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
20260323-0022775

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.

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

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 Alberta G. Barrett and Miriam G. Barrett, *Trustees* 7127 Birch Bark Drive Nashville, TN 37221	**Barrett Family Living Trust** Alberta G. Barrett and Miriam G. Barrett, *Trustees* 7127 Birch Bark Drive Nashville, TN 37221	142-10-134

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:

Being Lot. No. 1 on the Plan of Second Revision, Sheffield Square, of record in Play Book 5210 at page 199, Register's Office for Davidson County, Tennessee, to which reference is hereby made for a more complete description.

Being the same property conveyed to Donald E. Barrett and wife, Alberta G. Barrett, from Gregory J. Perry, unmarried and Anita Ball, unmarried by Warranty Deed recorded in Book 6587, Pages 853-855, Register's Office for Davidson County, Tenne ssee. Donald E. Barrett passed away on October 8, 2002. His death certificate is attached hereto.

This improved property known as 736-738 Baugh Road, Nashville, TN 37221.

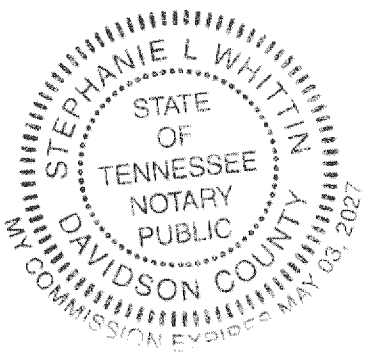
Witness my hand this 19th day of March, 2026.

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.



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)	2. SEX	3. DATE OF DEATH (Month, Day, Year)
Donald E. Barrett	Male	October 8, 2002

4. SOCIAL SECURITY NUMBER (of Deceased)	5a. AGE-LAST BIRTHDAY (Years)	5b. UNDER 1 YEAR: MOS.	DAYS	5c. UNDER 1 DAY: HOURS	MIN.	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
-0760	72					Oct. 23, 1929	Muskogee, OK

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [XX] Yes 2 [ ] No

9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify) OTHER:

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
St. Thomas Hospital	Nashville	Davidson

10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b. KIND OF BUSINESS/INDUSTRY
Married	Alberta Gregg	Professor of Music	Education

13a. RESIDENCE-STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER OR RURAL LOCATION
Tennessee	Davidson	Nashville	7127 Birch Bark Drive

CENSUS TRACT	13e. INSIDE CITY LIMITS? 1 [XX] Yes 2 [ ] No	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [XX] No Specify, if yes:	15. RACE American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5+)
		37221		Black	12	5+

NAME OF DECEDENT (If other than person completing certificate)

PARENTS

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

INFORMANT

19a. INFORMANT'S NAME (Type/Print)	19b. RELATIONSHIP TO DECEASED	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Alberta Barrett	Wife	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)	20c. LOCATION City or Town, State
	West Harpeth Crematory	Nashville, TN 37209

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER OF FUNERAL DIRECTOR	21c. SIGNATURE OF EMBALMER	21d. LICENSE NUMBER OF EMBALMER
Denny Shepard	4995	No Embalming	---

22a. NAME AND ADDRESS OF FUNERAL HOME	22b. LICENSE NUMBER OF FUNERAL HOME
Harpeth Hills Funeral Home 9090 Highway 100, Nashville, TN 37221	849

REGISTRAR

23. REGISTRAR'S SIGNATURE	24. DATE FILED (Month, Day, Year)
[signature]	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	25c. DATE SIGNED (Month, Day, Year)
MD 8108	10.9.02

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

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

SEE INSTRUCTIONS ON OTHER SIDE.

CAUSE OF DEATH

29. 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
DUE TO (OR AS A CONSEQUENCE OF) c.	(Erythroleukemia FAB M-6) with	1 mo
DUE TO (OR AS A CONSEQUENCE OF) d.	Leukemic Granulocytic Sarcoma causing Cord Compression at T7	

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

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

28a. WAS AN AUTOPSY PERFORMED?	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
1 [ ] Yes 2 [X] No	1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH	31a. DATE OF INJURY (Month, Day, Year)	31b. TIME OF INJURY	31c. INJURY AT WORK?	31d. DESCRIBE HOW INJURY OCCURRED
1 [X] Natural 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide			1 [ ] Yes 2 [ ] No	

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. 9/99)

BIRTH NO. ____

RDA 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.

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

John P. Dunn
John P. Dunn
Local Registrar

OCT 9 2002
Date Issued

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

CERTIFICATION OF VITAL RECORD

202603230022775