Warranty Deed

This Instrument Prepared By:
Marbut Glenn Gaston, Jr., Attorney at Law
2211 Crestmoor Rd., Nashville, TN 37215 (615) 385-2804 TnSupCt# 003143

Old Republic Title: Owner's Title Number: SV 3427059

Name & Address of Property Owner:	Send Tax Bills To:	Map & Parcel Numbers:
Saad J. Alshimari	**New Owner At Same Address**	Map: **107-14**
912 Kipling Dr.		Parcel: **009**
Nashville, TN 37217		**2DA-54900**

For and in Consideration of the sum of $ 57,600.00 cash in hand paid by the hereinafter named Grantees, and other good and valuable considerations, the receipt and sufficiency of which is hereby acknowledged, Anita Martin, an unmarried person, as the surviving tenant by the entireties,

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

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. 68** on the plan of **Miro Meadows**, as of record in **Plat Book 1424, pages 94 and 95**, in the 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 Scott Martin, Jr., and wife Anita Martin by deed as of record at Book 9291, page 556 said Register's Office, and the above description is the same as appears therein. The said Scott Martin, Jr., having since died January 1, 2000 (see Tennessee Death Certificate Number 0000530 attached hereto as an Exhibit).

This conveyance is subject to:

1. 2001 property taxes are a lien against the property as of 01-01-01 but are not due and payable until 10-01-01. 2000 property taxes in the amount of $766.38, and back taxes, are PAID IN FULL, as listed to Map-Parcel: 107-14-9; Field Book Number 2DA-54900; at the street address of 912 Kipling Dr., Nashville, TN 37217.

2. Setback lines, easements, notes, and/or other limitations as shown on said plan of record at Plat Book 1424, pages 94 and 95 siad Register's Office.

Davidson County DEEDWARR
Recvd: 07/27/01 10:09 3pgs
Fees:18.00 Taxes:213.12

20010727-0079809

This is improved property known as: 912 Kipling Dr., Nashville, TN 37217
{unimproved / improved}

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 said land to the GRANTEES, their heirs and assigns, against the lawful claims of all persons whomsoever. Where ever 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 effective on this 27th day of July, 20 01

Anita Martin

STATE OF TENNESSEE:
COUNTY OF DAVIDSON:

The actual value or consideration, whichever is greater, for this transfer is $ 57,600.00.

Saad J. Alshimari
Affiant

SUBSCRIBED AND SWORN TO BEFORE ME ON July 26, 2001.

My Commission Expires: 10-25-2003

Notary Public: Marbut Glenn Gaston, Jr.

STATE OF TENNESSEE:
COUNTY OF DAVIDSON:

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named

Anita Martin

the bargainors, with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who acknowledged that they executed this Warranty Deed for the purposes therein contained. WITNESS my hand and official seal at office on July 26, 2001.

My Commission Expires: 10-25-2003

Notary Public: Marbut Glenn Gaston, Jr.

STATE OF TENNESSEE:
COUNTY OF _____:

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, personally appeared

with whom I am personally acquainted, or proved to me on the basis of satisfactory evidence, and who, upon oath, acknowledged _____self to be the _____ of _____, the within named bargainor, a _____, and that _____, as such _____, being authorized so to do, executed this Warranty Deed for the purposes therein contained, by signing the name of said _____, by _____self as such _____. WITNESS my hand and official seal at office on _____.

My Commission Expires: _____

Notary Public

Exhibit to Warranty Deed

Anita Martin **to** Saad J. Alshimari **dated** July 27, 2001

Metropolitan Government of Nashville and Davidson County

Bill Purcell, Mayor

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

FEB 9 2000

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.

John T. Dunn
LOCAL REGISTRAR

000 0330

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): Scott E. Martin Jr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): January 31, 2000
4. SOCIAL SECURITY NUMBER (of Deceased): 409-80-3379
5a. AGE - LAST BIRTHDAY (Years): 51
5b. IF UNDER 1 YEAR: MOS. DAYS. IF UNDER 1 DAY: HOURS MIN.
6. DATE OF BIRTH (Month, Day, Year): May 18,1948
7. BIRTHPLACE (City and State or Foreign Country): Dickson, 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 X ER/Outpatient 3 DOA; OTHER 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Southern Hills Hospital
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): Anita Curtis
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Truck Driver
12b. KIND OF BUSINESS/INDUSTRY: Porter Transfer
13a. RESIDENCE - STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 912 Kipling Dr.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37217
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): 12; College (1-4 or 5+)

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Scott Martin Sr.
18. MOTHER'S NAME (First, Middle, Maiden Surname): Catherine Owens

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Anita Martin
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 912 Kipling Dr. Nashville, TN 37217

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): Mapleview Cemetery
20c. LOCATION - City or Town, State: Smyrna Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Imogene Breen
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4367
21c. SIGNATURE OF EMBALMER: Scotty Brown
21d. LICENSE NUMBER OF EMBALMER: 4687
22a. NAME AND ADDRESS OF FUNERAL HOME: Ellis Funeral Home 2627 Nolensville Road, Nashville, TN 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 775

REGISTRAR

23. REGISTRAR'S SIGNATURE: Robert W. Rhodes Jr.
24. DATE FILED (Month, Day, Year): February 08, 2000

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: David L. Collier MD
25b. LICENSE NUMBER: 26644
25c. DATE SIGNED (Month, Day, Year): 2/3/2000
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, 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): David L. Collier, MD 357 Wallace Rd. # C203, Nashville, TN 37211

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)

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Cardiac Arrest (unwitnessed)
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. Ischemic cardiomyopathy — 2-4yr
DUE TO (OR AS A CONSEQUENCE OF):
c. Type 2 Diabetes Mellitus
DUE TO (OR AS A CONSEQUENCE OF):
d. Hypertension

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 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
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)

BIRTH NO.

HK-1659
REV 1/89