BK 10018 PG 635

OLD REPUBLIC

National Title Insurance Company
344 Fourth Avenue North
Nashville, Tennessee 37219-1611

ORT# SV: 2569041

STATE OF TENNESSEE }
COUNTY OF **Davidson**
THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $ 159,950.00

AFFIANT

SUBSCRIBED AND SWORN TO BEFORE, THIS THE 17 DAY OF April 1996

NOTARY PUBLIC

My Commission expires: 11-27-99

(615) 385-2323 THIS INSTRUMENT PREPARED BY 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:
George E. Ward (NAME)	(NAME)	117-1-92
3605 Meadow Dr. (ADDRESS)	SAME (ADDRESS)	7DA-05240
Nashville, TN 37215 (CITY) (STATE) (ZIP)	(CITY) (STATE) (ZIP)	

Warranty Deed

For and in Consideration of the sum of $ 159,950.00 **cash in hand paid by the hereinafter named grantees, and other good and valuable consideration, the receipt of which is hereby acknowledged, we**

Carolyn Conner Beard and Emmett Lewis Conner, Jr.,as sole heirs-at-law of Emmett L. Conner, deceased

hereinafter called the GRANTORS, have bargained and sold, and by these presents do transfer and convey unto

George E. Ward and Ben E. Ward as tennants in common with the right of survivorship

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. 20 A&B on the plan of Meadowlawn, [Central Drive, as shown on said plan, is now known as Meadow Drive], as of record at Book 974, page 35, 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 the grantor herein by deed as of record at Book 2139 , page 89 , 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: Book 840, page 681 and Book 974, page 35 in said Register's Office.

**

Being all the same property conveyed to Emmett L. Conner and wife, Beatrice E. Conner by deed dated March 17, 1953, as of record at Book 2139, page 89, said Register's Office. The said Beatrice E. Conner having since died in Davidson County, TN on 03-04-78 ,and further the said Emmett L. Conner having since died in Davidson County, TN on 02-03-96, and he being the surviving tenant by the entireties. See Davidson County, TN Probate Court, Rule No. 96P-344, and the Will of record therein at Will Book 204, page 229. However, at Article III of said Will, it is directed that real estate is to pass and descend as though the Testator had died without a Will. See also certified copies of the Tennessee Death Certificates of said Emmett L. Conner and Beatrice E. Conner being placed of record as Exhibit(s) to this deed. See Affidavit of Heirship in the pages immediately preceding this instrument.

The said Emmett Lewis Conner, Jr. has appointed Carolyn Conner Beard as his lawful Attorney in Fact as evidenced by Power of Attorney which is of record in the pages immediately preceding this Warranty Deed.

BOOK 10018 PG 636

unimproved ( )
This is improved (X) property, known as 3605 Meadow Dr., 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 17th day of April, 1996.

Carolyn Conner Beard

Emmett Lewis Conner, Jr.
BY: Carolyn Conner Beard
Carolyn Conner Beard
Attorney-in-Fact

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 Carolyn Conner Beard, the bargainor(s), with whom I am personally acquainted (or proved to me in the basis of satisfactory evidence), and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at office this 17 day of April, 1996.

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

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

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

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.

APR 16 1996

John P. Dumas
LOCAL REGISTRAR

BOOK 10018 PG 637

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

1199

TYPE OR PRINT IN PERMANENT BLACK INK.

BIRTH NO. _____ STATE FILE NO.

DECEASED

1. DECEASED—NAME: Beatrice Ewing Conner
2. DATE OF DEATH (MONTH, DAY, YEAR): March 4, 1978
3a. AGE—LAST BIRTHDAY (YEARS): 70
3b. UNDER 1 YEAR: MOS. / DAYS / UNDER 1 DAY: HOURS / MIN.
4. DATE OF BIRTH (MONTH, DAY, YEAR): Aug. 15, 1907
5. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)): White
6. SEX: Female
7a. COUNTY OF DEATH: Davidson
7b. CITY, TOWN OR LOCATION: Nashville
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.): 3605 Meadow Drive
7e. IF HOSP OR INST: INPATIENT OR OF EMERG. RM., OUTPATIENT (SPECIFY)
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): Emmett L. Conner

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

12a. SOCIAL SECURITY NUMBER: [redacted] 4253
12b. SERVICE (WAS DECEASED EVER IN THE ARMED FORCES? (SPECIFY WAR OR DATES OF SERVICE)):
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Housewife
13b. KIND OF BUSINESS OR INDUSTRY:
14a. RESIDENCE—STATE: Tennessee
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Nashville
14d. STREET AND NUMBER: 3605 Meadow Dr.
14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes
14f. CENSUS TRACT NO.: 180

PARENTS AND INFORMANT

15. FATHER—NAME: Robert Ewing
16. MOTHER—MAIDEN NAME: Mary Alice Butler
17. INFORMANT—NAME: Emmett L. Conner
MAILING ADDRESS:

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

DISPOSITION

18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial
18b. DATE (MONTH, DAY, YEAR): Mar. 6, 1978
18c. CEMETERY OR CREMATORY—NAME: Westview Cem
18d. LOCATION—CITY OR TOWN, STATE: Sweetwater, Tenn.
19a. FUNERAL DIRECTOR (SIGNATURE): James Harris
19b. LICENSE NO.: 505
19c. EMBALMER (SIGNATURE): James Harris
19d. LICENSE NO.: 2520
20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Roesch Patton Dorris & Charlton, Nashville
21a. REGISTRAR—SIGNATURE: Esther D. Groh
21b. DATE RECEIVED BY LOCAL REGISTRAR: Mar. 14, 1978

CERTIFIER

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE. ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 72 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE: David Strayhorn Jr. DEGREE: M.D.
22b. DATE SIGNED (MONTH, DAY, YEAR): 3/7/75
23a. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE: TITLE:
23b. DATE SIGNED (MONTH, DAY, YEAR):
24a. CERTIFIER—NAME (TYPE OR PRINT): David Strayhorn, M. D. Jr.
24b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 2122 W. End Ave., Nashville, Tennessee 37203

CAUSE

25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
(a) IMMEDIATE CAUSE: Parkinson's Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 Yrs
DUE TO, OR AS A CONSEQUENCE OF:
(b) CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST:
DUE TO, OR AS A CONSEQUENCE OF:
(c)
PART II. OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a). — AUTOPSY (YES OR NO):

26. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
27a. DATE OF INJURY (MONTH, DAY, YEAR):
27b. HOUR:
27c. DESCRIBE HOW INJURY OCCURRED:
27d. INJURY AT WORK (SPECIFY YES OR NO):
27e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)):
27f. LOCATION—STREET OR R.F.D. NO., CITY OR TOWN, STATE:
27g.

PHLH FORM NO. 55-10 REVISED 1-78

RECORDED AS MADE. NOTE: POOR PRINTING IN LEGIBILITY OF WRITING, ETC. OR PRINTING IN THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED

Exhibit to Warranty Deed
Beard et al to Ward
4-17-96

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

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

10018:638

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.

B 6 8 0 5 8 6

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Emmett Lewis Conner
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): Feb. 3, 1996
4. SOCIAL SECURITY NUMBER: [redacted]-7284
4a. AGE – LAST BIRTHDAY (Years): 88
4b. UNDER 1 YEAR (Months): 4c. UNDER 1 MONTH (Days): 4d. UNDER 24 HOURS (Hours/Minutes):
5. DATE OF BIRTH (Month, Day, Year): April 28, 1907
6. BIRTHPLACE (City and State or Foreign Country): Altapass - North Carolina
7. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
8a. PLACE OF DEATH (Check only one): HOSPITAL 1 [X] Inpatient 2 ER/Outpatient 3 DOA; OTHER 4 Nursing Home 5 Residence 6 Other (Specify)
8b. FACILITY NAME (If not institution, give street and number): Saint Thomas Hospital
8c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
8d. COUNTY OF DEATH: Davidson
9. CENSUS TRACT: 6
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Attorney
12b. KIND OF BUSINESS/INDUSTRY: State of Tennessee
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 3605 Meadow Drive
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37215
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – if yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No
15. RACE – American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): College (1-4 or 5+): 5+

NAME OF DECEDENT: For use by physician or medical examiner

PARENTS

17. FATHER'S NAME (First, Middle, Last): George William Conner
18. MOTHER'S NAME (First, Middle, Maiden Surname): Lettie Stoner Buford

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Carolyn Beard
19b. RELATIONSHIP TO DECEASED: dtr
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3605 Meadow Drive, Nashville, Tn. 37215

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): West View Cemetery
20c. LOCATION – City or Town, State: Sweetwater, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Rodney Weese
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3883
21c. SIGNATURE OF EMBALMER: ▶ George Dolen
21d. LICENSE NUMBER OF EMBALMER: 4337
22a. NAME AND ADDRESS OF FUNERAL HOME: Roesch Patton Austin Bracey & Charlton, Nashville, Tenn.
22b. LICENSE NUMBER OF FUNERAL HOME: 121

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Patricia Phipps
24. DATE FILED (Month, Day, Year): February 12, 1996

CERTIFIER

25a. PHYSICIAN – To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 [X] SIGNATURE AND TITLE OF PHYSICIAN: ▶ H. Henry Stroud
25b. LICENSE NUMBER: MD 11303
25c. DATE SIGNED (Month, Day, Year): 2/7/96
26a. MEDICAL EXAMINER – On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated. 2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER: ▶
26b. LICENSE NUMBER:
26c. DATE SIGNED (Month, Day, Year):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr. Henry S. Jennings, III, 4230 Harding Rd. #900 E.,Nashville, TN 37205

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Cardiogenic Shock — DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: b. Extensive myocardial infarction — DUE TO (OR AS A CONSEQUENCE OF):
c. — DUE TO (OR AS A CONSEQUENCE OF):
Approximate Interval Between Onset and Death:

SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation 6 Could not be Determined
31a. DATE OF INJURY (Month, Day, Year):
31b. TIME OF INJURY: M
31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
31d. DESCRIBE HOW INJURY OCCURRED:
31e. PLACE OF INJURY – At home, farm, street, factory, office building, etc. (Specify):
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

Exhibit to Warranty Deed
Beard etal to Ward
4-17-96

PH-1600 REV. 8-93

BIRTH NO

RDA 1399

PHOTOGRAPHIC COPY OF ORIGINAL RECORD
LEGIBILITY OF PRINTING OR ENTRIES IN THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED

STATE OF Tennessee:
COUNTY OF Davidson:

10018-639

Before me, the undersigned authority, a Notary Public in and for said County and State did personally appear Carolyn Conner Beard to me known or proved to me on the basis of satisfactory evidence to be the person who executed the foregoing instrument in behalf of the said Emmett Lewis Conner, Jr., and acknowledged that he executed the same as the free act and deed of said grantor(s) Emmett Lewis Conner, Jr.. WITNESS my hand, and official seal at office on April 17, 1996.

My Comm. Expires: 11-27-99

Notary Public

RECORDING FEE IS WAIVING IN LEGALITY OF ACTION. REJECTORY WHEN RECEIVED THIS DOCUMENT UNDER 67-3-

A F F I D A V I T O F A T T O R N E Y I N F A C T

STATE OF TENNESSEE:
COUNTY OF DAVIDSON:

This day appeared before me, the undersigned, a Notary Public in and for the Jurisdiction aforesaid, Carolyn Conner Beard, Attorney In Fact, who made oath as follows:

1. That by appointment dated March 21, 1996, which is of recorded in the Register's Office for Davidson County, Tennessee, at Book _____, page _____, (or being recorded simultaneously with the instrument to which this affidavit is applicable) I, Carolyn Conner Beard was appointed as Attorney In Fact for, Emmett Lewis Conner, Jr., the Principal, for the purposes set out therein.

2. That the said Principal is alive, to my best knowledge and belief at the this time, and that no instrument of revocation of my Power of Attorney has been delivered to me or filed for record in the Register's Office for said County, and at the time of the execution of the instrument to which this affidavit is applicable, in the principal's behalf , as well as all other documents so executed on the Principal's behalf this date, that I have not, or had not, at the time of doing any act pursuant to the powers of attorney, received actual knowledge or actual notice of the revocation or termination of the powers of attorney, by death, disability or otherwise, or notice of any facts indicating the same.

Given under my hand this 17 th day of April, 19 96.

Carolyn Conner Beard, Affiant

I, the undersigned, a Notary Public in and for the Jurisdiction aforesaid, in the State and County above stated, do certify that Carolyn Conner Beard whose name is signed to the foregoing writing has acknowledged and sworn to the same before me in my Jurisdiciton aforesaid. Sworn to and subscribed before me and given under my hand this 17 th day of April, 19 96, at Nashville, Tennessee.

My commission expires: 11-27-99

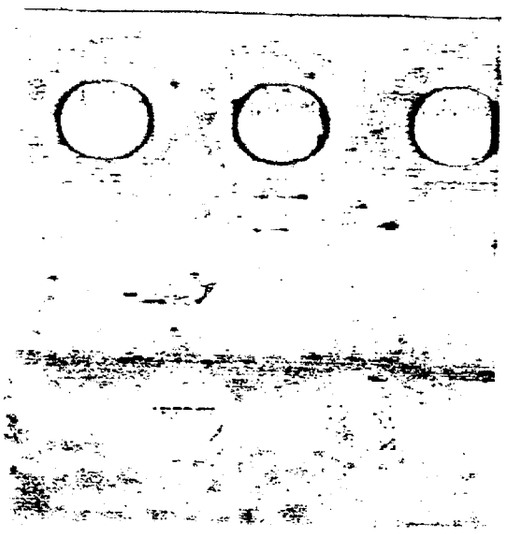
Notary Public Marbut Glenn Gaston, Jr.

This instrument prepared by:
Marbut Glenn Gaston, Jr., Attorney at Law, 2211 Crestmoor Rd.
Nashville, TN 37215, (615) 385-2804, SupCt.#003143

0172328
IDENTIFICATION REFERENCE
97 APR 17 PM 4:09
PICK-UP

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





RECEIVED OF _____

FOR _____

BOOK 10018 PG 640

CO CONVEYANCE	CC CERTIFIED COPY	MISC MISCELLANEOUS
MC 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

AMT 159950.00
CON TX 591.82
PRFEE 1.00
[illegible] 20.00
[illegible] 0.50
[illegible] 20.00
[illegible] 612.32
PAID 612.32

[illegible] 1543

RECEIPT IS NOT VALID UNTIL CHECK IS PAID BY BANK

0172328
IDENTIFICATION REFERENCE

'95 APR 17 PM 1:09
FELIX Z. WILSON, REGISTER
DAVIDSON COUNTY, TN.

No. 1029494