This instrument prepared by:
Allison Title Company
116 Wilson Pike Circle
Suite 100
Brentwood, TN 37027

4

Davidson County DEEDQC
Recvd: 09/04/03 18:24 13pgs
Fees:67.00 Taxes:0.00
20030904-0129317

ADDRESS NEW OWNER AS:
Johnnie Gooch
3288 Country Club Dr.
Los Angeles, CA 90019

SEND TAX BILLS TO:
SAME AS ADDRESSEE

Map & Parcel: 105-9-17.00

QUITCLAIM DEED

FOR AND IN CONSIDERATION of the sum of One Dollar ($1.00) cash in hand paid, by the hereinafter named Grantee(s), and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged,

William Charles Armstrong

, have this day bargained and do hereby transfer and convey all my right, title and interest to

Johnnie R. Gooch

, the Grantees herein, their heirs and assigns, the following described tract and/or parcel of land in Davidson County, Tennessee, described as follows, to-wit:

Land in Davidson County, being the southerly 35 feet of Lot No. 3 and the North one-half of Lot No. 4 in the Belmont Land Company's Subdivision of Lots 63 and 64 of the O. B. Hayes' Plan of Large lots called Rokeby not recorded O. B. Hayes' plan of Rokeby of record in book 21, page 87, Register's Office for Davidson County, Tennessee.

Being the same property conveyed to Robert Lee Gooch, Louise W. Gooch and Johnnie R. Gooch as tenants in common by Quitclaim Deed from Robert Lee Gooch and wife, Louise W. Gooch, dated March 4, 1999 and filed for record in Book 11370, page 79, Register's Office for Davidson County, Tennessee. The said Louise W. Gooch having since died her interest in the property by virtue of a will attached hereto is vested to William Charles Armstrong.

WITNESS OUR HANDS this 21st day of August, 2003.

Erica Fry
Latanya Lee
Dana McGill

William Charles Armstrong
William Charles Armstrong

STATE OF Tennessee
COUNTY OF Davidson

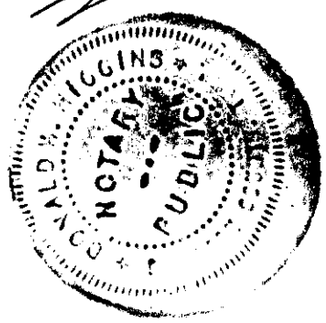
Before me, the undersigned a Notary Public in and for said County and State, personally appeared, William Charles Armstrong, with whom I am personally acquainted (or who proved to me on the basis of satisfactory evidence) and who acknowledged that he/she executed the foregoing instrument as his/her free act and deed for the purposes therein contained.

Witness my hand and official seal this 21 day of August, 2003

Donald Higgins

notary public
My commission expires:

My Commission Expires NOV. 26, 2005



STATE of TENNESSEE
COUNTY of Davidson

The actual consideration for this transfer is $_____-0-_____.

Affiant

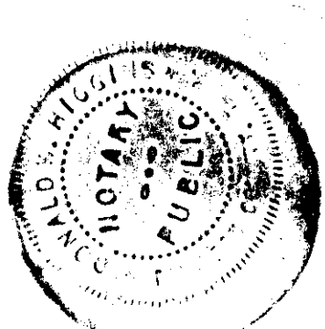
Sworn to and subscribed to before me this 21st day of August 2003 ~~23rd day of June, 2000~~.

My Commission Expires NOV. 26, 2005

My commission expires:_____

Notary Public

My Commission Expires NOV. 26, 2005



LAST WILL AND TESTAMENT
OF
JOHNNIE LOUISE GOOCH

I, Johnnie Louise Gooch, of Nashville, Tennessee, revoke my former Wills and Codicils and declare this to be my Last Will and Testament.

ARTICLE I
IDENTIFICATION OF FAMILY

I am not currently married to anyone.

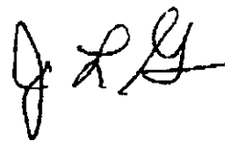
The name of my child is William Charles Armstrong. All references in this Will to "my children" are references to the above-named child.

ARTICLE II
PAYMENTS OF DEBTS AND EXPENSES

I direct that my just debts, funeral expenses, and expenses of last illness be first paid from my estate.

ARTICLE III
DISPOSITION OF PROPERTY

Residuary Estate. I direct that my residuary estate be distributed to my child(ren) in equal shares. If a child of mine does not survive me, such deceased child's share shall be distributed in equal shares to the children of such deceased child who survive me, by right of representation. If a child of mine does not survive me and has no children who survive me, such deceased child's share shall be distributed in equal shares to my other children, if any, or to their respective children by right of representation. If no child of mine survives me, and if none of my deceased children are survived by children, my residuary estate shall be distributed to my heirs-at-law, their identities and respective shares to be determined under the laws of the State of Tennessee, then in effect, as if I died intestate at the time fixed for distribution under this provision.



ARTICLE IV
NOMINATION OF EXECUTOR

I nominate William Charles Armstrong, of Nashville, Tennessee, as the Executor, without bond or security. If such person or entity does not serve for any reason, I nominate Ercia Furqua, of Nashville, Tennessee, to be the Executor, without bond or security.

ARTICLE V
EXECUTOR POWERS

My Executor, in addition to other powers and authority granted by law or necessary or appropriate for proper administration, shall have the right and power to lease, sell, mortgage, or otherwise encumber any real or personal property that may be included in my estate, without order of court and without notice to anyone.

My Executor shall have the right to administer my estate using "informal", "unsupervised", or "independent" probate or equivalent legislation designed to operate without unnecessary intervention by the probate court.

ARTICLE VI
MISCELLANEOUS PROVISIONS

A. Paragraph Titles and Gender. The titles given to the paragraphs of this Will are inserted for reference purposes only and are not to be considered as forming a part of this Will in interpreting its provisions. All words used in this Will in any gender shall extend to and include all genders, and any singular words shall include the plural expression, and vice versa, specifically including "child" and "children", when the context or facts so require, and any pronouns shall be taken to refer to the person or persons intended regardless of gender or number.

B. Liability of Fiduciary. No fiduciary who is a natural person shall, in the absence of fraudulent conduct or bad faith, be liable individually to any beneficiary of my estate, and my estate shall indemnify such natural person from any and all claims or expenses in connection with or arising out of that fiduciary's good faith actions or nonactions as the fiduciary, except for such actions or nonactions which constitute fraudulent conduct or bad faith.

C. Beneficiary Disputes. If any bequest requires that the bequest be distributed between or among two or more beneficiaries, the specific items of property comprising the respective shares shall be determined by such beneficiaries if they can agree, and if not, by my Executor.

IN WITNESS WHEREOF, I have subscribed my name below, this 7th day of April, 2000.

Testator Signature: Johnnie Louise Gooch.
Johnnie Louise Gooch

We, the undersigned, hereby certify that the above instrument, which consists of 3 pages, including the page(s) which contain the witness signatures, was signed in our sight and presence by Johnnie Louise Gooch (the "Testator"), who declared this instrument to be his/her Last Will and Testament and we, at the Testator's request and in the Testator's sight and presence, and in the sight and presence of each other, do hereby subscribe our names as witnesses on the date shown above.

Witness Signature: Maxine W. Miller
Name: Maxine W. Miller
City: Nashville
State: Tennessee

Witness Signature: Jackie V. Alsup
Name: Jackie V. Alsup
City: Nashville
State: Tennessee

JLG

WARNING TO PERSON EXECUTING THIS DOCUMENT

This is an important legal document. Before executing this document, you should know these important facts.

This document gives the person you designate as your Agent (the attorney-in-fact) the power to make health care decisions for you. Your Agent must act consistently with your desires as stated in this document.

Except as you otherwise specify in this document, this document gives your Agent the power to consent to your doctor not giving treatment or stopping treatment necessary to keep you alive.

Notwithstanding this document, you have the right to make medical and other health care decisions for yourself so long as you can give informed consent with respect to the particular decision. In addition, no treatment may be given to you over your objection, and health care necessary to keep you alive may not be stopped or withheld if you object at the time.

This document gives your Agent authority to consent, to refuse to consent, or to withdraw consent to any care, treatment, service, or procedure to maintain, diagnose, or treat a physical or mental condition. This power is subject to any limitations that you include in this document. You may state in this document any types of treatment that you do not desire. In addition, a court can take away the power of your Agent to make health care decisions for you if your Agent: (1) authorizes anything that is illegal; or (2) acts contrary to your desires as stated in this document.

You have the right to revoke the authority of your Agent by notifying your Agent or your treating physician, hospital or other health care provider orally or in writing of the revocation.

Your Agent has the right to examine your medical records and to consent to their disclosure unless you limit this right in this document.

Unless you otherwise specify in this document, this document gives your Agent the power after you die to: (1) authorize an autopsy; (2) donate your body or parts thereof for transplant or therapeutic or educational or scientific purposes; and (3) direct the disposition of your remains.

If there is anything in this document that you do not understand, you should ask an attorney to explain it to you.

AFFIDAVIT

I, Johnnie Louise Gooch, the Testator, sign my name to this instrument this 7th day of April, 2000, and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my Will and that I sign it willingly, in the presence of the undersigned witnesses, that I execute it as my free and voluntary act for the purposes expressed in the Will, and that I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.

Testator Signature: Johnnie Louise Gooch

Johnnie Louise Gooch

We, Maxine W. Miller and Jackie V. Alsup the witnesses, sign our names to this instrument, being first duly sworn, and do hereby declare to the undersigned authority that the Testator signs and executes this instrument as the Testator's will and that the Testator signs it willingly in our presence, and that the Testator executes it as the Testator's free and voluntary act for the purposes expressed in the will, and that each of us, in the presence and hearing of the Testator, at the Testator's request, and in the presence of each other, hereby signs this will, on the date of the instrument, as witness to the Testator's signing, and that to the best of our knowledge the Testator is eighteen years of age or older, of sound mind and memory, and under no constraint or undue influence, and the witnesses are of adult age and otherwise competent to be witnesses.

Witness Signature: Maxine W. Miller

Name: Maxine W. Miller
City: Nashville
State: Tennessee

Witness Signature: Jackie V. Alsup

Name: Jackie V. Alsup
City: Nashville
State: Tennessee

J L G

STATE OF TENNESSEE
COUNTY OF Davidson

Subscribed, sworn to and acknowledged before me by Johnnie Louise Gooch, the Testator; and subscribed and sworn to before me by Maxine W. Miller and Jackie V. Alsup witnesses, this 7th day of April, 2000.

Ronald O. Miller
Notary public, or other officer
authorized to take and certify
acknowledgments and administer oaths

My commission expires
May 26, 2002

J L G

LIVING WILL
and
DURABLE POWER OF ATTORNEY FOR HEALTH CARE

I. LIVING WILL

I, Johnnie Louise Gooch, willfully and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below, and do hereby declare:

If at any time I should have a terminal condition (including but not limited to a persistent vegetative state), and my attending physician has determined there is no reasonable medical expectation of recovery and which, as a medical probability, will result in my death, regardless of the use or discontinuance of medical treatment implemented for the purpose of sustaining life, or the life process, I direct that medical care be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medications or the performance of any medical procedure deemed necessary to provide me with comfort care or to alleviate pain.

ARTIFICIALLY PROVIDED NOURISHMENT AND FLUIDS: By checking the appropriate line below, I specifically:

✓ authorize the withholding or withdrawal of artificially provided food, water, or other nourishment or fluids.

____ DO NOT authorize the withholding or withdrawal of artificially provided food, water, or other nourishment or fluids.

In the absence of my ability to give directions regarding my medical care, it is my intention that this declaration shall be honored by my family and physician as the final expression of my legal right to refuse medical care and accept the consequences of such refusal.

II. DURABLE POWER OF ATTORNEY FOR HEALTH CARE

A. DESIGNATION OF HEALTH CARE AGENT. I, Johnnie Louise Gooch, of Nashville, Tennessee, appoint:

Agent Name:	William Charles Armstrong	
Address:	1720-15th Avenue South Nashville, TN 37212	
Phone:	Home: (615)383-7863	Work: _____
Relation, if any:	Son	

as my Agent to make health care and personal decisions for me if I become unable to make such decisions for myself, except to the extent I state otherwise in this document.

(None of the following may be designated as your Agent: (1) your treating health care provider, (2) a nonrelative employee of your treating health care provider, (3) an operator of a health care institution, or (4) a nonrelative employee of an operator of a health care institution.)

B. CREATION OF DURABLE POWER OF ATTORNEY FOR HEALTH CARE. By this document I intend to create a Durable Power of Attorney for Health Care. This power of attorney shall take effect upon my disability, incapacity, or incompetency, and shall continue during such disability, incapacity, or incompetency.

C. GENERAL STATEMENT OF AUTHORITY GRANTED. Subject to any limitations in this Durable Power of Attorney for Health Care, my attorney-in-fact may make health care decisions for me, before or after my death, to the same extent as I could make health care decisions if I had the capacity to do so, including:

(1) Making a disposition under the Uniform Anatomical Gift Act, compiled in title 68, chapter 30;
(2) Authorizing an autopsy pursuant to the Post Mortem Examination Act, compiled in title 38, chapter 7; and
(3) Directing the disposition of remains pursuant to title 68, chapter 4.

My Agent's authority also includes the power to direct the withdrawal and withholding of artificially provided food and fluids.

In exercising this authority, my Agent shall make health care decisions that are consistent with my desires as stated in this document or otherwise made known to my Agent. If my desires regarding a particular health care decision are not known to my Agent, then my Agent shall make the decision for me based upon what my Agent believes to be in my best interests.

D. DESIGNATION OF ALTERNATE AGENT. If the person designated as my Agent is not available or unable to act, I designate the following persons to serve as my Agent to make health care decisions for me as authorized by this document, who serve in the following order:

FIRST ALTERNATE AGENT

Agent Name:	Ercia Furqua
Address:	1720-15th Avenue South Nashville, TN 37212
Phone:	Home: (615)383-7863 Work: _____

III. GENERAL PROVISIONS

A. HOLD HARMLESS. All persons or entities who in good faith endeavor to carry out the terms and provisions of this document shall not be liable to me, my estate, my heirs or assigns for any damages or claims arising because of their action or inaction based on this document, and my estate shall defend and indemnify them.

B. SEVERABILITY. If any provision of this document is held to be invalid, such invalidity shall not affect the other provisions which can be given effect without the invalid provision, and to this end the directions in this document are severable.

C. STATEMENT OF INTENTIONS. It is my intent that this document be legally binding and effective. If the law does not recognize this document as legally binding and effective, it is my intent that this document be taken as a formal statement of my desire concerning the method by which any health care decisions should be made on my behalf during any period in which I am unable to make such decisions.

This document must be signed and acknowledged before a notary public by the Principal and by at least two (2) witnesses who witnessed the signing of the instrument by the Principal.

The definitions of terms used in this document shall be the definitions as set forth in the Tennessee Right to Natural Death Act. I understand the full import of this document and the effect of this grant of powers to my Agent, and I am emotionally and mentally competent to make this declaration. In acknowledgement of this declaration, I have signed my name this 7th day of April, 2000

Signature: Johnnie Louise Gooch

Name: Johnnie Louise Gooch
Address: Nashville
Davidson County
Tennessee
SSN: [redacted]-7866
Birthdate: July 28, 1912

We declare under penalty of perjury under the laws of Tennessee that the person who signed this document is personally known to us to be Johnnie Louise Gooch; that Johnnie Louise Gooch signed this document in our presence; that Johnnie Louise Gooch appears to be of sound mind and under no duress, fraud or undue influence; and that we subscribe our names at the request of Johnnie Louise Gooch, an adult, whom we believe to be fully aware of the action taken in this

document and its possible consequences.

We further declare that we are not related to Johnnie Louise Gooch by blood, marriage, or adoption; that we are not entitled to any portion of the estate of Johnnie Louise Gooch upon his/her decease under any will or codicil presently existing or by operation of law then existing; that we are not the attending physician, an employee of the attending physician or a health facility in which Johnnie Louise Gooch is a patient, a health care provider, an employee of a health care provider, the operator of a health care institution or an employee of an operator of a health care institution; and that we are not persons who, at the present time, have a claim against any portion of the estate of Johnnie Louise Gooch upon his/her death. Neither of us is the person appointed as attorney-in-fact by this document.

Witness Signature: Maxine W. Miller

Name: Maxine W. Miller
Address: 905 Villa Place
Nashville, TN 37212

Witness Signature: Jackie V. Alsup

Name: Jackie V. Alsup
Address: 911 Villa Place
Nashville, TN 37212

STATE OF TENNESSEE

COUNTY OF Davidson

On this 7th day of April, 2006, before the undersigned notary, personally appeared Johnnie Louise Gooch, Maxine W. Miller, Jackie V. Alsup, personally known to me (or proved to me on the basis of satisfactory evidence) to be the Principal and the witnesses, respectively, whose names are signed to this instrument, and acknowledged that Johnnie Louise Gooch signed this instrument in the presence of the witnesses, and that they, in Johnnie Louise Gooch's presence and in the presence of each other, did sign their names to the instrument as attesting witnesses on the date of the instrument. I declare under penalty of perjury that Johnnie Louise Gooch appears to be of sound mind and under no duress, fraud or undue influence.

My Commission Expires: May 26, 2002

Ronald O. Miller
Signature of Notary Public