OLD REPUBLIC
National Title Insurance Company
344 Fourth Avenue North
Nashville, Tennessee 37219-1611
SV-2569024

BOOK 9952 PG 245

STATE OF TENNESSEE)
COUNTY OF)
THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $ 169,950.00.

AFFIANT

SUBSCRIBED AND SWORN TO BEFORE THIS THE 16th DAY OF February, 19 96.

NOTARY PUBLIC

My Commission expires: 11-27-99

(615) 385-2804 THIS INSTRUMENT PREPARED BY TN SupCt #003143
Marbut Glenn Gaston, Jr.,Lawyer, 2211 Crestmoor Rd., Nashville, TN 37215
NAME ADDRESS

NAME & ADDRESS OF PROPERTY OWNER:	SEND TAX BILLS TO:	MAP & PARCEL NUMBERS:
Robert J. Turner (NAME)	Sunbelt National Mortgage (NAME)	131-10-65
1415 Harding Pl. (ADDRESS)	2974 LBJ Freeway Suite 200 (ADDRESS)	16DA-30340
Nashville, TN 37215 (CITY) (STATE) (ZIP)	Dallas, TX 75234 (CITY) (STATE) (ZIP)	

Warranty Deed

For and in Consideration of the sum of $ 169,950.00 cash in hand paid by the hereinafter named grantees, and other good and valuable consideration, the receipt of which is hereby acknowledged, we Helen F. Griffitts (formerly Helen F. Wright)

hereinafter called the **GRANTORS**, have bargained and sold, and by these presents do transfer and convey unto Robert J. Turner and William J. Jones, Jr. , as tenants in common

hereinafter called the **GRANTEES**, their heirs and assigns, a certain tract or parcel of land in Davidson County, Tennessee, described as follows, to wit:

Land in Davidson County, Tennessee, and being Lot No. 69 on the plan of Seven Hills, Section II, as of record at Book 2663, page 40, Register's Office for said County, to which plan reference is hereby made and the same incorporated herein for a complete description of said lot.

Being all the same property conveyed to A. Hugh Wright and Helen F. Wright by deed dated June 27, 1968, as of record at Book 4246, page 930, said Register's Office. The said A. Hugh Wright having since died in Davidson County, Tennessee, on August 21, 1977 (see Tennessee Death Certificate attached hereto). The said R. C. Griffitts, spouse of the grantor herein, joins in this conveyance for the sole and express purpose of conveying any and all right, title, and/or interest he has or may have in the herein described property by virtue of his marital status with said grantor. The said Helen F. Griffitts and Helen F. Wright being one and the same person.

Being all the same property conveyed to the grantor herein by deed as of record at Book 4246 , page 930 , said Register's Office.

This conveyance is subject to current year's property taxes, which have been prorated this date and the grantee assumes in full (notwithstanding any change from the amount used in said proration) and to restrictive covenants, plat limitations, easements, and/or other matters as hereinafter stated, to wit:
Restrictive Covenants of record at Book 2735, page 169, and the limitations on said plan at Book 2663, page 40, said Register's Office.

015185 4
DENTIFICATION
96 FEB 20 PM 2:03
DAVIDSON COUNTY, TN.

PICK-UP

unimproved ( )
This is improved (X) property, known as 1415 Harding Pl., Nashville, TN 37215
(House Number) (Street) (City) (State) (Zip)

To Have and to Hold the said tract or parcel of land, with the appurtenances, estate, title and interest thereto belonging to the said GRANTEES, their heirs and assigns, forever. We do covenant with said GRANTEES that we are lawfully seized and possessed of said land in fee simple, have a good right to convey it, and the same is unencumbered, unless otherwise set out herein. We do further covenant and bind ourselves, our heirs and representatives, to warrant and forever defend the title to the said land to the GRANTEES, their heirs and assigns, against the lawful claims of all persons whomsoever. 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 our hands this 15th day of February, 19 96.

Helen F. Griffitts
Helen F. Griffitts

Robert C Griffitts
R. C. Griffitts
a/k/a Robert C. Griffitts

9520 02/20 0101 03CHECK 641-63

INDIVIDUAL ACKNOWLEDGMENTS:

STATE OF TENNESSEE }
County of Davidson }

Personally appeared before me, the undersigned authority, a Notary Public in and for said County and State, the within named Helen F. Griffitts and husband, R. C. Griffitts (a/k/a Robert C. Griffitts), the bargainor(s), with whom I am personally acquainted (or proved to me in the basis of satisfactory evidence), and who acknowledged that they executed the within instrument for the purposes therein contained.

Witness my hand and official seal at office this 15th day of February, 19 96.

My Commission expires:
11-27-99

Notary Public

CORPORATE OR PARTNERSHIP ACKNOWLEDGMENT:

STATE OF TENNESSEE }
County of }

Before me, the undersigned authority, a Notary Public in and for the State and County aforesaid, personally appeared _____, with whom I am personally acquainted (or proved to me in the basis of satisfactory evidence), and who, upon oath, acknowledged _____self to be the _____ of _____, the within named bargainor, a corporation (or partnership), and that ____, as such officer (or partner), being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation (or partnership) by _____self as such officer (or partner).

Witness my hand and official seal at office this _____ day of _____, 19___.

My Commission expires:

_____
Notary Public

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

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

BOOK 9952 PG 247

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

LOCAL REGISTRAR

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH FILE NO.

VITAL RECORDS

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

3886

TYPE OR PRINT IN PERMANENT BLUE OR BLACK INK.

BIRTH NO.

DECEASED

1. DECEASED — NAME: Alfred Hughes Wright, Jr.
2. DATE OF DEATH (MONTH, DAY, YEAR): Aug. 21, 1977
3. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)): White
4. SEX: male
5a. AGE — LAST BIRTHDAY (YEARS): 66
5b. UNDER 1 YEAR — MOS.:
5b. UNDER 1 YEAR — DAYS:
5c. UNDER 1 DAY — HOURS:
5c. UNDER 1 DAY — MIN.:
6. DATE OF BIRTH (MONTH, DAY, YEAR): Dec. 10, 1910
7a. COUNTY OF DEATH: Davidson
7b. CITY, TOWN, OR LOCATION OF DEATH: Nashville
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes
7d. HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Park View Hospital
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Tennessee
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Helen Ford
12a. SOCIAL SECURITY NUMBER:
12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE):
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Vice President
13b. KIND OF BUSINESS OR INDUSTRY: Commerce Union Bank

USUAL RESIDENCE (WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.)

14a. RESIDENCE — STATE: Tennessee
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Nashville
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes
14e. STREET AND NUMBER: 1415 Harding Place

PARENTS AND INFORMANT

15. FATHER — NAME: A. Hughes Wright
16. MOTHER — MAIDEN NAME: Susan Beesley
17. INFORMANT — NAME: Mrs. Helen Ford Wright (same)
MAILING ADDRESS

CAUSE

18. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).)

IMMEDIATE CAUSE (a): Massive aspiration of gastric contents — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: hours

DUE TO, OR AS A CONSEQUENCE OF:

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

(b): Vomiting in face of inability to defend respiratory — hours

DUE TO, OR AS A CONSEQUENCE OF:

(c): Nervous Stroke — Few days

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

19. AUTOPSY (YES OR NO): No
NOTES WHICH PHYSICIAN CONSIDERED IN DETERMINING CAUSE OF DEATH

ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 72 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)
20b. DATE OF INJURY (MONTH, DAY, YEAR)
20c. HOUR
20d. HOW INJURY Ooccurred (ENTER BRIEF DESCRIPTION OF INJURY IN PART I OR PART II, ITEM 18)
20e. INJURY AT WORK (SPECIFY YES OR NO)
20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)
20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

CERTIFIER

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE.

PERMIT REQUIRED PRIOR TO TRANSPORTATION OF BODY BY COMMON CARRIER OR REMOVAL FROM STATE.

21a. PHYSICIAN — CERTIFICATION: I ATTENDED THE DECEASED AND DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSES STATED. SIGNATURE: Robert M Johnson — TITLE: M.D.
21b. DATE SIGNED (MONTH, DAY, YEAR): 9/7/77

22a. MEDICAL EXAMINER — CERTIFICATION: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSES STATED. SIGNATURE — TITLE
22b. DATE SIGNED (MONTH, DAY, YEAR)

23a. CERTIFIER — NAME (TYPE OR PRINT): Robert M. Johnson, M. D.
23b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 2122 West End Ave. Nashville, Tenn

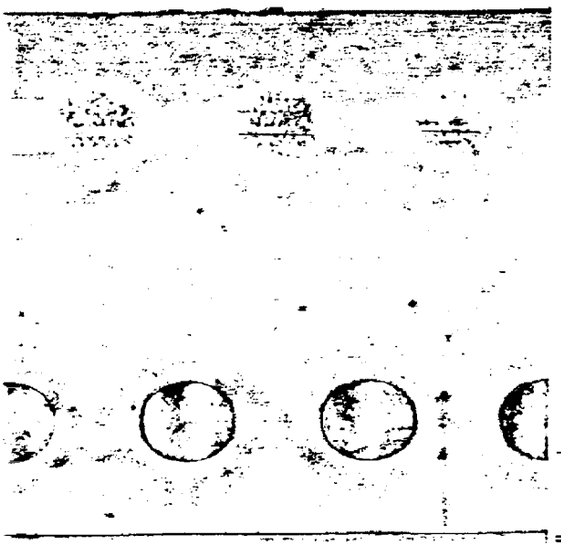
BURIAL

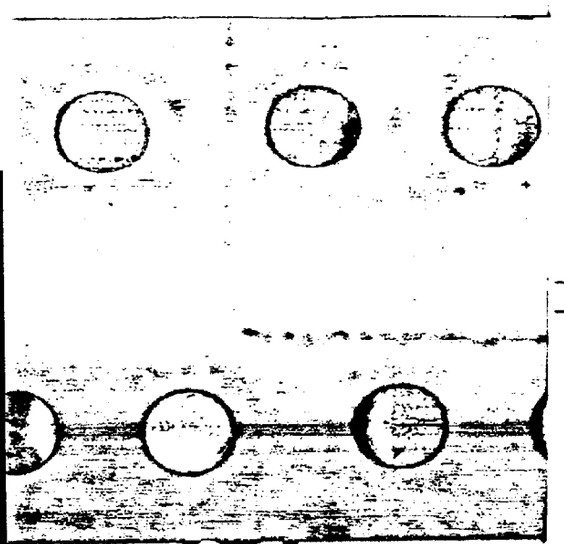
24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
24b. DATE (MONTH, DAY, YEAR): Aug. 23, 1977
24c. CEMETERY OR CREMATORY — NAME: Mt. Olivet
24d. LOCATION (CITY OR TOWN, STATE): Nashville, Tenn.

25. FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Roesch Patton Dorris & Charlton, Nashville, Tenn
26. REGISTRAR — SIGNATURE: Esther D. Groom
DATE RECEIVED BY LOCAL REGISTRAR: Sep-13-77

RECORDERS MEMO

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





OFFICIAL RECEIPT
FELIX Z. WILSON, II
REGISTER OF DAVIDSON COUNTY
NASHVILLE, TENNESSEE

RECEIVED OF _____

FOR _____

BOOK 9952PG248

CO - CONVEYANCE	CC - CERTIFIED COPY	MISC - MISCELLANEOUS
MO - MORTGAGE	REL - RELEASE	CO TX - STATE TAX CONVEY
WD - WARRANTY DEED	UCC - UNIFORM COMMERCIAL CODE	MO TX - STATE TAX MORT
TD - TRUST DEED		PRFEE - PROBATE FEE

DATE	SYMBOL	VALUATION	TAX AND FEES	TOTAL PAID

CAMT 169950.00
CON TX 628.63
PRFEE 1.00
WDEED 12.00
TOTAL 641.63
CHECK 641.63

RECEIPT IS NOT VALID UNTIL CHECK IS PAID BY BANK

02/20/96 01 14:08 0001 9520

0151854
IDENTIF. # REFERENCE

96 FEB 20 PM 2:03

FELIX Z. WILSON, II REGISTER
DAVIDSON COUNTY, TN.

No. 1007698