THIS INSTRUMENT PREPARED BY:

J. C. Dale, Jr., Attorney
221 4th Ave. North, 5th Floor
P.O. Box 2868
Nashville, Tennessee 37219

BOOK 8429 PAGE 406

QUITCLAIM DEED

Address of New Owner:	Send Tax Bills To:	Map/Parcel Nos.
Maxie Lewis Hunter 1417 Pennock Avenue Nashville, TN 37207	Same	071-11-0 235.00

For and in consideration of One Dollar ($1.00) cash in hand paid, the receipt of which is hereby acknowledged, I, Gladys Lewis Hunter, a widow, by Nancy H. Rossi, my daughter and attorney-in-fact, by these presents do hereby quitclaim and convey unto my son, Maxie Lewis Hunter, and to his heirs, successors and assigns, all of my right, title and interest in and to the following described tract of land:

> Being Lots Nos. 211 and 212 on the map of Highland Land Company's subdivision, as of record in Book 421, Page 14, Register's Office for said county. Said Lots Nos. 211 and 212 front together 50 feet on the easterly side of Pennock Avenue and run back between parallel lines 175 feet to an alley.
>
> Being the same property conveyed to Sanford M. Hunter, Jr. and wife, Gladys Lewis Hunter, by Deed recorded in Book 1336, Page 187, Register's Office for Davidson County, Tennessee. Said Sanford M. Hunter, Jr. has since died.

Said property is improved and located at 1417 Pennock Avenue, Nashville, Tennessee 37207.

Said property is conveyed subject to such limitations, restrictions, and encumbrances as may affect the premises.

IN WITNESS WHEREOF, I have hereunto set my hand on this the 12 day of August, 1991.

AUG 27 1 55 PM '91

PICK-UP

GLADYS LEWIS HUNTER

By: Nancy H. Rossi
Nancy H. Rossi
Attorney-in-Fact *

* Power of Attorney is attached and recorded herewith as Exhibit A.
Supporting Certificate of Physician attached and recorded as Exhibit B.

42370

STATE OF VERMONT)
COUNTY OF *LAMOILLE*)

Before me, ~~*Nancy H. Rossi*~~ *the undersigned*, a Notary Public of the State and County aforesaid, personally appeared Nancy H. Rossi, with whom I am personally acquainted, and who, upon oath, acknowledged herself to be attorney-in-fact of Gladys Lewis Hunter, the within named bargainor, and that she, as such attorney-in-fact, being authorized so to do, executed the foregoing instrument for the purpose therein contained by signing the name of Gladys Lewis Hunter by herself as attorney-in-fact.

Witness my hand and official seal at *Stowe*, *Vermont*, this *23rd* day of *August*, 1991.

Arlene H. Tatro
NOTARY PUBLIC

My Commission Expires: *2-10-95*

STATE OF VERMONT)
COUNTY OF *LAMOILLE*)

The actual consideration or value, whichever is greater, for this transfer is $-0-.

Nancy H. Rossi
AFFIANT

Subscribed and sworn to before me this *23rd* day of *August*, 1991.

Arlene H. Tatro
NOTARY PUBLIC

My Commission Expires: *2-10-95*

RECORDER'S MEMO
Legibility of Writing, Typing or Printing in the Document Unsatisfactory When Received.

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That I, the undersigned, GLADYS L. HUNTER, presently residing at Apt. 314, Willowbrook Retirement Center, 200 East Webster, Madison, Tennessee 37115, have executed on the date hereof this Power of Attorney to become effective when and if I shall be or become incapable of managing my affairs and properties, as stated by me in writing, or upon certification of a duly licensed physician practicing in Nashville, Tennessee, that I am so incapacitated; and I do hereby make, constitute and appoint my daughter, NANCY H. ROSSI, presently residing at 440 South Main Street, Winston-Salem, North Carolina 27101, my true and lawful attorney-in-fact to act for me and in my name in the event of my incapacity determined as above provided. If for any reason my said daughter is unable or unwilling to act in such capacity, certified by her or by a duly licensed physician, I appoint my son-in-law, THEODORE A. ROSSI, of the same address, as my successor attorney-in-fact. I authorize my said attorney-in fact and successor attorney-in fact or either of them when required to act, to collect and receipt for in my name all monies, funds and properties to which I may be entitled in any form; to endorse in my name any and all checks, drafts and other evidences of payment to me, for deposit of same in my bank accounts, whether checking or savings accounts, or as may be deemed appropriate; to execute in my name all papers necessary to apply for and secure payments of health and accident or other insurance benefits, or benefits from any governmental source, including Social Security and Medicare payments, but not limited thereto; and any payments under any insurance policy or any laws then in effect, affording me coverage or benefits; and to take all such other steps that may be lawful and appropriate to collect and deposit to my account or accounts any and all monies and funds to which I may be entitled from any source.

I further authorize and empower my said attorney-in-fact or successor attorney-in-fact, or either of them when authorized to act hereunder, to draw checks in my name on my bank accounts for the expenditure of any of the monies and funds therein contained for my maintenance, care and support, for my medical, nursing home and hospital expenses, doctors and drug bills, and for any and all other expenditures reasonably required for my convenience, use, benefit and welfare, which in the sole discretion of said attorney-in-fact so acting, shall appear to be necessary or appropriate; and to contract for any and all such care and services and to pay therefor from my said bank accounts as shall be determined to be for my best interest; and to this end my said attorney-in-fact so acting, is fully authorized and empowered to transfer funds from savings or other investments in any form as may be necessary or appropriate for such purposes. Such attorney-in-fact, so acting, is likewise authorized and empowered to pay taxes and execute tax returns on my behalf and to pay on my behalf any obligations which I may owe in accordance with the terms thereof.

Should it become necessary for my care and support to obtain funds by the sale of securities or real or personal properties held in my name, jointly or severally, my said attorney-in-fact, or successor attorney-in-fact, or either of them, so acting, is authorized to execute any and all papers and documents for such purposes as shall be deemed by such attorney-in-fact to be appropriate to effect such sales, or to obtain funds by borrowing against such properties, and to execute papers and documents necessary to secure such loans.

Likewise, said attorney-in-fact, or successor attorney-in-fact so acting, is authorized and empowered when in her or his

Exhibit "A"

best judgment and discretion it is deemed appropriate for the safeguarding of my funds and properties or for the preservation of a satisfactory rate of income therefrom, to sell unprofitable properties and reinvest the proceeds thereof, in insured funds or accounts such as I would approve if able to do so.

All papers and documents executed by my attorney-in-fact, or successor attorney-in-fact, acting as aforesaid, in my name, and acknowledged where an acknowledgment is necessary, shall be binding on me, and all acts done in my behalf so as to carry out fully and to all intents and purposes that which I would or could lawfully do if acting in person are hereby ratified and approved. I do further ratify and confirm all lawful acts done by my said attorney-in-fact, or successor attorney-in-fact, or either of them, when acting in conformity with the authority herein granted, from and after the date this Power of Attorney becomes effective. An executed copy of the Power of Attorney will be sufficient authority for banks and other institutions wherein my funds are deposited, and for other persons, firms or companies and governmental authorities to act upon such papers and documents duly signed by said attorney-in-fact, or successor attorney-in-fact, or either of them, as hereinbefore provided, and duly acknowledged where an acknowledgment is necessary, as if same were signed and/or acknowledged by me personally. This Power of Attorney shall become effective upon my incapacity determined as aforesaid, and shall continue to operate during my disability or incapacity as a durable Power of Attorney in accordance with Sections 34-6-102, et seq, Tennessee Code Annotated.

IN TESTIMONY WHEREOF, I the said GLADYS L. HUNTER have hereunto set my hand this 9th day of November, 1989.

Gladys L. Hunter
GLADYS L. HUNTER

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, Diana L. Rush, a Notary Public in and for said County and State, the within named GLADYS L. HUNTER, the bargainor, with whom I am personally acquainted and who acknowledged that she executed the foregoing instrument for the purposes therein contained.

WITNESS my hand and official seal at Nashville, Tennessee, this 9th day of November, 1989.

Diana L. Rush
NOTARY PUBLIC

My Commission Expires: 9/26/92

7406 08/27 0101 03CHECK 15.00

Psychiatric Consultants, P.C.

Suite 309
310 Twenty-Fifth Avenue, North
Nashville, Tennessee 37203
Telephone (615) 340-2600

C. Richard F. Treadway, M.D.
William M. Petrie, M.D.
Robert C. Jamieson, M.D.
Jack O. Rice, M.D.
Charles E. Wells, M.D.

Judith J. Regan, M.D.
Robert A. Jack, M.D.
J. Kirby Pate, M.D.
Keith G. Meador, M.D.

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March 20, 1990

Nancy H. Rossi
P.O. Box 10956
Winston Salem, NC 27108

RE: **Gladys Lewis Hunter**

To Whom It May Concern:

This is to certify that I have personally made a mental status examination of Gladys L. Hunter and have found her to be incapable of managing her affairs and property due to a dementing illness.

Sincerely,

Charles E. Wells, M.D.

CEW/sac

RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING
THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED

EXHIBIT "P"