Karen Johnson Davidson County
Batch# 1477455 DEEDQC
09/25/2026 11:47:30 AM 5 pgs
Fees: $27.00 Taxes: $0.00
20260925-0089061

Recordation Requested By/Return to:
Acrisure National Lender Services, LLC
125 Townpark Drive, Suite #300,
Kennesaw, Georgia 30144
File No. 847451

This Instrument Prepared By:
WILLIAM MCSEVENEY TN Bar No. 038000
o/b/o BC LAW FIRM, P.A.
1077 EAST TRINITY LANE #203
NASHVILLE, TN 37216

NO REPRESENTATION BY PREPARER AS TO ANY MATTERS OF TITLE OR LEGAL DESCRIPTION/SURVEY

QUITCLAIM DEED

Exempt Pursuant to T.C.A. Code 67-4-409(a)(4)

ADDRESS NEW OWNER(S) AS FOLLOWS:	SEND TAX NOTICES TO:	MAP PARCEL NUMBERS
RITA R PORTER	RITA R PORTER	075 13 0 099.00
5014 BONNASIDE DRIVE HERMITAGE, TN 37076	5014 BONNASIDE DRIVE HERMITAGE, TN 37076	

Executed this 15 day of September 2026.

KNOW ALL MEN BY THESE PRESENTS, THAT FOR AND IN CONSIDERATION OF THE SUM OF TEN DOLLARS ($10.00), IN HAND PAID TO **RITA R. PORTER, SURVIVING SPOUSE OF LARRY L. PORTER, DECEASED,** HEREINAFTER CALLED THE GRANTOR, DO/DOES HEREBY REMISE, RELEASE AND FOREVER QUITCLAIM TO **RITA R. PORTER, UNMARRIED WOMAN,** HEREINAFTER CALLED THE GRANTEE, HIS/HER/ITS SUCCESSORS, HEIRS AND ASSIGNS, ALL MY/THEIR RIGHT, TITLE AND INTEREST IN AND TO A CERTAIN TRACT OR PARCEL OF LAND IN DAVIDSON COUNTY, STATE OF TENNESSEE, DESCRIBED AS FOLLOWS TO-WIT:

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF DAVIDSON, STATE OF TENNESSEE, AND IS DESCRIBED AS FOLLOWS: A CERTAIN TRACT OR PARCEL OF LAND IN DAVIDSON COUNTY, STATE OF TENNESSEE, DESCRIBED AS FOLLOWS, TO-WIT:

LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT NO. 312 ON THE PLAN OF HERMITAGE HILLS, SECTION 4, AS OF RECORD IN BOOK 2900, PAGE 136, REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE, TO WHICH PLAN REFERENCE IS HEREBY MADE FOR A MORE COMPLETE AND ACCURATE DESCRIPTION OF SAID LOT.

Being the same premises conveyed to LARRY L. PORTER AND RITA R. PORTER, HUSBAND AND WIFE from RICHARD CATHEY by Deed dated July 18, 2014, and recorded on July 22, 2014, as Instrument No. 20140722-0064866, in the Register of Deeds Office for DAVIDSON County, Tennessee.

Property known as, 5014 BONNASIDE DRIVE, HERMITAGE, TN 37076
This instrument was prepared without the benefit of a title examination.

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

Witness my hand this 15 day of September, 2026.

RITA R. PORTER

STATE OF TN

COUNTY OF Davidson

Before me, Natasha Holcomb of the state and county mentioned, personally appeared **RITA R. PORTER,** to me known to be the person(s) described in and who executed the foregoing instrument for the purposes therein contained.
(seal)

NATASHA M. HOLCOMB
STATE OF TENNESSEE NOTARY PUBLIC
ROBERTSON COUNTY

Notary Public
Printed Name: Natasha M Holcomb
My Commission Expires: 1/30/2029

OATH OF VALUE CONSIDERATION

STATE OF TN
COUNTY OF Davidson

I, OR WE, HEREBY SWEAR AND AFFIRM THAT THE ACTUAL CONSIDERATION FOR THIS TRANSFER IS $10.00.

Affiant

Sworn to and subscribed before me, this the 15 day of September, 2021

Notary Public
My commission expires: 1/30/2029

(seal)

NATASHA M. HOLCOMB
STATE OF TENNESSEE NOTARY PUBLIC
ROBERTSON COUNTY

Tennessee Certification of Electronic Document

I, Jessica Ursitz, do hereby make oath that I am a licensed attorney and/or 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 9-15-26 (date of document).

Affiant Signature

9-17-26

Date

State of PA

County of Allegheny

Sworn to and subscribed before me this 17 day of September, 2026.

Notary's Signature

MY COMMISSION EXPIRES: 1-26-27

NOTARY'S SEAL

Commonwealth of Pennsylvania - Notary Seal
ELIZABETH TOBER - Notary Public
Allegheny County
My Commission Expires January 25, 2027
Commission Number 1427746

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 060495

DECEDENT — TYPE/PRINT IN PERMANENT BLACK INK (For assistance, contact physician or funeral director)

1. DECEDENT'S LEGAL NAME (Name of Deceased - First, Middle, Last, Suffix)			2. SEX	3. DATE OF DEATH (Month, Day, Year)
LAWRENCE LEE PORTER			MALE	10/29/2019

4. TIME OF DEATH (Approx.)	5a. AGE (Last Birthday)	5b. UNDER 1 YEAR (Months / Days)	5c. UNDER 1 DAY (Hours / Minutes)	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
02:12 PM	56			06/20/1963	SEPULVEDA, CA

8a. PLACE OF DEATH (Hospital, Nursing Home, Residence, Other)	8b. FACILITY NAME (If not applicable, enter "None")	8c. CITY OR TOWN	8d. COUNTY OF DEATH
HOSPICE FACILITY	THE RESIDENCE/ALIVE HOSPICE	NASHVILLE	DAVIDSON

9. MARITAL STATUS (At Time of Death)	10. SURVIVING SPOUSE (If wife, give name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION (Type of work done during most of working life)	11b. KIND OF BUSINESS/INDUSTRY
MARRIED	RITA RENEE GAGNON	GRAPHIC DESIGNER	PRINTING

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
-2548	TENNESSEE	DAVIDSON	HERMITAGE

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
5014 BONNASIDE DRIVE	YES	37076	NO

15. DECEDENT'S EDUCATION	16. DECEDENT OF HISPANIC ORIGIN?	17. DECEDENT'S RACE
BACHELOR'S DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	WHITE

PARENTS

18. FATHER'S NAME	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE
EVERETT LEE PORTER	BARBARA JANICE BOLINDER

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS
RITA RENEE PORTER	WIFE	5014 BONNASIDE DRIVE, HERMITAGE, TN 37076

DISPOSITION

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION	21c. LOCATION
CREMATION	MUSIC CITY CREMATORY SERVICE	NASHVILLE, TN

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
▶ /e/ CHARLES TIMOTHY RALEY	5958	▶	

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER
TRISTAR CREMATION, 4962 LEBANON ROAD, OLD HICKORY, TN 37138	1355

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED
▶ /e/ EDWARD G BISHOP III	10/31/2019

CERTIFIER

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.

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

27a. CERTIFIER	27b. LICENSE NUMBER	27c. DATE SIGNED
▶ /e/ LAURA THARPE	048448	10/30/2019

27d. NAME AND ADDRESS
LAURA THARPE 1718 PATTERSON STREET, NASHVILLE, TN 37203

MEDICAL CERTIFICATION

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) →	a. METASTATIC COLORECTAL ADENOCARCINOMA	
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	DUE TO (OR A CONSEQUENCE OF) b.	
	DUE TO (OR A CONSEQUENCE OF) c.	
	DUE TO (OR A CONSEQUENCE OF) 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? NO

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-1659 (Rev. 6/2017) RDA 10112

11625146

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

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

1 1 6 2 5 1 4 6

Date Issued: Oct-31-2019

CERTIFICATION OF VITAL RECORD

20260925008906 1

COPYRIGHT CAPTURES® ANTI-FRAUD PROTECTION