This Instrument Prepared By:

Brokers Escrow Services, Inc.
P. O. Box 140255
211 Donelson Pike, Suite 2
Nashville, Tennessee 37214

BOOK 11633 PAGE 529

99 AUG 25 AM 8:02

IDENTIFICATION REFERENCE

06282234

ADDRESS NEW OWNER:
MICHAEL RAY HARRIS and MARY KATHERINE HARRIS
3127 Stafford Drive
Nashville, Tennessee 37214

SEND TAX BILL TO:
To Mortgagee

MORTGAGEE:
FIRST AMERICAN NATIONAL BANK
First American Center
Nashville, Tennessee 37237

MAP **085-07-0**
PARCEL **38.00**

0308 08/25 0101 03CHECK 481.13

WARRANTY DEED

FOR AND IN CONSIDERATION of the sum of Ten ($10.00) Dollars, cash in hand paid by the hereinafter named GRANTEES, and other good and valuable considerations, the receipt of which is hereby acknowledged, **WILLIAM K. SMITH, JOSEPH K. SMITH, ARTHUR K. SMITH and KIMBERLY S. HUNTER,** hereinafter called the GRANTORS, have bargained and sold, and by these presents, do transfer and convey unto **MICHAEL RAY HARRIS and wife, MARY KATHERINE HARRIS,** hereinafter called the GRANTEES, their 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 No. 194 on the Plan of Stanford Country Club Estates, Section 4, as of record in Book 2900, Page 84, Register's Office for said County. Said Lot No. 194 fronts 88.9 feet on the Easterly margin of Stafford Drive and runs back between lines measuring 156.0 feet on the Northerly line and 242 feet on the Southerly line to a broken line in the rear measuring 182.11 feet thereon.
>
> Being the same property conveyed to Vester G. Smith (being one and the same person as Vester H. Smith) and wife, Ruth G. Smith by Deed from Fred L. Kelly and wife, Cora Elizabeth Kelly of record in Book 5207, Page 330, Register's Office for Davidson County, Tennessee. Ruth G. Smith predeceasing Vester H. Smith on August 23, 1993, copy of Death Certificate attached, leaving Vester H. Smith as the sole owner by right of survivorship. Vester H. Smith died testate on December 5, 1997, copy of Death Certificate attached, his estate being admitted into Probate Court of Davidson County, Tennessee, Probate No. 98P-653. His Last Will and Testament devising the above described property to William K. Smith, Joseph K. Smith, Arthur K. Smith and Kimberly S. Hunter.

This is improved property known as 3127 Stafford Drive, Nashville, Tennessee 37214.

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

1. Subject to plan of record in Plat Book 2900, Page 84, Register's Office for Davidson County, Tennessee.
2. Restrictions of record in Book 3000, Page 381, amended in Book 3066, Page 219, Book 3127, Page 370 and Book 3166, page 62, Register's Office for Davidson County, Tennessee.

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 and GRANTORS do covenant with the said GRANTEES that they are lawfully seized and possessed of said land in fee simple, have a good right to convey it, and warrants that the same is unencumbered

unless otherwise herein set out and GRANTORS do further covenant and bind themselves, their heirs and representatives, to warrant and forever defend the title to the said land to the said GRANTEES, their heirs and assigns, against the lawful claims of all persons whomsoever.

WITNESS our hands this the 20th day of August, 1999. BOOK 11633 PAGE 530

WILLIAM K. SMITH

JOSEPH K. SMITH

ARTHUR K. SMITH

KIMBERLY S. HUNTER

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned Notary Public in and for said County and State, **WILLIAM K. SMITH, JOSEPH K. SMITH, ARTHUR K. SMITH and KIMBERLY S. HUNTER**, 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 20th day of August, 1999.

NOTARY PUBLIC

My Commission Expires: June 15, 2003

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual value or consideration, whichever is greater, for this transfer is $124,900.00.

AFFIANT

Subscribed and sworn to before me on this 20th day of August, 1999.

NOTARY PUBLIC

My Commission Expires: June 15, 2003

EXHIBIT "A"

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

BOOK 11633 PAGE 531

SEP 8 1993

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.

Linda S. Mac Kay, M.D.

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 9304512

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT: For use by physician or institution

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): RUTH HARDISON SMITH
2. SEX: -FEMALE-
3. DATE OF DEATH (Month, Day, Year): August 23,-1993
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-2733
5a. AGE - LAST BIRTHDAY (Years): 69
5b. UNDER 1 YEAR: MONTHS / DAYS
5c. UNDER 1 DAY: HOURS / MINUTES
6. DATE OF BIRTH (Month, Day, Year): Jan. 30, 1924
7. BIRTHPLACE (City and State or Foreign Country): NASHVILLE, TENNESSEE
8. WAS DECEDENT EVER IN US ARMED FORCES? 1 [ ] Yes 2 [X] 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): PARKVIEW MEDICAL CENTER
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): VESTER SMITH
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): BOOKKEEPER
12b. KIND OF BUSINESS/INDUSTRY: BANK
13a. RESIDENCE - STATE: TN
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 3127 STAFFORD DRIVE
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37214
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+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): ROY HARDISON
18. MOTHER'S NAME (First, Middle, Maiden Surname): NEUVA THRONEBERRY

INFORMANT

19a. INFORMANT'S NAME (Type/Print): MR. VESTER SMITH
19b. RELATIONSHIP TO DECEASED: SPOUSE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3127 STAFFORD DRIVE, NASHVILLE, TN 37214

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): WOODLAWN MEMORIAL PARK
20c. LOCATION - City or Town, State: NASHVILLE, TENNESSEE
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Joseph Baumgartel
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3710
21c. SIGNATURE OF EMBALMER: ▶ Don Dupwe
21d. LICENSE NUMBER OF EMBALMER: 3374
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODLAWN FUNERAL HOME 660 THOMPSON LANE, NASHVILLE, TN 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Robert Mc Donald Marsha H. Biggerstaff
24. DATE FILED (Month, Day, Year): September 8, 1993

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 stated.
1 [X] SIGNATURE AND TITLE OF PHYSICIAN: ▶ Patrick Murphy
25b. LICENSE NUMBER: MD020137
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 EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print):

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. Gastric Cancer
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.
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Approximate Interval Between Onset and Death:

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

28a. 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):

SEE INSTRUCTIONS ON OTHER SIDE

FH-1069
REV 1/88

BIRTH NO

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

EXHIBIT "B"

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

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

BOOK 11633 PAGE 532

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.

9706636 **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): VESTER HYRAM SMITH
2 SEX: M
3 DATE OF DEATH (Month, Day, Year): DECEMBER 5, 1997
4 SOCIAL SECURITY NUMBER: [redacted]-8321
5a AGE-LAST BIRTHDAY (Years): 78
5b UNDER 1 YEAR: MOS / DAYS
5c UNDER 1 DAY: HOURS / MIN
6 DATE OF BIRTH (Month, Day, Year): 1-28-1919
7 BIRTHPLACE (City and State or Foreign Country): JACKSON COUNTY, TENNESSEE
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [XX] Yes 2 [ ] No
9a PLACE OF DEATH (Check only one): HOSPITAL 1 [XX] 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): SUMMITT MEDICAL CENTER
9c CITY, TOWN, OR LOCATION OF DEATH: HERMITAGE
9d COUNTY OF DEATH: DAVIDSON
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.): SALES
12b KIND OF BUSINESS/INDUSTRY: DAIRY
13a RESIDENCE-STATE: TENNESSEE
13b COUNTY: DAVIDSON
13c CITY, TOWN OR LOCATION: NASHVILLE
13d STREET AND NUMBER OR RURAL LOCATION: 3127 STAFFORD DRIVE
CENSUS TRACT
13e INSIDE CITY LIMITS? 1 [XX] Yes 2 [ ] No
13f ZIP CODE: 37214
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [XX] No
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+):

PARENTS

17 FATHER'S NAME (First, Middle, Last): AMOS SMITH
18 MOTHER'S NAME (First, Middle, Maiden Surname): ALMA SMITH

INFORMANT

19a INFORMANT'S NAME (Type/Print): ARTHUR KENT SMITH
19b RELATIONSHIP TO DECEASED: SON
19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 7934 DAUGHERTY-CAPLEY ROAD PRIMM SPRINGS, TENNESSEE 38476

DISPOSITION

20a METHOD OF DISPOSITION: 1 [XX] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): WOODLAWN MEMORIAL PARK
20c LOCATION-City or Town, State: NASHVILLE, TENNESSEE
21a SIGNATURE OF FUNERAL DIRECTOR: JIMMY BOND
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 2230
21c SIGNATURE OF EMBALMER: ROY MALLARD
21d LICENSE NUMBER OF EMBALMER: 3654
22a NAME AND ADDRESS OF FUNERAL HOME: WOODLAWN FUNERAL HOME 660 THOMPSON LANE NASHVILLLE, TENNESSEE 37204
22b LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23 REGISTRAR'S SIGNATURE: Ruby Jean Brown
24 DATE FILED (Month, Day, Year): December 15, 1997

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: Jan E. Jillewand D
25b LICENSE NUMBER: LD014872
25c DATE SIGNED (Month, Day, Year): 12 12 97
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): DR. WILLIAM BAUCOM 5653 FRIST BLVD. #630 HERMITAGE, TENNESSEE 37076

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. Pneumonia, Cancer

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

b. 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.

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 Ooccurred:
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):

BIRTH NO

PH-1659
REV 2-91

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

OFFICIAL RECEIPT

BILL GARRETT
REGISTER OF DAVIDSON COUNTY
NASHVILLE, TENNESSEE

RECEIVED OF _____

FOR _____

BOOK 11633 PAGE 533

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

0628234

IDENTIF. & REFERENCE

99 AUG 25 AM 10:02

REGISTER
DAVIDSON CO. TN.

CAMT	
	124900.00
CON TX	462.13
PRFEE	1.00
WDEED	16.00
CFEE	2.00
TOTAL	481.13
CHECK	481.13

08/25/99 01 10:02 0001 0308

RECEIPT IS NOT VALID UNTIL CHECK IS PAID BY BANK

No. 1508398