Karen Johnson
Batch # 1465529
09/01/2026 10:45:29 AM
Fees: $22.00 Taxes: $0.00
Davidson County
DEEDQC
4 pgs
20260901-0080560

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 SHERRY H. WANG, AFFIANT Subscribed and sworn to before me, this 21 day of August 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

QUITCLAIM DEED

Address New Owner:	**Send Tax Bills To:**	**Tax Information:**
SHERRY H. WANG and JOSEPH APHINYANAPHONGS, CO-TRUSTEES 1900 Sweetbriar Avenue Nashville, Tennessee 37212	New Owner	Map and Parcel No.: 104-16-0-241.00

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, **Sherry H. Wang**, ("Grantor") do hereby quitclaim, transfer and convey unto **Sherry H. Wang and Joseph Aphinyanaphongs, Co-Trustees of the Sherry H. Wang Revocable Trust, dated November 21, 2025,** 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 1900 Sweetbriar Avenue, Nashville, Tennessee 37212, and more particularly described as follows:

LAND in Davidson County, Tennessee, being the easterly 65 feet of Lot No. 246 on the Belmont Land Company's Plan, called Belmont Heights, as of record in Book 421, Page 34, Register's Office for Davidson County, Tennessee.

SAID part of Lot No. 246 fronts 65 feet on the northerly side of Sweetbriar Avenue and runs back between parallel lines with the westerly margin of 19th Avenue South, or Altura Place, 175 feet to an alley.

Being the same property conveyed to Ken Aphinyanaphongs and wife, Sherry H. Wang, from Ken Aphinyanaphongs and wife, Sherry H. Wang, Trustees of the Aphinyanaphongs Joint Revocable Living Trust Agreement U/A/D October 2, 2001, by Quitclaim Deed recorded in the Register's Office of said county and state as Instrument No. 20020724-0088941.

The said Ken Aphinyanaphongs having since died on October 28, 2025, leaving Sherry H. Wang as the surviving tenant. A copy of Ken Aphinyanaphongs' Death Certificate is attached hereto as Exhibit A.

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 21 day of August 2026.

Sherry H. Wang, Grantor

STATE OF TENNESSEE)

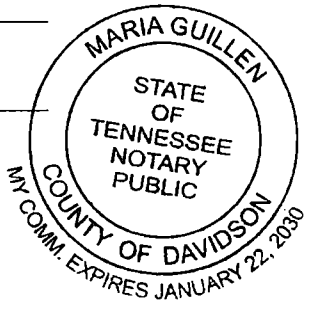
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned Notary Public, in and for the said county and state, the within named **Sherry H. Wang**, 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 21 day of August 2026.

Maria Guillen
Notary Public

My Commission Expires: 01122130



TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2025 068476

1. Decedent's Legal Name				2. Sex	3. Date of Death
KEN APHINYANAPHONGS				MALE	10/28/2025
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**		
09:38	82	01/10/1943	THAILAND		
8a. Place of Death					
HOSPICE FACILITY					
8b. Facility Name		**8c. City or Town**		**8d. County of Death**	
ALIVE HOSPICE		NASHVILLE		DAVIDSON	
9. Marital Status	**10. Surviving Spouse (name prior to first marriage)**	**11a. Decedent's Usual Occupation**		**11b. Kind of Business/Industry**	
MARRIED	SHERRY HSIAO-LEI WANG	ARCHITECT		ARCHITECTURE	
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**		**13c. City or Town**	
	TENNESSEE	DAVIDSON		NASHVILLE	
13d. Street and Number		**13e. Inside City Limits?**	**13f. Zip Code**	**14. Was Decedent ever in US Armed Forces?**	
1900 SWEETBRIAR AVE		YES	37212	NO	
15. Decedent's Education	**16. Decedent of Hispanic Origin?**		**17. Decedent's Race**		
MASTER'S DEGREE	NO, NOT SPANISH/HISPANIC/LATINO		OTHER ASIAN (THAI)		
18. Father's Name		**19. Mother's Name Prior to First Marriage**			
EANG JEAW JEW		SOJ EANG LOO			
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**			
JOSEPH APHINYANAPHONGS	SON	1905 WILDWOOD AVE, NASHVILLE, TN 37212			
21a. Method of Disposition	**21b. Place of Disposition**		**21c. Location**		
CREMATION	MUSIC CITY MORTUARY		NASHVILLE, TN		
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**		**22d. License Number**	
▶ /e/ SUSAN KIMBRO	8309	▶			
23a. Name and Address of Funeral Home				**23b. License Number**	
ALTERNATIVE CREMATION AND FUNERAL SERVICE, 206B COOL SPRINGS BLVD, STE 201, FRANKLIN, TN 37067				1292	
24. Registrar's Signature			**25. Date Filed**		
▶ /e/ EDWARD G BISHOP III			11/04/2025		

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	27b. License Number	27c. Date Signed
▶ /e/ LAURA THARPE	048448	11/04/2025

27d. Name and Address: LAURA THARPE 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 events resulting in death) LAST	a. [illegible]	
	b. [illegible]	
	c.	
	d.	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I

29a. Was an Autopsy Performed? NO

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

30. Manner of Death	31. Did Tobacco Use Contribute to Death?	32. If Female:
NATURAL	UNKNOWN	N/A

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-1050E 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: Nov-05-2025

Edward G. Bishop III
State Registrar

John R. Dunn, DVM, PhD, EMBA-SL
Commissioner