THIS INSTRUMENT PREPARED BY:
Martin Heller Potempa & Sheppard
2122 21st Avenue South
Nashville, Tennessee 37212
(615) 800-7096

This Deed was prepared based on information provided by the parties and no independent title examination was prepared.

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration for this transfer is: $10.00

FANNIE CARRIE LEE RANSOM, AFFIANT

Subscribed and sworn to before me, this 24 day of July 2026.

NOTARY PUBLIC

My Commission Expires: 01/22/30

MARIA GUILLEN
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON
MY COMM. EXPIRES JANUARY 22, 2030

Karen Johnson
Batch # 1455591
08/04/2026 11:57:23 AM
Fees: $17.00 Taxes: $0.00
Davidson County
DEEDQC
3 pgs
20260804-0071679

QUITCLAIM DEED

Address New Owner:	**Send Tax Bills To:**	**Tax Information:**
FANNIE CARRIE LEE RANSOM, TRUSTEE 2113 12th Avenue N Nashville, Tennessee 37208	New Owner	Map and Parcel No.: 081-03-0-204.00

FOR AND IN CONSIDERATION of Ten and No/100ths Dollars ($10.00) and other good and valuable consideration, the receipt of all of which is hereby acknowledged, I, **Fanny C. Ransom**, ("Grantor") do hereby quitclaim, transfer and convey unto **Fannie Carrie Lee Ransom, Trustee of the Fannie Carrie Lee Ransom Revocable Trust, dated June 30, 2026**, its successors and assigns, all of my right, title and interest in certain real property in the County of Davidson, State of Tennessee, identified below.

This is improved property known as 2113 12th Avenue N, Nashville, Tennessee 37208, and more particularly described as follows:

Land in Davidson County, Tennessee, being Lot No. 33 on the Map of C.M. Raymond's Plan of record in Book 57, Page 63, Register's Office for said County.

Said Lot front 50 feet on the westerly side of 12th Avenue North or Sangster Street and runs back between parallel lines 140 feet to an alley.

Being the same property conveyed to Chester A. Ransom and wife, Fanny C. Ransom, from J. Campbell Jenkins and wife, Mayme Jenkins, by Installment Deed recorded in the Register's Office of said county and state at Book 3070, Page 372.

The said Chester A. Ransom having since died, leaving Fanny C. Ransom as the surviving tenant. A copy of Chester A. Ransom's Death Certificate is attached as Exhibit A.

The said Fanny C. Ransom being one and the same as Fannie Carrie Lee Ransom.

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

This conveyance is subject to any and all existing easements and restrictions as shown of record.

This quitclaim deed was prepared based upon information provided by the parties and no independent title examination was prepared in preparation of this deed.

IN WITNESS WHEREOF, Grantor has executed this instrument on this the 24 day of July 2026.

Fannie Carrie Lee Ransom

Fanny C. Ransom, Grantor

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned Notary Public, in and for the said county and state, the within named **Fanny C. Ransom**, the Grantor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at office, this 24 day of July 2026.

Maria Guillen

Notary Public

My Commission Expires: 01/22/30

MARIA GUILLEN
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON
MY COMM. EXPIRES JANUARY 22, 2030

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

FEB 16 1993

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

Freda P. Wadley, M.D.

H

9300633

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT: For use by physician or institution

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Chester Aaron Arthur Ransom
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): January 29, 1993
4. SOCIAL SECURITY NUMBER:
5a. AGE—LAST BIRTHDAY (Years): 58
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): APR 1, 1934
7. BIRTHPLACE (City and State or Foreign Country): Murfreesboro, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ 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): 2113 12 Avenue North
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): Carrie Edmondson
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Housekeeping
12b. KIND OF BUSINESS/INDUSTRY: Environmental Services
13a. RESIDENCE—STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2113 12 Avenue North
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 ☒ Yes 2 ☐ No
13f. ZIP CODE: 37208
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes 0 ☒ No
Specify, if yes:
15. RACE—American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 11; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Richard Ransom
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mary Katherine Frazier

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Carrie Ransom
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2113 12 Avenue North, Nashville, TN 37208

DISPOSITION

20a. METHOD OF DISPOSITION: 1 ☒ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Greenwood Cemetery
20c. LOCATION—City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Linda D. Johnson
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4063
21c. SIGNATURE OF EMBALMER: ▶ Delmas Bagus
21d. LICENSE NUMBER OF EMBALMER: 3687
22a. NAME AND ADDRESS OF FUNERAL HOME: Johnson's House of Atena, 1107 Buchanan St., Nashville, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 704

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Mary C. Pentecost
24. DATE FILED (Month, Day, Year): February 16, 1993

CERTIFIER

25a. PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
1 ☐ SIGNATURE AND TITLE OF PHYSICIAN ▶ D. Johnson
25b. LICENSE NUMBER: MD13476
25c. DATE SIGNED (Month, Day, Year): 2/8/93
26a. MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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): David H. Johnson M. D., Div. of Medical Oncology, 1956 The Vanderbilt Clinic

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. metastatic lung cancer (nonsmall cell) — ~18 mo
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 ☒ No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ Yes 2 ☐ No

30. MANNER OF DEATH: 1 ☐ 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)

BIRTH NO

PH-1659
REV 1/89