Karen Johnson
Batch # 1396515
03/24/2026 10:33:11 AM
Fees: $27.00 Taxes: $0.00
Davidson County
DEEDQC
5 pgs
20260324-0023272

PREPARED BY:
Kelly Priddy
232 shivel dr
Hendersonville , TN
37075

RETURN DEED AND MAIL TAX STATEMENTS TO:
Kelly priddy
232 shivel dr
Hendersonville , TN
37075

PARCEL ID NUMBER:
0511 00A

Blank Space Above Line Reserved For Recorder's Use

TENNESSEE QUITCLAIM DEED

COVER PAGE

DATE: **October 9 2025**
PROPERTY ADDRESS: **1530 Lewis Rd, Madison, Tennessee, 37115**
GRANTOR: **Maude Garrett**

TENNESSEE QUITCLAIM DEED

(Pursuant to Tenn. Code § 66-5-103(2))

State of Tennessee

County of Davidson

THIS QUITCLAIM DEED, dated October 9 2025, is made by and between the Grantor, identified as follows:

Name: **Maude Garrett**
Address: 1530 Lewis Rd, Madison, Tennessee, 37115
Marital Status: Widowed

AND the Grantee, identified as follows:

Name: Maude Garrett
Address: 1530 Lewis Rd Madison TN 37115
Marital Status: Single (Not Married)

Source of Title
Book 7023 Page 102

Legal description of the property:

A planned unit development located in Davidson County, Tennessee, being unit 1530 on the Plan of Oakland trace PUD, of record in book 6250, page 906, register's office for Davidson County, Tennessee, to which plan reference is here made for a more complete description

Commonly known as: 1530 Lewis Rd, Madison, Tennessee, 37115.

Parcel identification number: 0511 00A

WITNESSETH, that Grantor, for and in consideration of Ten Dollars ($10.00) and other good and valuable consideration paid to the Grantor by the Grantee, the receipt of which is hereby acknowledged, does quitclaim to the Grantee all of Grantor's right, title, interest, and claim in or to the above-described property.

IN WITNESS WHEREOF, the Grantor has duly executed this Deed on the day and year first above written.

Signature: Maude Rebecca Garrett
Print Name: Maude Garrett

Grantor Acknowledgement

STATE OF TENNESSEE

COUNTY OF Davidson

Before me, J. Warren Evans a Notary Public in and for the said state and county, duly commissioned and qualified, personally appeared Maude Rebecca Garrett, known to me (or proven to me on the basis of satisfactory evidence) to be the person described in and who executed this Survivorship Deed, and acknowledged that they executed this Survivorship Deed with lawful authority as a free and voluntary act.

WITNESS my hand and Notarial Seal at office this 9th day of October, 2025.

Notary Public, the State of Tennessee

County of Davidson

My commission expires: May 8, 2028

J. WARREN EVANS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

My Commission Expires
May 8, 2028

KAREN JOHNSON
REGISTER OF DEEDS

www.nashville.gov/rod

PO Box 196398
Nashville, TN 37219-6398
(615) 862-6790 phone
(615) 880-2039 fax

owing oath of consideration is required on all deeds transferring property:

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration or true value, whichever is greater for this transfer is $ 0.

Affiant

CONLEY WILKES
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

Subscribed and sworn before me, this 18th day of March, 2026.

Notary

My Commission Expires July 7, 2026

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

0502679 — STATE FILE NUMBER

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Billy Gene Garrett
2. SEX: 72
3. DATE OF DEATH (Month, Day, Year): May 11, 2005
4. SOCIAL SECURITY NUMBER (of Decedent): -7590
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): August 10, 1932
7. BIRTHPLACE (City and State or Foreign Country): Ottawa, Kansas
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] 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): Alive Hospice
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): Maude Rebecca Adamson
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Air Traffic Controller
12b. KIND OF BUSINESS/INDUSTRY: Airport
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Madison
13d. STREET AND NUMBER OR RURAL LOCATION: 1530 Lewis Road
CENSUS TRACT: 7
13g. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13i. ZIP CODE: 37115
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 use by physician or institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Ervin Garrett
18. MOTHERS NAME (First, Middle, Maiden Surname): Elsie Adcock

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Maude Rebecca Garrett
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1530 Lewis Road, Madison, TN 37115

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [X] Other (Specify) ENTOMBMENT
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Spring Hill Cemetery SERENITY MAUSOLEUM
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: James Dudley
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3171
21c. SIGNATURE OF EMBALMER: Scott Smith
21d. LICENSE NUMBER OF EMBALMER: 5195
22a. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill Funeral Home 5110 Gallatin Road, Nashville, TN 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 1046

REGISTRAR

23. REGISTRAR'S SIGNATURE: Tonya Y. Ruttlen
24. DATE FILED (Month, Day, Year): May 16, 2005

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: MD
25b. LICENSE NUMBER: 37615
25c. DATE SIGNED (Month, Day, Year): 5/16/05
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 EXCUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): James Bricks 1710 Patton St 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. Failure to Thrive
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.

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. 6/99) — 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.

Tonya Y. Ruttlen
Local Registrar

Date Issued
MAY 16 2005

GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

CERTIFICATION OF VITAL RECORD