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

From information furnished by the parties.

Karen Johnson Davidson County
Batch# 1475389 DEEDQC
09/21/2026 10:04:30 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20260921-0087413

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 4th day of September, 2026.

Adam J. Berk, *Affiant*

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

QUITCLAIM DEED

[Exempt from Taxation Pursuant to Tennessee Code Annotated § 67-4-409(3)(A)(ii))]

ADDRESS OF NEW OWNER:	SEND TAX BILLS TO:	MAP & PARCEL NO.
Wiklund Family Protection Trust Gary A. Wiklund, *Trustee* 7021 S. Hampton Blvd. Antioch, TN 37013	NEW OWNER	151-10-A-141 CO

FOR NO MONETARY CONSIDERATION, I, **Gary A. Wiklund,** by these presents do hereby quitclaim and convey unto **Chad S. Wiklund, Trustee of the Wiklund Family Protection Trust, dated September 4, 2026,** all my right, title, and interest in and to the following described tract of land:

Land in Davidson County, Tennessee, being Lot No. 253 on the plan of PHASE 2, THE VILLAGES OF LONG HUNTER, PUD, as shown by plat of record in Instrument No. 20020515–0059732, in the Register's Office for Davidson County, Tennessee, which plat reference is hereby made for a more complete description.

BEING the same property conveyed to Gary A. Wiklund and wife, Pamela P. Wiklund, from Thomas P. Murray and Diane M. Murray, husband and wife, by Warranty Deed of record in Instrument No. 20120905–0080198, Register's Office for Davidson County, Tennessee. Pamela P. Wiklund predeceased Gary A. Wiklund on June 19, 2026. Her death certificate is attached hereto.

This improved property known as **7021 S. Hampton Blvd., Antioch, TN 37013**.

Witness my hand this 4th day of September, 2026.

Gary A. Wiklund

Gary A. Wiklund, *Grantor*

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, **Gary A. Wiklund**, 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 4th day of September, 2026.



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

STATE OF TENNESSEE
CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2026 039393

1. Decedent's Legal Name				2. Sex	3. Date of Death
PAMELA P WIKLUND				FEMALE	06/19/2026
4. Time of Death (Approx.)	5a. Age	6. Date of Birth	7. Birthplace		
14:21	65	05/10/1961	LYNCHBURG, VA		
8a. Place of Death					
INPATIENT					
8b. Facility Name		8c. City or Town		8d. County of Death	
VANDERBILT UNIVERSITY MEDICAL CENTER		NASHVILLE		DAVIDSON	
9. Marital Status	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation		11b. Kind of Business/Industry	
MARRIED	GARY WIKLUND	CNA		HEALTHCARE	
12. Social Security Number	13a. Residence-State or Foreign Country	13b. County		13c. City or Town	
8993	TENNESSEE	DAVIDSON		ANTIOCH	
13d. Street and Number		13e. Inside City Limits?	13f. Zip Code	14. Was Decedent ever in US Armed Forces?	
7021 S HAMPTON BLVD		YES	37013	NO	
15. Decedent's Education	16. Decedent of Hispanic Origin?		17. Decedent's Race		
HIGH SCHOOL GRADUATE OR GED COMPLETED	NO, NOT SPANISH/HISPANIC/LATINO		WHITE		
18. Father's Name			19. Mother's Name Prior to First Marriage		
LLOYD PADGETT			BETTY DAWSON		
20a. Informant's Name	20b. Relationship to Decedent	20c. Mailing Address			
GARY WIKLUND	HUSBAND	7021 S HAMPTON BLVD, ANTIOCH, TN 37013			
21a. Method of Disposition	21b. Place of Disposition		21c. Location		
CREMATION	MUSIC CITY CREMATORY SERVICES		NASHVILLE, TN		
22a. Signature of Funeral Director	22b. License Number	22c. Signature of Embalmer	22d. License Number		
▶ /e/ MICHAEL ILLOBRE	5352	▶			
23a. Name and Address of Funeral Home			23b. License Number		
COMPASSION FUNERAL & CREMATION SERVICES, 6949 CHARLOTTE PIKE, STE 104, NASHVILLE, TN 37209			1436		
24. Registrar's Signature		25. Date Filed			
▶ /e/ EDWARD G BISHOP III		07/01/2026			

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/ SHANNON MURPHY CROOK	61601	07/01/2026

27d. Name and Address: SHANNON MURPHY CROOK 850 R S GASS BLVD, NASHVILLE, TN 37216

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. COMPLICATIONS OF METASTATIC BREAST CARCINOMA	
	b.	
	c.	
	d.	

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

LEFT FEMORAL NECK FRACTURE; HYPERTENSIVE CARDIOVASCULAR DISEASE; DIABETES MELLITUS

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:
ACCIDENT	UNKNOWN	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
	UNKNOWN	UNKNOWN	NO	NURSING HOME
	34e. Describe How Injury Occurred			34f. Location of Injury
	DECEDENT FELL			329 MURFREESBORO PIKE, NASHVILLE, TN

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: Jul-02-2026

Edward G. Bishop III
State Registrar

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

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Tennessee Certification of Electronic Document

I, Barbara J. Moss, 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 4th day of September, 2026.

Barbara J. Moss, *Affiant*

9/8/26
Date

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

Sworn to and subscribed before me this 8th day of September, 2026.

STEPHANIE L WHITTIN
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES MAY 03, 2027

[SEAL]

NOTARY PUBLIC
My Commission Expires: May 3, 2027