This Instrument Prepared By:
Brokers Escrow Services, Inc.
P. O. Box 140255
211 Donelson Pike, Suite 2
Nashville, Tennessee 37214

ADDRESS NEW OWNER:
STANLEY SHOEMAKER
4125 OLD HICKORY BLVD.
OLD HICKORY, TN 37138

SEND TAX BILL TO:
To New Owner

MORTGAGEE:
SONJA FIELDS JONES
3945 Red Bryant Road
Louisville, Tennessee 37777

MAP **64-9**
PARCEL **96**

WARRANTY DEED

BOOK 11175 PAGE 601

FOR AND IN CONSIDERATION of the sum of Ten ($10.00) Dollars, cash in hand paid by the hereinafter named GRANTEE, and other good and valuable considerations, the receipt of which is hereby acknowledged, **SONJA FIELDS JONES, married,** hereinafter called the GRANTOR, has bargained and sold, and by these presents, does transfer and convey unto **STANLEY SHOEMAKER unmarried**, hereinafter called the GRANTEE, his heirs and assigns, that certain tract or parcel of land located in Davidson County, State of Tennessee, described as follows, to-wit:

Land in Davidson County, Tennessee, being Lot Nos. 7, 8 and 9 of Block "C" on the Map of Hadley Bend City, as of record in Book 421, Page 120, Register's Office for said County.

Said Lot Nos. 7, 8 and 9 front together 75 feet on the Westerly side of Jones Bend Road, as widened, and extend back between parallel lines 146 feet, more or less, to an alley.

Being the same property conveyed to James Lee Fields by Deed from Edith Clark Fields by Deed of record in Book 4004, Page 549, Register's Office for Davidson County, Tennessee. The said James L. Fields died testate (Death Certificate No. see attached), devising Sonja Fields Jones the subject property by Last Will and Testament of record in the Probate Court of Davidson County, Tennessee (Probate No. 93P1249).

John Barksdale Jones, III, spouse of Sonja Fields Jones, hereby joins in the execution of this instrument for the sole purpose of conveying any interest he may have in the subject property by virtue of his marriage to the said Sonja Fields Jones.

This is unimproved property known as 4121 Old Hickory Blvd., Old Hickory, Tennessee 37138.

Taxes for the current year have been settled between the parties. This conveyance is also made subject to the following matters:

TO HAVE AND TO HOLD the said tract or parcel of land, with the appurtenances, estate, title and interest thereto belonging to the said GRANTEE, his heirs and assigns, forever and GRANTOR does covenant with the said GRANTEE that she is lawfully seized and possessed of said land in fee simple, has a good right to convey it, and warrants that the same is unencumbered unless

otherwise herein set out and GRANTOR does further covenant and bind herself, her heirs and representatives, to warrant and forever defend the title to the said land to the said GRANTEE, his heirs and assigns, against the lawful claims of all persons whomsoever.

WITNESS my hand this the 23rd day of October, 1998.

BOOK 11175 PAGE 602

SONJA FIELDS JONES

JOHN BARKSDALE JONES, III

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned Notary Public in and for said County and State, **SONJA FIELDS JONES and husband JOHN BARKSDALE JONES, III**, the bargainors, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that they executed the within Warranty Deed for the purposes therein contained.

WITNESS my hand and official seal at office this 23rd day of October, 1998.

NOTARY PUBLIC

My Commission Expires: February 3, 2001

AMY BETH WALPOLE NOTARY PUBLIC AT LARGE WILSON COUNTY, TENN.

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual value or consideration, whichever is greater, for this transfer is $70,000.00.

AFFIANT

Subscribed and sworn to before me on this 23rd day of October, 1998.

NOTARY PUBLIC

My Commission Expires: February 3, 2001

AMY BETH WALPOLE NOTARY PUBLIC AT LARGE WILSON COUNTY, TENN.

0505305
IDENTIF. ↑ REFERENCE

98 OCT 29 AM 10:07
BILL GARRETT REGISTER
DAVIDSON COUNTY, TN.

9290 10/29 0101 03CHECK 274.00

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

PRINT
AGENT INK
INSTRUCTIONS BOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): James Lee Fields
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): August 26, 1993
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-0998
5a. AGE-Last Birthday (Years): 80
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 8/20/1913
7. BIRTHPLACE (City and State or Foreign Country): Lebanon, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 256 Wilowen Dr.
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Katherine Huff
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Projectionist
12b. KIND OF BUSINESS/INDUSTRY: Martin Theatre
13a. RESIDENCE—STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 256 Wilowen Dr.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37210
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No — Specify, if yes:
15. RACE—American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Orin Fields
18. MOTHER'S NAME (First, Middle, Maiden Surname): Emma Thompson

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Katherine Fields
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 256 Wilowen Dr. Nashville,Tn. 37210

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): Hermitage Memorial Gardens
20c. LOCATION—City or Town, State: Hermitage,Tn. 37076
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Douglas Ravines
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2300
21c. SIGNATURE OF EMBALMER: ▶ Don Depew
21d. LICENSE NUMBER OF EMBALMER: 3374
22a. NAME AND ADDRESS OF FUNERAL HOME: Hibbett & Hailey Funeral Home 429 Donelson Pk. Nashville,Tn. 37214
22b. LICENSE NUMBER OF FUNERAL HOME: 492

REGISTRAR

23. REGISTRAR'S SIGNATURE ▶
24. DATE FILED (Month, Day, Year)

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 [ ] SIGNATURE AND TITLE OF PHYSICIAN ▶
25b. LICENSE NUMBER
25c. DATE SIGNED (Month, Day, Year)
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)

PHYSICIAN OR MEDICAL EXAMINER FILING CERTIFICATE COMPLETE AND MEDICAL CERTIFICATION WITHIN 48 HRS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr. Dutton 3051 Lebanon Rd. NAshville,Tn. 37214

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. (Approximate Interval Between Onset and Death)

IMMEDIATE CAUSE (Final disease or condition resulting in death) ▶ a. Cachexia / dehydration
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. Prostate Carcinomatosis — 6 mos
DUE TO (OR AS A CONSEQUENCE OF):
c. Ca Prostate — 5 years
DUE TO (OR AS A CONSEQUENCE OF):
d.

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)

FH-1050 REV. 1/88

BIRTH NO.

BOOK 11175 PAGE 603

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 11175 PAGE 604

CO - CONVEYANCE
MO - MORTGAGE
WD - WARRANTY DEED
TD - TRUST DEED

CC - CERTIFIED COPY
REL - RELEASE
UCC - UNIFORM COMMERCIAL CODE

MISC - MISCELLANEOUS
CO TX - STATE TAX CONVEY
MO TX - STATE TAX MORT
PRFEE - PROBATE FEE

DATE	SYMBOL	VALUATION	TAX AND FEES	TOTAL PAID
				CAMT 70000.00
				CON TX 259.00
				PRFEE 1.00
				WDEED 12.00
				CFEE 2.00
				TOTAL 274.00
				CHECK 274.00
			10/29/98 01	10:07 0001 9290

RECEIPT IS NOT VALID UNTIL CHECK IS PAID BY BANK

0505305
IDENTIF. # REFERENCE

98 OCT 29 AM 10:07

BILL GARRETT REGISTER
DAVIDSON COUNTY, TN.

No. 1364461