Karen Johnson Davidson County
Batch# 1443291 DEEDQC
07/08/2026 12:01:30 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20260708-0061588

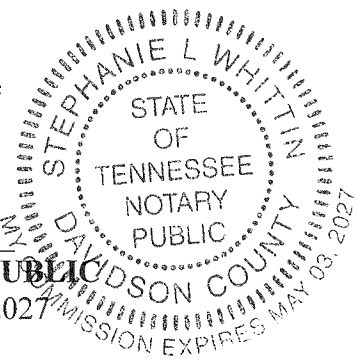
This Instrument Prepared by:
ADAM J. BERK, ESQ.
ELDER LAW OF NASHVILLE PLC
4235 Hillsboro Pike, Suite 300
Nashville, TN 37215

From information furnished by the parties.

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 29th day of June, 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.
McMurtry Family Living Trust Sarannah L. McMurtry, *Trustee* 221 Ryburn Drive Old Hickory, TN 37138	**McMurtry Family Living Trust** Sarannah L. McMurtry, *Trustee* 221 Ryburn Drive Old Hickory, TN 37138	05302010600

FOR NO MONETARY CONSIDERATION, I, **Sarannah L. McMurtry**, by these presents do hereby quitclaim and convey unto **Sarannah L. McMurtry, Trustee of the McMutry Family Living Trust, dated June 29, 2026,** all my right, title and interest in and to the following described tract of land:

Land in Davidson County, Tennessee, Being all of Lot No. 2 on the Plan of Section One, Part Two, Addition to Fairway View, of record in Plat Book 4675, Page 55, Register's Office for Davidson County, Tennessee, reference to which is hereby made for a more complete description.

Being the same property conveyed to Scott R. McMurtry and Sarannah L. McMurtry, husband and wife, from Harold R. Brown and wife, Patricia A. Brown, by Warranty Deed of record in Instrument No. 20100511-0036151, Register's Office for Davidson County, Tennessee. Scott R. McMutry passed away on February 27, 2016. His death certificate is attached hereto.

This improved property known as **221 Ryburn Drive, Old Hickory, TN 37138.**

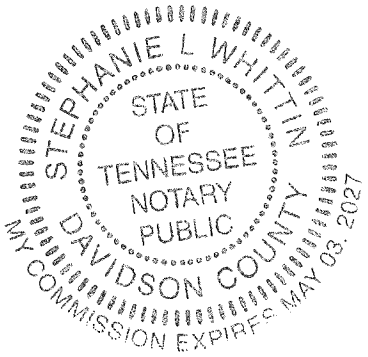
Witness my hand this 29th day of June, 2026.

Sarannah L. McMurtry, *Grantor*

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, **Sarannah L. McMurtry**, 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 29th day of June, 2026.



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

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Scott R. McMurtry
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): Feb. 27, 2016
4. TIME OF DEATH (Hour): 3:12 PM
5a. ABSENCE: Birthday (if Alive)
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): May 25, 1955
7. BIRTHPLACE (City and State or Foreign Country): Orlando, FL
8. IF DEATH OCCURRED IN A HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA
8. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: [X] Hospice facility [ ] Nursing home/Long term care facility [ ] Decedent's home [ ] Other residence [ ] Other (Specify)
8a. PLACE OF DEATH (Check only one)
8b. FACILITY NAME (If not institution, give street and number): Vanderbilt Medical Center
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson
9. MARITAL STATUS: [X] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [X] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Savannah Ivey
11a. DECEDENT'S USUAL OCCUPATION: Assistant District Attorney General
11b. KIND OF BUSINESS/INDUSTRY: Legal
12. SOCIAL SECURITY NUMBER: 2437
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13a. CITY OR TOWN: Old Hickory
13d. STREET AND NUMBER: 221 Return Dr.
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37138
14. WAS DECEDENT EVER IN US ARMED FORCES? [X] Yes [ ] No

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
[ ] 8th grade or less
[ ] 9th - 12th grade; no diploma
[ ] High school graduate or GED completed
[X] Some college credit, but no degree
[ ] Associate degree (e.g., AA, AS)
[ ] Bachelor's degree (e.g., BA, AB, BS)
[ ] Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
[X] Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
[ ] Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
[X] No, not Spanish/Hispanic/Latino
[ ] Yes, Mexican, Mexican American, Chicano
[ ] Yes, Puerto Rican
[ ] Yes, Cuban
[ ] Yes, other Spanish/Hispanic/Latino
(Specify)
[ ] Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
[X] White
[ ] Black or African American
[ ] American Indian or Alaska Native (Name of the enrolled or principal tribe)
[ ] Asian Indian
[ ] Chinese
[ ] Filipino
[ ] Japanese
[ ] Korean
[ ] Vietnamese
[ ] Other Asian (Specify)
[ ] Native Hawaiian
[ ] Guamanian or Chamorro
[ ] Samoan
[ ] Other Pacific Islander (Specify)
[ ] Other (Specify)
[ ] Unknown

18. FATHER'S NAME (First, Middle, Last): James McMurtry
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Jean Cothard

INFORMANT

20a. INFORMANT'S NAME: Savannah McMurtry
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 221 Return Dr., Old Hickory, TN 37138

DISPOSITION

21a. METHOD OF DISPOSITION: [ ] Burial [X] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Affiliated Crematory
21c. LOCATION - City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR
22b. LICENSE NUMBER: 1935
22c. SIGNATURE OF EMBALMER
22d. LICENSE NUMBER
23a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Funeral Home, Hadley Chapel, 1700 Hadley, Old Hickory, TN 37138
23b. LICENSE NUMBER OF FUNERAL HOME: 1002

REGISTRATION

24. REGISTRAR'S SIGNATURE
25. DATE FILED (Month, Day, Year): 3/7/16

CERTIFICATION

26. CERTIFIER (Check only one)
28a. [X] PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.
28b. [ ] 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 stated.
27a. SIGNATURE OF CERTIFIER
27b. LICENSE NUMBER: TN 37368
27c. DATE SIGNED (Month, Day, Year): 2/29/16
27d. NAME AND ADDRESS: Andrew Lavalette, 1211 21st Ave South, 9400 TVC Nashville TN State

PHYSICIAN OR MEDICAL EXAMINER: EXECUTING CAUSE OF DEATH, MUST COMPLETE AND SIGN WITHIN 48 HOURS

29. 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Metastatic Non-small cell lung cancer — Approximate Interval: Onset to death
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST:
b. Due to (or as a consequence of):
c. Due to (or as a consequence of):
d. Due to (or as a consequence of):

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

29a. WAS AN AUTOPSY PERFORMED? [ ] Yes [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [ ] No

30. MANNER OF DEATH: [X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [ ] No [X] Unknown
32. IF FEMALE: [X] Not pregnant within past year [ ] Pregnant at time of death [ ] Not pregnant, but pregnant within 42 days of death [ ] Not pregnant, but pregnant 43 days to 1 year before death [ ] Unknown if pregnant within the past year
33. IF TRANSPORTATION INJURY, SPECIFY: [ ] Driver/Operator [ ] Passenger [ ] Pedestrian [ ] Other (Specify)
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? [ ] Yes [ ] No
34d. PLACE OF INJURY - at home, farm, street, factory, office, building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

PH-1050 (Rev. 10/2011)

RDA 1390

8350078

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

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

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner MD, MPH, FACOEM
COMMISSIONER

8350078
Date Issued

CERTIFICATION OF VITAL RECORD

202607080061588

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 29th day of June, 2026.

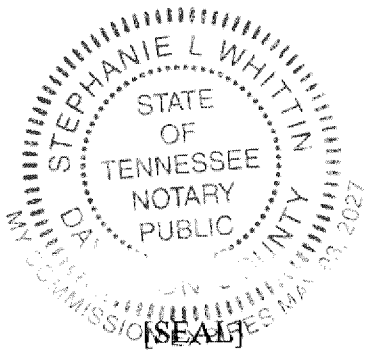
Adam J. Berk, *Affiant*

6/29/2026
Date

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

Sworn to and subscribed before me this 29th day of June, 2026.



[SEAL]

NOTARY PUBLIC
My Commission Expires: May 3, 2027