The True and Actual Consideration Paid for this Transfer, Stated in Terms of Dollars, is -0-.

Prepared by parties of instrument:

Katherine N. White
424 Safford View Drive
Antioch TN, 37013
(629) 207-0543

When recorded, mail this to:
Katherine N. White
424 Safford View Drive
Antioch TN 37013

STATE OF TENNESSEE
COUNTY OF DAVIDSON
The actual consideration or true value, whichever is greater for this transfer is
$ 0
Affiant
Subscribed and sworn before me this the
21 Day of August, 2026
, Deputy Register

Owner/Person responsible for payment of taxes is, and mail tax statements to:

Katherine N. White
424 Safford View Drive
Antioch TN, 37013

Karen Johnson Davidson County
Batch # 1462763 DEEDQC
08/21/2026 01:10:16 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20260821-0078156

QUITCLAIM DEED

Grantor: Katherine Nicole White whose mailing address is 424 Safford View Drive, Antioch, Tennessee, 37013, of Davidson County in State of Tennessee, the undersigned Grantors, for No Consideration, do hereby remise, release and forever quitclaim to Grantee Katherine Nicole White all right, title, interest, and claim in and to the following described land, whose mailing address is 424 Safford View Drive, Antioch Tennessee, 37013, of Davidson County in State of Tennessee. The following described real property in the County of Davidson, State of Tennessee:

Land in Davidson County, Tennessee, being Lot No. 271 on the Plan of CHERRY HILLS, SECTION FIVE, of record in Plat Book 4300, Page 156, Register's Office for and accurate legal description. Being the same property conveyed to Daniel Patrick Boyle, unmarried, and Katherine Nicole White, unmarried, as joints tenants in common with rights of survivorship, by Warranty Deed from William Troy Hopkins. of record in Instrument No. 20151019-0106063, in the Register's Office of Davidson County, Tennessee, dated October 15, 2015, and recorded on October 19, 2015.

Map & Parcel No. 150 05 0 237.00

The address of such real estate is commonly known as: 424 Safford view Drive, Antioch, Tennessee.

IN WITNESS WHEREOF, the Grantor have executed this deed this 21st day of August, 2026.

Grantor Signature Katherine White

Print Name Katherine White

ACKNOWLEDGMENT

State of Tennessee

County of Davidson

Personally appeared before me the within named bargainor, Katherine Nicole White, with whom I am not personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he/she/they executed the within instrument for the purposes therein contained.

K D Sykes Jr. Signature of Notary Public

KEVIN D SYKES JR. Printed Name of Notary Public Title: Notary Public

KEVIN D. SYKES JR
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 5-8-2029

CERTIFICATION OF VITAL RECORD

CERTIFICATION OF DEATH

BIRTH NUMBER:

STATE FILE NUMBER: 2025-042-00569

11268668

DECEDENT	DECEDENT'S NAME - (LAST, FIRST, MIDDLE, SUFFIX) BOYLE, DANIEL	DATE OF BIRTH 05/29/1963	DATE OF DEATH 09/23/2025	TIME OF DEATH 11:04 AM
	PLACE OF BIRTH - (CITY, STATE, COUNTRY) TORRANCE, CA UNITED STATES	SEX MALE	SOCIAL SECURITY NUMBER -1171	AGE 62 YEARS
	DECEDENT'S ALIAS NAME(S) - (LAST, FIRST, MIDDLE, SUFFIX):			
	RESIDENCE OF DECEDENT - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY) 206 KEITH DR. , SLIDELL, LA 70461 UNITED STATES		WITHIN CITY LIMITS? YES	PARISH/COUNTY ST. TAMMANY
PERSONAL	EVER IN U.S. ARMED FORCES? NO	OCCUPATION TRUCK DRIVER	INDUSTRY OF OCCUPATION TRANSPORTATION	
	MARITAL STATUS NEVER MARRIED	NAME OF SURVIVING SPOUSE - (LAST, FIRST, MIDDLE, SUFFIX)		
	FATHER/PARENT NAME - (LAST, FIRST, MIDDLE, SUFFIX) BOYLE, JOHN JOSEPH	FATHER/PARENT PLACE OF BIRTH - (CITY, STATE, COUNTRY) PORT ARTHUR, TX UNITED STATES		
	MOTHER/PARENT NAME - (LAST, FIRST, MIDDLE, SUFFIX) LABURTIS, ISABELLA	MOTHER/PARENT PLACE OF BIRTH - (CITY, STATE, COUNTRY) BROOKLYN, NY UNITED STATES		
	INFORMANT'S NAME - (LAST, FIRST, MIDDLE, SUFFIX) WHITE, KATHERINE	RELATIONSHIP TO DECEDENT COMMON-LAW-WIFE	INFORMANT'S ADDRESS SAFFORD VIEW DR. , ANTIOCH, TN 37013 UNITED STATES	
	EDUCATION: HIGH SCHOOL GRADUATE, OR GED COMPLETED			
	OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO			
	RACE: WHITE			
DEATH INFO	PLACE OF DEATH DECEDENT'S HOME	FACILITY NAME		
	FACILITY ADDRESS - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY) 206 KEITH DR. , SLIDELL, LA 70461 UNITED STATES			PARISH/COUNTY ST. TAMMANY
DISPOSITION	METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION ABITA CREMATORY		
	PLACE OF DISPOSITION - (CITY, STATE, COUNTRY) COVINGTON, LA UNITED STATES			DATE OF DISPOSITION 12/12/2025
FUNERAL FACILITY	FUNERAL FACILITY NAME DOYLES FUNERAL HOME	ADDRESS OF FUNERAL FACILITY 2430 FOURTH ST. , SLIDELL, LA 70458 UNITED STATES		
	NAME OF FUNERAL DIRECTOR (LAST, FIRST, MIDDLE, SUFFIX) DOYLE, DONALD	LICENSE NUMBER E1806	CORONER NOTIFIED? Y	
	SIGNATURE OF FUNERAL DIRECTOR "e-sign"		DATE 12/2/2025	
MEDICAL INFO	MANNER OF DEATH	NATURAL		
	IF FEMALE?	NOT APPLICABLE		
	DID TOBACCO USAGE CONTRIBUTE TO DEATH?	UNKNOWN		
CAUSE OF DEATH	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. DO NOT ABBREVIATE.			APPROXIMATE INTERVAL: Onset to Death
	IMMEDIATE CAUSE - (Final disease or condition resulting in death)	a. HYPERTENSIVE CARDIOVASCULAR DISEASE		UNK
	Sequentially list conditions, if any, leading to the cause listed on line a.	b.		
	Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	c.		
		d.		
	PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. STROKE-IDDM-FATTY LIVER			
	WAS AN AUTOPSY PERFORMED? NO		FINDINGS USED IN DETERMINING CAUSE? NOT APPLICABLE	
INJURY INFORMATION	PLACE OF INJURY	DATE OF INJURY	TIME OF INJURY	INJURY AT WORK / IF TRANSPORTATION INJURY, SPECIFY:
	LOCATION OF INJURY - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)			PARISH/COUNTY
	DESCRIBE HOW INJURY OCCURED			
CERTIFIER	I CERTIFY THIS 'CORONER CASE' BASED ON MY EXAMINATION OR INVESTIGATION AND, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.			
	SIGNATURE OF CERTIFIER:	"e-sign"	DATE	12/2/2025
	CERTIFIER NAME - (LAST, FIRST, MIDDLE, SUFFIX)	TAPE, CHRISTOPHER JAMES		
	CERTIFIER TITLE: CORONER			
	CERTIFIER ADDRESS - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY) 65278 HWY 434 , LACOMBE, LA 70445 UNITED STATES			
REGISTRAR	BURIAL TRANSIT PERMIT 658754	PARISH OF ISSUE ORLEANS	DATE OF ISSUE 12/01/2025	DATE FILED WITH REGISTRAR 12/2/2025
	SIGNATURE OF REGISTRAR	DEVIN GEORGE "e-sign"		

ISSUED BY: Slocum, Julie

Issued On: 2/12/2026 11:29:25 AM

11268668

A REPRODUCTION OF THIS DOCUMENT IS VOID AND INVALID.
DO NOT ACCEPT

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE OR DOCUMENT REGISTERED WITH THE VITAL RECORDS REGISTRY OF THE STATE OF LOUISIANA, PURSUANT TO LSA - R.S.40:32, ET SEQ.

Nadine Mims Smith

NADINE MIMS SMITH
STATE REGISTRAR

AmeriTech Incorporated ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE