This Instrument Prepared by: **PICK-UP**

MARTIN A. KOOPERMAN
DUZANE, KOOPERMAN & MONDELLI
603 Woodland Street
Nashville, TN 37206-4211
(615) 259-1214

Davidson County DEEDQC
Recvd: 05/24/04 14:12 5pgs
Fees:27.00 Taxes:0.00
20040524-0060680

QUITCLAIM DEED

ADDRESS OF NEW OWNER:	**SEND TAX BILLS TO:**	**MAP & PARCEL NO.**
William Larry Bess, et ux 6315 Percy Drive Nashville, TN 37205	Same	Map: 129-12 Parcel: 15

FOR AND IN CONSIDERATION of $10.00 and other good and valuable consideration, I, **WILLIAM LARRY BESS, Attorney in Fact for Agnes F. Bess,** by these presents do hereby quitclaim and convey unto **WILLIAM LARRY BESS, et ux CAROL M. BESS,** and their heirs, successors and assigns, all my right, title and interest in and to the following described tract of land:

BEING Lot No. 209 on the Plan of Warner Park Valley, Section 1, as of record in Book 3600, Pages 12, 13 and 14, Register's Office for said County.

SAID Lot No. 209 fronts 100 feet on the easterly side of Percy Drive and runs back 195.17 feet on the northerly line and 217 feet on the southerly line to a dead line measuring 102.4 feet thereon.

BEING the same property conveyed to A.W. Bess and wife, Agnes F. Bess, by Warranty Deed from Murphree Realty Company, of record in Book 3923, Page 5, said Register's Office of Davidson County, Tennessee. The said A.W. Bess having since died on May 30, 1984.

THIS is improved property known as, 6315 Percy Drive, Nashville, Davidson County, Tennessee 37205.

Witness my hand this 21st day of May, 2004.

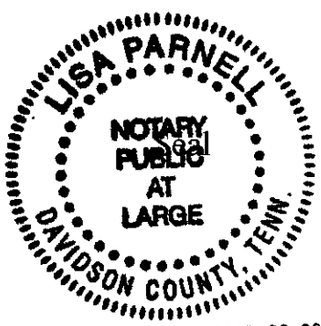
William Larry Bess, Attorney in Fact for Agnes F. Bess.

WILLIAM LARRY BESS
Attorney in Fact for Agnes F. Bess

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 bargainor, William Larry Bess, Attorney in Fact for Agnes F. Bess, with whom I am personally acquainted, or proved to me based upon satisfactory information, and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this 21st day of May, 2004.



My Commission Expires MAR. 22, 200

NOTARY PUBLIC AT LARGE

The actual consideration or value whichever is greater for this transfer is $10.00.

AFFIANT

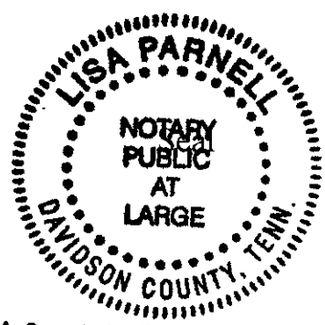
STATE OF TENNESSEE

COUNTY OF DAVIDSON

Sworn to and subscribed before me

this 21st day of May, 2004.

NOTARY PUBLIC AT LARGE



My Commission Expires MAR. 22, 200

A205-10
R205-04

GENERAL POWER OF ATTORNEY

(With Durable Provision)

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

TO ALL PERSONS, be it known that I, AGNES F. BESS of 6315 PERRY DR., NASHVILLE, TN. the undersigned Grantor, do hereby make and grant a general power of attorney to WILLIAM LARRY BESS, of 5113 GREEN LEAF DR, NASHVILLE, TN. and do thereupon constitute and appoint said individual as my attorney-in-fact.

My attorney-in-fact shall act in my name, place and stead in any way which I myself could do, if I were personally present, with respect to the following matters, to the extent that I am permitted by law to act through an agent:

(NOTICE: The grantor must write his or her initials in the corresponding blank space of a box below with respect to each of the subdivisions (A) through (O) below for which the Grantor wants to give the agent authority. If the blank space within a box for any particular subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Cross out each power withheld.)

[A.] B. (A) Real estate transactions
[A.] B. (B) Tangible personal property transactions
[A.] B. (C) Bond, share and commodity transactions
[A.] B. (D) Banking transactions
[A.] B. (E) Business operating transactions
[A.] B. (F) Insurance transactions.
[A.] B. (G) Gifts to charities and individuals other than Attorney-in-Fact
A. B. **(If trust distributions are involved or tax consequences are anticipated, consult an attorney.)**
[A.] B. (H) Claims and litigation.
[A.] B. (I) Personal relationships and affairs
[A.] B. (J) Benefits from military service
[A.] B. (K) Records, reports and statements

If your state requires 8 ½" x 11" forms, cut off the bottom of this page at the dotted line.

Rev. 4/99

[A.] B. (L) Full and unqualified authority to my attorney-in-fact to delegate any or all of the foregoing powers to any person or persons whom my attorney-in-fact shall select

[A.] B. (M) Access to safe deposit box(es)

[ ] (N) All other matters

A. B.

Durable Provision:

[A.] B. (O) **If the blank space in the block to the left is initialed by the Grantor, this power of attorney shall not be affected by the subsequent disability or incompetence of the Grantor.**

Other Terms:

My attorney-in-fact hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as he/she in his/her best discretion deems advisable, and I affirm and ratify all acts so undertaken.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

Signed under seal this 4TH day of NOVEMBER, 1999 (year).

Signed in the presence of:

Witness

Agnes F. Bess
Grantor

Witness

William Larry Bess
Attorney-in-Fact

State of Tennessee)
County of Davidson)

On November 4, 1999 before me, KIMBERLY H. LEE, appeared AGNES F. BESS AND WILLIAM LARRY BESS, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature Kimberly H. Lee

My Commission Expires OCT. 25, 2003

KIMBERLY H. LEE NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENN.

Affiant ____ Known ____ Produced ID

Type of ID _____

(Seal)

If your state requires 8 ½" x 11" forms, cut off the bottom of this page at the dotted line.

Paula Taylor
STATE REGISTRAR

OCT 5, 1984

STATE OF TENNESSEE
DEPARTMENT OF HEALTH AND ENVIRONMENT
CORDELL HULL BUILDING
NASHVILLE, TENNESSEE 37219

I hereby certify the below to be a true and correct copy of the official document on file in this department. Valid ONLY when embossed seal of the Tennessee Department of Health and Environment and red imprinted signature of the State Registrar are affixed.

Paula Taylor
Paula Taylor
State Registrar

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

STATE FILE NO. 84-018006

BIRTH NO.

1. DECEASED—NAME: First: A. Middle: V. Last: Bess
2. DATE OF DEATH (MONTH, DAY, YEAR): May 30, 1984
3a. AGE—LAST BIRTHDAY (YEARS): 60 (Under 1 year: Mos. / Days; Under 1 day: Hours / Min.)
3b.
3c.
4. DATE OF BIRTH (MONTH, DAY, YEAR): 2-18-1924
5. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)): White
5a. (IF MEXICAN, CUBAN, PUERTO RICAN, ITALIAN, GERMAN, ETC. (SPECIFY)): /
6. SEX: Male
7a. COUNTY OF DEATH: Davidson
7b. CITY, TOWN OR LOCATION: Nashville
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.): St. Thomas
7e. IF HOSP. OR INST., Indicate DOA, OP/Emer. Rm., Inpatient (Specify): Inp.
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Tennessee
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Agnes Freeman
12a. SOCIAL SECURITY NUMBER: [redacted]-8941
12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE): W.W. 11
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Corps Of Engineers
13b. KIND OF BUSINESS OR INDUSTRY: U.S. Government
14a. RESIDENCE—STATE: Tennessee
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Nashville
14d. STREET AND NUMBER: 6315 Percy Dr.
14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14f. CENSUS TRACT NO.
15. FATHER—NAME: Harold Bess
16. MOTHER—MAIDEN NAME: Ethel Fuller
17. INFORMANT—NAME, MAILING ADDRESS: Mrs. Agnes Bess, Nashville, Tenn.
18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Entombment
18b. DATE (MONTH, DAY, YEAR): 6-2-1984
18c. CEMETERY OR CREMATORY—NAME: Woodlawn
18d. LOCATION—CITY OR TOWN, STATE: Nashville, Tennessee
19a. FUNERAL DIRECTOR (SIGNATURE): [signature]
19b. LICENSE NO.: 2153
19c. EMBALMER (SIGNATURE): [signature]
19d. LICENSE NO.: 2964
20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Marshall, Donnelly, Combs, Nashville, Tenn.
REGISTRAR—SIGNATURE: Esther D. Groh
21b. DATE RECEIVED BY LOCAL REGISTRAR: 6-6-84
22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE: [signature] DEGREE: MD TITLE: /
22b. DATE SIGNED (MONTH, DAY, YEAR): 6/2/84
23a. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED
23b. DATE SIGNED (MONTH, DAY, YEAR)
24a. CERTIFIER—NAME (TYPE OR PRINT): F. Anthony Greco, M. D.
24b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Nashville, Tennessee
25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
(a) IMMEDIATE CAUSE: Advanced adenocarcinoma of Lung and lymphoma — INTERVAL BETWEEN ONSET AND DEATH: 1 year
DUE TO, OR AS A CONSEQUENCE OF:
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST:
(b) DUE TO, OR AS A CONSEQUENCE OF:
(c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL ILLNESS:
AUTOPSY (YES OR NO):
ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (SPECIFY):
DATE OF INJURY (MONTH, DAY, YEAR):
HOUR:
DESCRIBE HOW INJURY occurred:
INJURY AT WORK (SPECIFY YES OR NO):
PLACE OF INJURY (e.g., home, farm, factory, street, office building, etc.):
LOCATION: