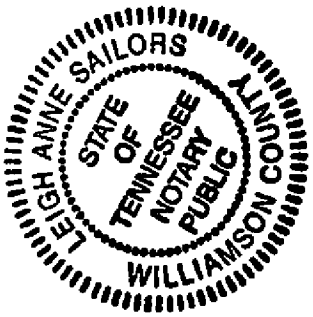
Karen Johnson Davidson County
Batch# 1427316 DEEDQC
06/02/2026 01:37:30 PM 10 pgs
Fees: $52.00 Taxes: $0.00
20260602-0049629

EXECUTOR'S DEED



STATE OF TENNESSEE
COUNTY OF WILLIAMSON

THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER FOR THIS TRANSFER IS $ -0-

AFFIANT

Subscribed and sword to me on April 16, 2026.

NOTARY PUBLIC

My Commission Expires: 8-3-26

THIS INSTRUMENT WAS PREPARED BY:
Thomas N. Jones, Attorney
357 Riverside Drive, Suite #1002
Franklin, Tennessee
(615) 794-0807
Email – tjones@tnjones.com

NAME / ADDRESS OF NEW OWNER:	SEND TAX BILLS TO:	MAP – PARCEL#
Stephanie Anne Flowers 6956 Highland Park Dr. Nashville, TN 37205	*Same as New Owner*	143030C01100CO

This instrument was prepared by information provided by the parties with no title examination having been made, and the parties hereto agree to hold Thomas N. Jones, Attorney at Law, and Thomas N. Jones & Associates harmless from any and all liability that may arise in connection herewith.

Karilyn Denise Stepp, Decedent, died on the 25th day of May, 2025, leaving a Last Will and Testament dated October 30, 2020 at the time of her death. The Will was admitted to probate on August 14, 2025 in the Probate Division of the Chancery Court for Davidson County, Tennessee, Docket No. 25P1455 (See Exhibit A, Order of Probate). The Last Will and Testament of the Decedent named David L. Stepp as the Executor of the Estate, which was approved by the Court, and he was duly qualified by the Court to serve as such. The Executor states that all debts of the Decedent have been paid, that a TennCare Release has been obtained and filed with the Court (See Exhibit B, TennCare Release), and that the Estate is solvent. In connection with the distribution of assets and the closing of the Estate of the Decedent, and in his capacity as Executor

of the said Estate, David L. Stepp hereby conveys and quitclaims unto Stephanie Anne Flowers (hereinafter "GRANTEE(S)"), in accordance with Article III, Section B of the Last Will and Testament of the Decedent, all right, title, and interest of the Decedent and the Decedent's Estate in and to the following described real estate in Davidson County, Tennessee:

> Land in Davidson County, Tennessee being Unit No. C1 (Type 4) and Carport C1 of the Harpeth Glen Condominium Apartments, a Horizontal Property Regime, created under Title 66, Section 27-101, et seq as amended, Tennessee Code Annotated, and as established by a Master Deed of record in Book 4546, Page 658, and as amended in Book 4549, page 502, in Book 4630, Page 504, in Book 4775, Page 384, in Book 4872, page 973, and in Book 9797, page 493, Register's Office for Davidson County, Tennessee, together with the undivided reference is hereby made to the plaat of Harpeth Glen Condominium apartments, Phase One, as of record in Book 4460, page 42 and in Book 4546, page 681, said Register's Office for a more complete identification and description of such Unit.
>
> Being the same property conveyed to Karilyn Stepp (being one and the same as Karilyn Denise Stepp) by Quit Claim Deed from David L. Stepp, dated May 28, 2013, and being of record as Instrument #20130617-0061581, Register's Office for Davidson County, Tennessee.
>
> This property is also known as improved property located at 6956 Highland Park Dr., Nashville, TN 37902.

TO HAVE AND TO HOLD the said tract or parcel of land, with the appurtenances, estate, title, and interest belonging to the said GRANTEE(S), her heirs and assigns, forever.

Said property is conveyed subject to such limitations, restrictions, and encumbrances as may affect the premises.

Wherever used, the singular number shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

[SIGNATURE PAGE TO FOLLOW]

Executed on this 16th day of April, 2026.

GRANTOR(S):

Estate of Karilyn Denise Stepp

David L. Stepp, Executor

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

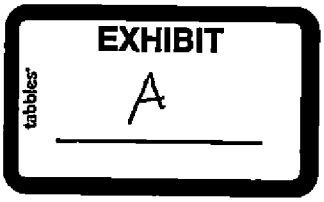
Personally appeared before me, the undersigned, Notary Public of the state and county aforesaid, personally appeared **David L. Stepp**, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged him/herself to be the Executor of the **Estate of Karilyn Denise Stepp**, the within named bargainor, and that they as such executed the foregoing instrument for the purpose therein contained.

Witness my hand this 16th day of April, 2026.

Notary Public

My Commission expires: 5-23-27

THOMAS N JONES
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY



IN THE CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE
TWENTIETH JUDICIAL DISTRICT, STATE OF TENNESSEE
(PROBATE DIVISION)

IN RE:	)	
THE ESTATE OF	)	
DAVID L. STEPP	)	
	)	**NO. 25p1455**
KARILYN DENISE STEPP	)	
PETITIONER	)	

ORDER ADMITTING WILL TO PROBATE

Based on an examination of the Petition, the sworn affidavits of the witnesses to the Will, and the sworn testimony of the Petitioner the Court finds as follows:

1. That the Decedent at the time of her death was a resident of Davidson County, Tennessee.

2. That Decedent died on May 25, 2025, at the age of Sixty Four (64) years.

3. That the Decedent left a Last Will and Testament dated October 30, 2020 which was properly signed and witnessed.

4. That Petitioner, David L. Stepp, requests to be named as the Personal Representative of the Estate. Petitioner was appointed as Personal Representative pursuant to Article I of the Last Will and Testament.

5. That the Last Will and Testament waives bond, and the filing of an inventory and accounting with this Court. At the request of counsel, the bond, inventory and accounting will be required.

6. That the requirement of notice to creditors be issued as required by T.C.A. 30-2-306(f).

7. That the Petitioner be granted any other general or specific relief to which the estate may be entitled.

Based on these findings, the Court ORDERS the following:

1. That Decedent's Last Will and Testament dated October 30, 2020 be admitted to Probate

2. That after issuing the Oath to Petitioner, Letters of Testamentary be issued to David L. Stepp as the Personal Representative of the said Estate.

3. That Bond reserved. Bond review by separate order of the Court.

4. That the filing of Inventory and Accounting are required.

5. That the requirement of Notice to Creditors as required by T.C.A. 30-2-306 be given.

6. That the Bureau of TennCare will be notified and Petitioner will request a Release pursuant to the Court's requirement and same will be filed with this Court upon receipt.

7. That the Personal Representative shall file the affidavit certifying the sending of a copy of the will to each residuary beneficiary within sixty (60) days of the date of this Order.

APPROVED FOR ENTRY:

/s/ Thomas N. Jones
THOMAS N. JONES - BPR #7083
Attorney for the Estate
357 Riverside Dr., Suite #102
Franklin, TN 37064
PH (615) 794-0807 / FAX (615) 791-4008
Email: tnjones@tnjones.com

CERTIFICATE OF SERVICE

I hereby certify that a true and exact copy of the foregoing Order has been forwarded via First Class U.S. mail, postage prepaid, to the following this 21st day of July, 2025.

Stephanie Anne (Herringer) Flowers
6956 Highland Park Dr.
Nashville, TN 37205

Cathy Young
114 Longwood Pl.
Nashville, TN 37215

Jeff Fyke
6900 Sunny Ridge Ln.
Knoxville, TN 37920

Deanna Nicole Austin
213 Meadowbrook Dr.
Shelbyville, TN 37160

Brandon Charles Fyke
4802 Wales Ct.
Nashville, TN 37211

/s/ Thomas N. Jones
Thomas N. Jones

Case Title: STEPP V STEPP

Case Number: 25P1455

Type: APPOINTING ORDER - ESTATES

So Ordered

Judith Lojek, Probate Special Master

EXHIBIT
tabbies
B

TN Division of TennCare

RFR PROCESSING UNIT
310 GREAT CIRCLE RD., 3W
NASHVILLE, TN 37243
Phone: (615) 741-0638, Fax (615) 413-1841
Email: RFR.TENNCARE@TN.GOV

#

August 19, 2025

Tom Jones
357 Riverside Dr. Ste 1002
Franklin, TN 37064

RE: Stepp, Karilyn Denise Date of Death: 5/25/2025 SSN: xxx-xx-2466
Our File Number: 165999

Tom Jones:

The referenced decedent did not receive TennCare Long-Term Services and Supports and/or is not subject to estate recovery. Therefore, the State of Tennessee hereby releases the TennCare claim against this estate pursuant to Tenn. Code Ann. § 71-5-116(c)(2). This release is not a waiver of the right of the State of Tennessee to pursue criminal or civil penalties if fraud or abuse is found to exist pursuant to Tenn. Code Ann. § 71-5-2601, et seq.

This document is only relevant to TennCare's claim against the Decedent's probate estate. It does not apply to annuities, Special Needs Trusts, Pooled Special Needs Trust, Qualified Income Trusts, or any other type of trust that contains a Medicaid payback provision. If you need a payoff for this type of trust or annuity, you must contact TennCare at 844-629-0941, 2 at prompt, or via email at estate.recovery@tn.gov. Please provide the Decedent's death certificate and copy of the trust or annuity when making such a request.

Sincerely,

Joan Jackson
TennCare RFR Processing Unit

Under 2024

EXHIBIT
C

STATE OF TENNESSEE
CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 2025 033951

1. Decedent's Legal Name: KARILYN DENISE STEPP			2. Sex: FEMALE	3. Date of Death: 05/25/2025
4. Time of Death (Approx): 10:07 AM	5a. Age: 63	6. Date of Birth: 06/22/1961	7. Birthplace: NASHVILLE, TN	
8a. Place of Death: HOSPICE FACILITY				
8b. Facility Name: ALIVE HOSPICE		8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON
9. Marital Status: DIVORCED	10. Surviving Spouse (name prior to first marriage):	11a. Decedent's Usual Occupation: LICENSED MASSAGE THERAPIST		11b. Kind of Business/Industry: PERSONAL SERVICES
12. Social Security Number: -2466	12a. Residence-State or Foreign Country: TENNESSEE	12b. County: DAVIDSON		12c. City or Town: NASHVILLE
12d. Street and Number: 6956 HIGHLAND PARK DR		12e. Inside City Limits?: YES	12f. Zip Code: 37205	14. Was Decedent ever in US Armed Forces?: NO
15. Decedent's Education: SOME COLLEGE CREDIT, BUT NO DEGREE	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: WHITE		
18. Father's Name: CHARLES FYKE		19. Mother's Name Prior to First Marriage: DEANNA NEEL BOBO		
20a. Informant's Name: DAVID STEPP	20b. Relationship to Decedent: EX-HUSBAND	20c. Mailing Address: 9147 ZACHARY LANE, BAXTER, TN 38543		
21a. Method of Disposition: DONATION	21b. Place of Disposition: VANDERBILT UNIVERSITY MEDICAL CTR		21c. Location: NASHVILLE, TN	
22a. Signature of Funeral Director: /e/ NONE NONE	22b. License Number: 0000	22c. Signature of Embalmer:	22d. License Number	
23a. Name and Address of Funeral Home: VUMC ANATOMICAL DONATION PROGRAM, 2213 GARLAND AVE., NASHVILLE, TN 37232			23b. License Number: 0000	
24. Registrar's Signature: /e/ EDWARD G BISHOP III		25. Date Filed: 05/28/2025		

26. Certifier

26a. ☒ PHYSICIAN – TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.

26b. ☐ MEDICAL EXAMINER – ON THE BASIS OF EXAMINATION, AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.

27a. Certifier: /e/ MARY-ELLEN EDMISTON	27b. License Number: 5916	27c. Date Signed: 05/27/2025
27d. Name and Address: MARY-ELLEN EDMISTON 1718 PATTERSON STREET, NASHVILLE, TN 37203		

28. Part I. ENTER THE CHAIN OF EVENTS (DISEASES, INJURIES, OR COMPLICATIONS) THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. ENTER ONLY ONE CAUSE ON A LINE.

		Approximate Interval: Onset to Death
IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the event(s) resulting in death) LAST.	a. BRAIN STEM MENINGIOMA	UNKNOWN
	b.	
	c.	
	d.	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: SEVERE PROTEIN CALORIE MALNUTRITION

29a. Was an Autopsy Performed?: NO

29b. Were Autopsy Findings Available to Complete the Cause of Death?:

30. Manner of Death: NATURAL	31. Did Tobacco Use Contribute to Death?: UNKNOWN	32. If Female: NOT PREGNANT WITHIN PAST YEAR		
33. If Transportation Injury, Specify:	34a. Date of Injury:	34b. Time of Injury:	34c. Injury at Work?:	34d. Place of Injury:
	34e. Describe How Injury Occurred:			34f. Location of Injury:

PH-1659E

RDA 10112

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.

Date Issued: Jun-02-2025

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

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20260602004962 9

Void Void Void

I, Thomas N. Jones, do hereby make oath that I am a licensed attorney and/or 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 April 16, 2026 (date of document).

Thomas N. Jones
Date: May 22, 2026

State of Tennessee
County of Williamson

Sworn to and subscribed before me on this 22nd day of May, 2026.

Notary Public

My Commission Expires: 8-3-26

