OLD REPUBLIC

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

ORT#: SV 3103119

BOOK 11529 PG. 799

STATE OF TENNESSEE)
COUNTY OF Davidson
THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $ 240,000.00

Terry C Reeves
AFFIANT

SUBSCRIBED AND SWORN TO BEFORE THIS THE 15th DAY OF June, 1999

Ruth Randolph
NOTARY PUBLIC

My Commission expires: 11-27-99

(615) 385-2804 THIS INSTRUMENT PREPARED BY TN Sup Ct #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:
Terry Cameron Reeves etal (NAME)	New Owners At Same Address (NAME)	6-41
616 Wade Cr, (ADDRESS)	(ADDRESS)	10D-21250
Goodlettsville, TN 37072 (CITY) (STATE) (ZIP)	(CITY) (STATE) (ZIP)	

Warranty Deed

For and in Consideration of the sum of $ 240,000.00 cash in hand paid by the hereinafter named grantees, and other good and valuable consideration, the receipt of which is hereby acknowledged, we

I, Mary E. Wallace, as surviving tenant

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

Terry Cameron Reeves and Ryan Cameron Reeves

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 a 32.89± acre tract of land described according to a survey by Donald R. Carver dated 08-24-84, and setforth in detail in that certain deed from Chester R. Burns, etux, etal, to Austin P. Wallace and Mary E. Wallace, as of record at **Book 6373, page 706**, Register's Office for said County, and to which deed reference is hereby made and the same incorporated herein for a complete description of the property herein conveyed.

Being all the same property conveyed to the grantor herein by deed as of record at Book **6373**, page **706**, 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 (not withstanding 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:

1999 property taxes, rights-of-flow of any creeks and/or streams and/or the rights-of-way of any roads, streets and/or ways as may be located within the boundaries of the premises herein conveyed.

Being all the same property conveyed to Austin P. Wallace and the said Mary E. Wallace. The said Autin P. Wallace having since died 03-21-99, in Davidson County, Tennessee. See Tennessee Death Certificate Number: 9901544, a copy of which is attached hereto as an Exhibit.

06003178
IDENTIF. ↑ REFERENCE
99 JUN 16 AM 9:42
ELLA G. ... REGISTER
DAVIDSON COUNTY, TN.
PICK-UP
366 06/16 0101 03CHECK 903.00

MEW
TCR
LCR

Mailing Address: 166 Happy Valley Rd., Goodlettsville, TN 37072
Tax Authority Address: 167 Springfield Hwy., Goodlettsville, TN 37072

~~unimproved~~ (==)==

This is improved (X) property, known as _____ (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 JUNE, 19 99.

Mary E Wallace
Mary E. Wallace

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 Mary E. Wallace, 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 15th day of JUNE, 19 99.

My Commission expires:
11-27-99

Ruth Randolph
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

Exhibit To Warranty Deed

Grantor: Mary E. Wallace

Grantees: Terry Cameron Reeves and Ryan Cameron Reeves

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

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.

9901544

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): Austin P Wallace
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): March 21, 1999
4. SOCIAL SECURITY NUMBER: [redacted]-4719
5a. AGE - LAST BIRTHDAY (Years): 76
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): Sept 23, 1922
7. BIRTHPLACE (City and State or Foreign Country): McEwen, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Nashville Memorial Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Madison
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Never Married
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.): Aircraft Mfg.
12b. KIND OF BUSINESS/INDUSTRY: Laborer/Avco Mfg.
13a. RESIDENCE—STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Goodlettsville
13d. STREET AND NUMBER OR RURAL LOCATION: 166 Happy Valley Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37072
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): 12; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): James A Wallace
18. MOTHER'S NAME (First, Middle, Maiden Surname): Annie Carter

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Laneice Loudermilk
19b. RELATIONSHIP TO DECEASED: Sister
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 114 Creekglen Circle, Hendersonville,

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): Forest Lawn Memorial Park
20c. LOCATION—City or Town, State: Goodlettsville TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Norris Jarrell
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 999
21c. SIGNATURE OF EMBALMER: Robert Bacon
21d. LICENSE NUMBER OF EMBALMER: 3808
22a. NAME AND ADDRESS OF FUNERAL HOME: COLE & GARRETT FUNERAL HOMES INC. 127 N. MAIN STREET, GOODLETTSVILLE, TN 37072-0444
22b. LICENSE NUMBER OF FUNERAL HOME: 718

REGISTRAR

23. REGISTRAR'S SIGNATURE:
24. DATE FILED (Month, Day, Year): March 24, 1999

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:
25b. LICENSE NUMBER: 008800
25c. DATE SIGNED (Month, Day, Year): 3/23/99
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 EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Russell E Smith, M.D., 1210 Briarville Rd Madison, TN 37115

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

28. PART I. Enter the disease, 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. Acute respiratory failure
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. Pneumonia
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Asthma. COPD. Congestive Heart Failure. Renal failure

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

30. MANNER OF DEATH: 1 [X] 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 [X] 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):

PH-1656
REV. 2-89

BIRTH NO. _____

RDA 1369

OFFICIAL RECEIPT

BILL GARRETT
REGISTER OF DAVIDSON COUNTY
NASHVILLE, TENNESSEE

RECEIVED OF _____

FOR _____

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	CFEE - COMPUTER FEE	PRFEE - PROBATE FEE

BOOK 11529 PG. 802

06000378

DEED REFERENCE

99 JUN 16 AM 9:42

REGISTER
DAVIDSON CO. TN.

CAMT	
	240000.00
CON TX	888.00
PRFEE	1.00
WDEED	12.00
CFEE	2.00
TOTAL	903.00
CHECK	903.00

06/16/99 01 09:46 0001 0366

RECEIPT IS NOT VALID UNTIL CHECK IS PAID BY BANK

No. 1478972