Karen Johnson Davidson County
Batch# 1369348 DEEDQC
01/13/2026 10:45:30 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20260113-0003035

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

James R. Sims, *Affiant*

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Sworn to and subscribed before me
This 6th day of January, 2026

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

NOTARY PUBLIC
My Commission Expires:

[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.
James R. Sims, Trustee 2105 Timberwood Pl Nashville, TN 37215	SAME	144 15 0 004.00

FOR NO MONETARY CONSIDERATION, I, James R. Sims, by these presents do hereby quitclaim and convey unto James Sims, Trustee of the James Sims Living Trust, dated January 6, 2026, all my right, title and interest in and to the following described tract of land in Davidson County:

Land in Davidson County, Tennessee, being Lot No. 10 on the Plan of Highland Court, as of record in Book 2330, page 82, Register's Office for said County.

Said Lot No. 10 fronts 146 feet on the southerwesterly side of Timberwood Place and extends back between parallel lines 300 feet to a dead line.

Being the same property conveyed to James R. Sims and wife, Mary J. Sims, by deed from James T. Magruder and wife, Frances C. Magruder, of record at Book 4724, page 68, Register's Office for Davidson County, Tennessee. Thereafter, Mary J. Sims passed away on January 31, 2011, as shown by a Death Certificate attached hereto.

This is improved property known as 2105 Timberwood Pl, Nashville, TN 37215

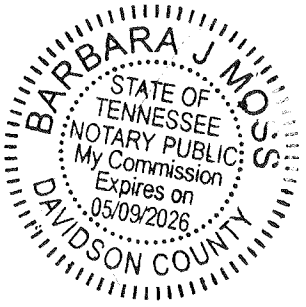
Witness my hand this 6th day of January, 2026.

James R. Sims

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, James R. Sims, 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 6th day of January, 2026.



NOTARY PUBLIC
My Commission Expires: 5/9/26

STATE OF TENNESSEE
Office of Vital Records

1100518

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Mary Jacqueline Sims
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): January 31, 2011
4. SSN: -3153
5a. AGE-LAST BIRTHDAY (Years): 67
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): June 2, 1943
7. BIRTHPLACE (City and State or Foreign Country): Gibson County, Tennessee
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): Vanderbilt University 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): James R. Sims
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Home Maker
12b. KIND OF BUSINESS/INDUSTRY: At Home
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2105 Timberwood Place
CENSUS TRACT: 10
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37215
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+):
NAME OF DECEDENT (For casting pin within or institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Dennis Cecil Hendricks
18. MOTHER'S NAME (First, Middle, Maiden Surname): Elvie Woods

INFORMANT

19a. INFORMANT'S NAME (Type/Print): James R. Sims
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2105 Timberwood Place Nashville, TN 37215

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [X] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Nashville Cremation Service
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Robert E. Fuqua
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 6060
21c. SIGNATURE OF EMBALMER: ▶ N/A
21d. LICENSE NUMBER OF EMBALMER: N/A
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn-Roesch-Patton Funeral Home and Memorial Park 660 Thompson Lane Nashville, Tennessee
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Linda L. Bowers, RA
24. DATE FILED (Month, Day, Year): February 3, 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 [ ] SIGNATURE AND TITLE OF PHYSICIAN ▶
25b. LICENSE NUMBER:
25c. DATE SIGNED (Month, Day, Year):

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 [X] SIGNATURE AND TITLE OF MEDICAL EXAMINER ▶
26b. LICENSE NUMBER: 44517
26c. DATE SIGNED (Month, Day, Year): February 01, 2011
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Bridget B Eutenier, M.D.; 850 R.S. Gass Boulevard, Nashville, TN 37216; MEC11-0208

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

CAUSE OF DEATH

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. Choking
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: Morbid obesity, Congestive heart failure, Diabetes mellitus, Hypertension

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 [ ] Natural 5 [ ] Pending Investigation 2 [X] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide
31a. DATE OF INJURY (Month, Day, Year): January 31, 2011
31b. TIME OF INJURY: UNK M
31c. INJURY AT WORK? 1 [ ] Yes 2 [X] No
31d. DESCRIBE HOW INJURY OCCURRED: Choked on food
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify): Inpatient
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State): Vanderbilt University Medical Center, Nashville, TN

PH-1659 (REV. 6/99) BIRTH NO _____ PDA 135

ANTI-FRAUD PROTECTION FEATURES SHOWN

4632882

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, Local Registrar
Davidson County, Tennessee

FEB 03 2011
Date Issued

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

20260113000085

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 6th day of January, 2026.

Adam J. Berk, *Affiant*

01/08/2026
Date

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

Sworn to and subscribed before me this 8th day of January, 2026.

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

[SEAL]

Stephanie L Whittin
NOTARY PUBLIC
My Commission Expires: May 3, 2027