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

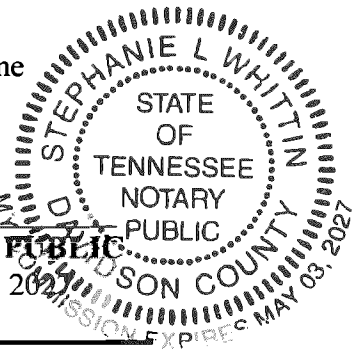
From information furnished by the parties

Karen Johnson Davidson County
Batch# 1396173 DEEDQC
03/23/2026 10:20:30 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20260323-0022774

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 March, 2026.



Adam J. Berk, *Affiant*

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

QUITCLAIM DEED

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

ADDRESS OF NEW OWNER:	SEND TAX BILLS TO:	MAP & PARCEL NO.
Barrett Family Living Trust	SAME	142-11
Alberta G. Barrett and		142
Miriam G. Barrett, *Trustees*		
7127 Birch Bark Drive		
Nashville, TN 37221		

FOR NO MONETARY CONSIDERATION, I, **Alberta G. Barrett**, by these presents do hereby quitclaim and convey unto **Alberta G. Barrett and Miriam G. Barrett, Trustees of the Barrett Family Living Trust, dated March 19, 2026**, all my right, title, and interest in and to the following described tract of land:

Land in Davidson County, Tennessee, being Lot No. 10 on the Plan of Valley West, Section 5, as of record in Book 4175, page 64, Register's Office for said County.

Said Lot No. 10 fronts 55 feet on the south side of Birch Bark Drive and extends back 135.51 feet on the east line and 144.75 feet on the west line to a dead line and measures 127.15 feet.

Being the same property conveyed to Donald E. Barrett and wife, Alberta G. Barrett, from John M. Slater and wife, Janet Slater, by Deed of record in Book 4727, Pages 732-733, Register's Office for Davidson County, Tennessee. Donald E. Barrett passed away on October 8, 2002. His death certificate is attached hereto.

This improved property known as 7127 Birch Bark Drive, Nashville, TN 37221.

Witness my hand this 19th day of March, 2026.

Alberta G. Barrett, *Grantor*

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, **Alberta G. Barrett**, 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 March, 2026.



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

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 March, 2026.

Adam J. Berk, *Affiant*

3/19/26
Date

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

Sworn to and subscribed before me this 19th day of March, 2026.

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

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

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

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): Donald E. Barrett
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): October 8, 2002
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-0760
5a. AGE-LAST BIRTHDAY (Years): 72
5b. UNDER 1 YEAR MOS / DAYS
5c. UNDER 1 DAY HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): Oct. 23, 1929
7. BIRTHPLACE (City and State or Foreign Country): Muskogee, OK
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [XX] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): St. Thomas Hospital
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): Alberta Gregg
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Professor of Music
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: 7127 Birch Bark Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [XX] 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 [XX] No
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+): 5+

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Ephriam Barrett
18. MOTHER'S NAME (First, Middle, Maiden Surname): Lillian Dickinson

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Alberta Barrett
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 7127 Birch Bark Drive Nashville, TN 37221

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [XX] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): West Harpeth Crematory
20c. LOCATION (City or Town, State): Nashville, TN 37209
21a. SIGNATURE OF FUNERAL DIRECTOR: Denny Shepard
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4995
21c. SIGNATURE OF EMBALMER: No Embalming
21d. LICENSE NUMBER OF EMBALMER: ---
22a. NAME AND ADDRESS OF FUNERAL HOME: Harpeth Hills Funeral Home 9090 Highway 100, Nashville, TN 37221
22b. LICENSE NUMBER OF FUNERAL HOME: 849

REGISTRAR

23. REGISTRAR'S SIGNATURE: [signature]
24. DATE FILED (Month, Day, Year): October 9, 2002

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: [signature] M.D.
25b. LICENSE NUMBER: MD 8108
25c. DATE SIGNED (Month, Day, Year): 10.9.02
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): Dr. Seth Cooper 4230 Harding Rd # 707 Nashville, TN 37205

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. Sepsis	2 wks.
	DUE TO (OR AS A CONSEQUENCE OF): b. Relapsed Acute Myelogenous Leukemia	6 mos
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): c. (Erythroleukemia FAB M-6) with	1 mo
	d. Leukemic Granulocytic Sarcoma causing Cord Compression at T7	

SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. with prophylactic post surgical intrathecal
Left Renal Cell Carcinoma (Resected)

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
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)

PH-1659 (REV. 8/99)
BIRTH NO.
RD4.1399

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 Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

John P. Dunn
John P. Dunn
Local Registrar

OCT 9 2002
Date Issued

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

CERTIFICATION OF VITAL RECORD

202603230022774