Karen Johnson
Batch # 1478150
09/28/2026 09:54:36 AM
Fees: $27.00 Taxes: $0.00
Davidson County
DEEDQC
5 pgs
20260928-0089408

This Instrument Prepared By and Return to:
Dean F. Reisner, Esq.
Varnum LLP
P.O. Box 352
Grand Rapids, MI 49501-0352

Name and Address New Owner/Send Tax Bills To:
Lisa K. Mulder, Trustee
16310 Riverdale Court
Spring Lake, MI 49456

Map and Parcel No.:
105-07-1A-210.00-CO

QUIT CLAIM DEED

FOR AND IN NO MONETARY CONSIDERATION, from the hereinafter named Grantee, and any other good and valuable consideration, the receipt and legal sufficiency of all of which hereby are acknowledged, **Lisa Kay Mulder**, individually and as the survivor of herself and her husband, John Adrian Mulder, whose address is 16310 Riverdale Court, Spring Lake, MI 49456 ("Grantor") by these presents does quit claim unto **Lisa K. Mulder, Trustee of the John and Lisa Mulder Trust dated March 27, 2018, as amended, and any successors,** whose address is 16310 Riverdale Court, Spring Lake, MI 49456 ("Grantee"), its heirs, representatives and assigns, a certain tract or parcel of land in Davidson County, State of Tennessee, more particularly described as follows:

See the attached **Exhibit A** attached hereto.

Being the same property conveyed in the Warranty Deed dated September 13, 2019, and recorded September 17, 2019 as Instrument #20190917-0094351, Davidson County Records, Tennessee

IN WITNESS WHEREOF, the undersigned Grantor has executed this Quit Claim Deed as of September 22, 2026.

GRANTOR:

Lisa Kay Mulder

STATE OF MICHIGAN)
)
COUNTY OF OTTAWA)

Before me, the undersigned, a Notary Public in and for the State and County aforesaid, personally appeared **Lisa Kay Mulder**, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged herself and that she executed the foregoing instrument as her free act and deed.

WITNESS my hand and official seal at office on this the 22nd day of September, 2026.

Dean F. Reisner
Notary Public, Ottawa County, Michigan
My Commission Expires: May 1, 2031
Acting in Ottawa County

EXHIBIT A
TO
QUIT CLAIM DEED

Legal Description:

Land in Davidson County, Tennessee, being Unit No. 213 of The 1260 Martin Condominium, described in the Declaration for The 1260 Martin Condominium, of record in Instrument No. 20160115-0004408, amended in Instrument No. 20160211-0013466, Instrument No.20170724-0074509, Instrument No. 20170918-0095139, Instrument No. 20170919-0095966 and Instrument No. 20180227-0018384, Register's Office for Davidson County, Tennessee, to which reference is hereby made. The easements, restrictive covenants, conditions and regulations imposed upon and relating to the units, property, co-owners and tenants, the plat filed as Exhibit "B" to said Declaration, in said Register's Office, are incorporated hereby reference and made a part of the same as though copied herein for a more complete identification and description of said Unit.

QUITCLAIM DEED AFFIDAVIT

STATE OF MICHIGAN

COUNTY OF OTTAWA

The actual consideration for this transfer is $ 0.00

Affiant Lisa Kay Mulder

Lisa Kay Mulder

Subscribed and sworn to before me this the 22nd day of September, 2026.

Dean F. Reisner
Notary Public, Ottawa County, Michigan
My Commission Expires: May 1, 2031
Acting in Ottawa County

(Affix Seal)

STATE OF TENNESSEE
CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2025 029067

1. Decedent's Legal Name			2. Sex	3. Date of Death
JOHN ADRIAN MULDER			MALE	05/01/2025
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
17:42	72	09/12/1952	PONTIAC, MI	
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	LISA KAY WORKMAN	PHYSICIAN	HEALTHCARE	
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**	**13c. City or Town**	
2991	MICHIGAN	OTTAWA	SPRING LAKE	
13d. Street and Number		**13e. Inside City Limits?**	**13f. Zip Code**	**14. Was Decedent ever in US Armed Forces?**
16310 RIVERDALE CT		YES	49456	NO
15. Decedent's Education	**16. Decedent of Hispanic Origin?**	**17. Decedent's Race**		
DOCTORATE OR PROFESSIONAL DEGREE	NO, NOT SPANISH/HISPANIC/LATINO	WHITE		
18. Father's Name		**19. Mother's Name Prior to First Marriage**		
JOHN WOODBURY MULDER		MARIAN LYDIA NIKORA		
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**		
LISA MULDER	WIFE	16310 RIVERDALE CT, SPRING LAKE, MI 49456		
21a. Method of Disposition	**21b. Place of Disposition**	**21c. Location**		
CREMATION	SUMNER FUNERAL & CREMATION LAKESIDE	HENDERSONVILLE, TN		
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**	**22d. License Number**	
▶ /e/ RANDOLPH R NASH JR	6177	▶		
23a. Name and Address of Funeral Home			**23b. License Number**	
SUMNER FUNERAL AND CREMATION LAKESIDE, 104 SANDERS FERRY ROAD, HENDERSONVILLE, TN 37075			1341	
24. Registrar's Signature		**25. Date Filed**		
▶ /e/ EDWARD G BISHOP III		05/06/2025		

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/ BLAKE FUNKE	61197	05/02/2025

27d. Name and Address
BLAKE FUNKE 1301 MEDICAL CENTER DR, NASHVILLE, TN 37232

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. ACUTE HYPOXEMIC RESPIRATORY FAILURE	
	b. ASPERGILLUS PNEUMONIA	
	c. CHRONIC IMMUNOSUPPRESSION	
	d. LUNG TRANSPLANTATION	

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

ACUTE RENAL FAILURE; IDIOPATHIC PULMONARY FIBROSIS; ANEMIA; THROMBOCYTOPENIA

29a. Was an Autopsy Performed?	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	NO	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-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.

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued: May-19-2025

0 1 7 2 0 7 7 6 7

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE