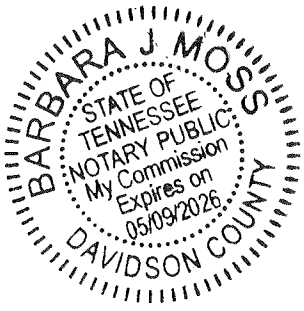
Witness my hand this 19th day of September, 2025.

Charles Herman D. Black

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, Charles Herman D. Black, the within named bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), acknowledged that they executed the within instrument for the purposes therein contained.

Witness my hand and official seal, this 19th day of September, 2025.



NOTARY PUBLIC
My Commission Expires: 5/9/26

STATE OF TENNESSEE
CERTIFICATION OF VITAL RECORD

0306440

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2003 049071

1. DECEDENT'S NAME (First, Middle, Last): PEGGY JUNE BLACK
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): November 6, 2003
4. SOCIAL SECURITY NUMBER (of Deceased): -1419
4a. AGE-Last Birthday (Years): 66
4b. UNDER 1 YEAR: Months / Days
4c. UNDER 1 DAY: Hours / Minutes
5. DATE OF BIRTH (Month, Day, Year): Sept 27, 1937
7. BIRTHPLACE (City and State or Foreign Country): Pleasant Shade, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): 1 [ ] Inpatient 2 [X] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 1204 Katie Ave.
910
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville 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): Charles Black
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): House Wife
12b. KIND OF BUSINESS/INDUSTRY: Home Maker
13a. RESIDENCE STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1204 Katie Ave.
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)): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS
17. FATHER'S NAME (First, Middle, Last): Casper Payne
18. MOTHER'S NAME (First, Middle, Maiden Surname): Almer Parker

INFORMANT
19a. INFORMANT'S NAME (Type/Print): Charles Black
19b. RELATIONSHIP TO DECEDENT: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1204 Katie Ave. Nashville, TN 37207

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): Middle TN Vets Cemetery
20c. LOCATION (City or Town, State): Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Richard A. Lewis
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3633
21c. SIGNATURE OF EMBALMER: ▶ Delmas Bogus
21d. LICENSE NUMBER OF EMBALMER: 3687
22a. NAME AND ADDRESS OF FUNERAL HOME: LEWIS & WRIGHT FUNERAL DIRECTORS 2500 Clarksville Hwy, Nashville, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 0812
23. REGISTRAR'S SIGNATURE: ▶ Robert W. Rhodes Jr
24. DATE FILED (Month, Day, Year): November 17, 2003

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: ▶ W. Ralph Jr MD
25b. LICENSE NUMBER: TN 7689
25c. DATE SIGNED (Month, Day, Year): 11-17-03
25a. 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
25b. LICENSE NUMBER
25c. DATE SIGNED (Month, Day, Year)

MEDICAL PARTICIPANT AND CERTIFICATION
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

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. Multiple Sclerosis — DUE TO (OR AS A CONSEQUENCE OF): 30 years (1972)
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 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] 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)

6/99
BIRTH NO
RDA 1299

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: Nov-03-2025

0176524 48

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Tennessee Certification of Electronic Document

I, Adam J. Berk, do hereby make oath that I am a licensed attorney and the custodian of the original version of the electronic document tendered for registration herewith and that this electronic document is a true and exact copy of the original document executed and authenticated according to law on the 19th day of September, 2025.

Adam J. Berk, *Affiant*

11/12/2025
Date

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

Sworn to and subscribed before me this 12th day of November, 2025.

STEPHANIE L WHITTIN
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES MAY 03, 2027

[SEAL]

NOTARY PUBLIC
My Commission Expires: May 3, 2027