Davidson County DEEDWARR
Recvd: 08/11/04 08:53 11pgs
Fees:58.00 Taxes:259.00
20040811-0096833

THIS INSTRUMENT PREPARED BY:
STEWART & BLACK, ATTORNEYS
333 SOUTH GALLATIN ROAD
MADISON, TN 37115

ADDRESS NEW OWNER:

DAVID M. EDGIN AND WIFE,
MARY E. EDGIN
345 Hickory St.
Madison, Tn 37115

SEND TAX BILLS TO:

SAME

MAP/PARCEL NUMBER:

MAP 43-13, PARCEL 317

THE ACTUAL CONSIDERATION OR VALUE WHICHEVER IS GREATER, FOR THIS TRANSFER IS $10,000.00, this 3rd day of ~~April, 2003~~. August, 2004

David M. Edgin
AFFIANT

Subscribed and sworn to me, this the 3rd day of ~~April, 2003~~. August, 2004.

Denise C. Allen
Notary Public

My commission expires: 5/24/2008

DENISE C. ALLEN NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENNESSEE

DEED IN LIEU OF FORECLOSURE

FOR AND IN CONSIDERATION OF THE SUM OF ONE AND NO/100($1.00) DOLLAR, cash in hand paid and other good and valuable considerations, including Grantees relinquishing and giving up their rights to advertise and sell the real property described herein pursuant to the terms, provisions and conditions set forth in that certain Deed of Trust, of record in Instrument No. 20000920-0093575, Register's Office for Davidson County, Tennessee, the receipt and sufficiency of which are hereby expressly acknowledged, WE, STEVE ROBERT LOVETT, UNMARRIED, AND BRENDA MANGRUM, A/K/A BRENDA LORRAINE MANGRUM, UNMARRIED, AS JOINT TENANTS WITH RIGHT OF SURVIVORSHIP, hereinafter referred to as GRANTORS, have this day bargained and sold, and do hereby transfer and convey unto the said DAVID M. EDGIN AND WIFE, MARY E. EDGIN, hereinafter referred to as GRANTEES, THEIR successors, heirs and assigns, certain real estate in DAVIDSON County, Tennessee, being more particularly described in Exhibit "A", which is attached hereto and incorporated herein by reference, together with all right, title and interest of GRANTORS in and to any easements and rights-of-way adjoining or abutting said real estate and any covenants and other rights appurtenant thereto (the "Property"). This conveyance of the "Property", and all covenants and warranties contained herein, are

made expressly subject to the exceptions and other matters set forth in Exhibit "B", which is attached hereto and incorporated herein by reference.

This is improved property known as 328 HICKORY STREET, MADISON, TN 37115.

TO HAVE AND TO HOLD said real estate, with the appurtenances, estate, title and interest belonging to the said GRANTEES, THEIR successors, heirs and assigns forever, WE covenant that WE ARE lawfully seized and possessed of said real estate in fee simple, have a good right to convey it, and that the same is unencumbered except to the extent otherwise set forth in Exhibit "B" hereto. WE further covenant and bind OURSELVES AND OUR heirs and representatives, to warrant and forever defend the title to said GRANTEES, THEIR successors, heirs and assigns, against the lawful claims of all persons.

WITNESS my OUR HANDS AND SEALS on this 23rd day of ~~APRIL~~ August, 2004.

Steve Robert Lovett
STEVE ROBERT LOVETT

Brenda Mangrum, A/K/A Brenda Lorraine Mangrum, By her Attyn fact. Linda Wilson
BRENDA MANGRUM, A/K/A BRENDA LORRAINE MANGRUM, BY HER ATTORNEY-IN-FACT, LINDA WILSON

STATE OF TENNESSEE:
COUNTY OF DAVIDSON:

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, STEVE ROBERT LOVETT, the within named bargainor, with whom I am personally acquainted (or who proved TO ME upon satisfactory evidence), and who acknowledged that he executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at MADISON, Tennessee, on this the 23 day of APRIL, 2003.

notary public

DENISE C. ALLIS NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENNESSEE

My commission expires: 5/30/2004

STATE OF TENNESSEE :
COUNTY OF DAVIDSON :

Personally appeared before me, the undersigned, a notary public in and for the above-stated County and State, LINDA WILSON, to me known to be the person who executed the foregoing instrument on behalf of BRENDA MANGRUM, A/K/A BRENDA LORRAINE MANGRUM, and acknowledged that he executed the same as the free act and deed of said BRENDA MANGRUM, A/K/A BRENDA LORRAINE MANGRUM, by Power of Attorney of record in Instrument NO. attached hereto, said Register's Office..

WITNESS my hand and official seal at MADISON, Tennessee, on this the 11th day of June, 2003.

NOTARY PUBLIC

DENISE C. ALLIS NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENNESSEE

MY COMMISSION EXPIRES: 5/30/2004

BRENDA MANGRUM

STATE OF TENNESSEE:
COUNTY OF DAVIDSON:

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, BRENDA MANGRUM, the within named bargainor, with whom I am personally acquainted (or who proved TO ME upon satisfactory evidence), and who acknowledged that he executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at MADISON, Tennessee, on this the 3rd day of August, 2004.

notary public

My commission expires: 5/24/2008

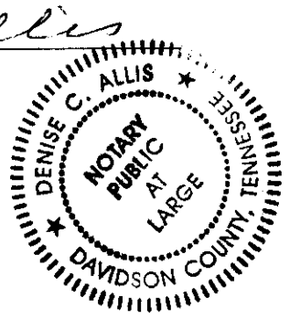


EXHIBIT 'A'

LAND in Davidson County, Tennessee, being Lot No. 24 of Block "D" on the Map of Crittenden Estates, as of record in Book 974, page 69, said Register's Office, to which reference is made for a complete description.

Being the same property conveyed to Steve Robert Lovett, unmarried, and Brenda Lorraine Mangrum, unmarried, as joint tenants with right of survivorship, by Warranty Deed from David M. Edgin and wife, Mary E. Edgin, of record in Instrument no. 20000920-0093574, Register's Office for Davidson County, Tennessee.

EXHIBIT 'B'

1. Real property taxes for 1995 and all future years.

2. All matters set forth on the Plan of record in Book 161, page 38, said Register's Office, including any and all setback lines, easements, etc., as shown thereon.

EXHIBIT B

This Instrument Prepared By:
STEWART & BLACK, ATTORNEYS
333 Gallatin Road South
Madison, TN 37115

DURABLE GENERAL POWER OF ATTORNEY PURSUANT TO T.C.A. §34-6-101 ET SEQ. AND DURABLE POWER OF ATTORNEY FOR HEALTH CARE PURSUANT TO T.C.A. §34-6-201 ET SEQ.

I, **BRENDA MANGRUM,** of Davidson County, Tennessee, do hereby make, constitute, and appoint my sister, LINDA WILSON, of Davidson County, Tennessee, as my true and lawful attorney-in-fact. My attorney-in-fact or any successor or alternate attorney-in-fact is hereby vested with all of the powers and rights enumerated herein as my attorney-in-fact pursuant to The Uniform Durable Power of Attorney Act, T.C.A. §34-6-101 et seq. and the Durable Power of Attorney for Health Care Act, T.C.A. §34-6-201 et seq. My attorney-in-fact or any alternate or successor attorney-in-fact may act for me and in my name, place, and stead and on behalf of me for my use and benefit to do each of the following things.

Powers: Pursuant to T.C.A. §34-6-108, each and every of the powers specifically set forth in T.C.A. §34-6-109 are hereby fully given to and vested into my attorney-in-fact and said statute is hereby fully incorporated herein as if set forth verbatim. A copy of said statute is attached hereto as Exhibit A and fully incorporated herein. These powers (as set forth in said statute on the date of the execution of this Durable Power of Attorney) are granted and shall remain vested in my attorney-in-fact, any alternate or successor attorney-in-fact, notwithstanding that said statute may be amended hereafter or repealed at a later date.

Powers as to Health Care: To contract for my entry into and maintenance in, or release from, any hospital, nursing home, or other type of health care institution, including the authority to approve and give consent to any type of surgery or other medical treatment, it being my intention to grant unto my attorney-in-fact all authority necessary to act for me and in my stead in regard to all matters pertaining to my person, including the 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, except that in the event of a conflict between the provisions of this Durable Power of Attorney for Health Care and any Living Will I have signed, my Living Will provisions shall govern. This Durable Power of Attorney for Health Care shall be construed to satisfy the Tennessee Durable Power of Attorney for Health Care Act, T.C.A. §34-6-201, et seq., and all of the powers and limitations contained and set forth in T.C.A. §34-6-204 are fully adopted herein by reference as fully and completely as if copied herein verbatim. A copy of said statute is attached hereto as Exhibit B and fully incorporated herein. These powers (as set forth in said statute on the date of the execution of this Durable Power of Attorney) are granted notwithstanding that said statute may be amended hereafter or repealed at the time of my incapacity.

The following statement is included herein in accordance with T.C.A. §34-6-205 and said Code section is set forth verbatim as follows:

WARNING TO PERSON EXECUTING THIS DOCUMENT:

THIS IS AN IMPORTANT LEGAL DOCUMENT. BEFORE EXECUTING THIS DOCUMENT YOU SHOULD NOTE 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 or 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 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 a lawyer to explain it to you.

Ratification: I hereby ratify and confirm each act done or caused to be done by my attorney-in-fact in and about the premises by virtue of this power of attorney.

Inducement: For the purposes of inducing any party to act in accordance with the powers granted in this power of attorney, I hereby warrant that if this power of attorney is terminated for any reason whatsoever, I and my successors save such party harmless from any loss suffered or liability incurred by such party in acting in accordance with this power of attorney prior to the time on which any person has actual notice of such revocation or termination. Any party may rely upon a photocopy of this
power without production of the original.

Durability: This power of attorney shall not be affected by any disability, incompetence, or incapacity which I may suffer at any future time or times, whether or not the same shall be adjudicated by any Court, it being my intent that the authorizations and powers granted herein shall remain exercisable notwithstanding any such subsequent occurrence, and that this power of attorney shall be construed to satisfy the Tennessee Uniform Durable Power of Attorney Act, T.C.A. §34-6-101 et seq. and the Tennessee Uniform Durable Power of Attorney for Health Care Act, T.C.A. §34-6-201 et seq.

Exculpation: Under no circumstances shall my attorney-in-fact incur any liability to me for acting or refraining from action hereunder, except for such attorney's willful misconduct or gross negligence.

Revocation: This power of attorney shall remain in full force and effect until it is revoked by written notice delivered to my attorney-in-fact or, as to powers granted herein for my health care, it may be revoked pursuant to T.C.A. §34-6-207. If this instrument has been recorded in the public records, any revocation must likewise be recorded in the same public records.



Attorneys' Signature: The following are specimens of the signatures of my attorney-in-fact and my alternate attorney-in-fact:

Linda Walsh

No Guardian: By executing this instrument upon the advice of legal counsel, I have carefully and deliberately created the means and manner by which I desire that my person and property be cared for, managed and protected in the event I shall become unable to execute such responsibilities myself. Accordingly, it is my intention and my desire that I herewith express in the strongest possible terms, that no guardian or conservator be appointed for me so long as there is an attorney-in-fact named in this instrument who is willing and able to act and serve under this instrument. I request that any Court of competent jurisdiction that receives and is asked to act upon a petition for the appointment of a guardian or conservator for me give the greatest possible weight to my intention and desires as expressed herein.

I hereby acknowledge that I have read the Warning set forth on page 2 of this Durable Power of Attorney and Durable Power of Attorney for Health Care, and fully understand the contents of same.

IN WITNESS WHEREOF, I have signed this Power of Attorney this 12th day of February, 2003.

BRENDA MANGRUM

WITNESSES' AFFIDAVITS

I declare under penalty of perjury under the laws of Tennessee that the person who signed this document is personally known to me to be the principal; that the principal signed this durable power of attorney in my presence; that the principal appears to be of sound mind and under no duress, fraud or undue influence; that I am not the person appointed as attorney-in-fact by this document; that I am not a health care provider, an employee of a health care provider, the operator of a health care institution nor an employee of an operator of a health care institution; that I am not related to the principal by blood, marriage, or adoption; that, to the best of my knowledge, I do not, at the present time, have a claim against any portion of the estate of the principal upon the principal's death; and that, to the best of my knowledge, I am not entitled to any part of the estate of the principal upon the death of the principal under a will or codicil thereto now existing, or by operation of law.

Mary Creek
Witness 344 Oakview Pl. Nashville, TN 37207

Millie Hunt
2924 Overlook Rd.
Nash, TN 37215

I declare under penalty of perjury under the laws of Tennessee that the person who signed this document is personally known to me to be the principal; that the principal signed this durable power of attorney in my presence; that the principal appears to be of sound mind and under no duress, fraud or undue influence; that I am not the person appointed as attorney-in-fact by this document; that I am not a health care provider, an employee of a health care provider, the operator of a health care institution nor an employee of an operator of a health care institution; that I am not related to the principal by blood, marriage, or adoption; that, to the best of my knowledge, I do not, at the present time, have a claim against any portion of the estate of the principal upon the principal's death; and that, to the best of my knowledge, I am not entitled to any part of the estate of the principal upon the death of the principal under a will or codicil thereto now existing, or by operation of law.

Mary Creek 344 oakview Dr
Witness Nashville, TN. 37207

Millie Hyatt
2924 McClavock Pk.
Nashville, TN 37214

Subscribed and sworn to before me
this 12th day of February, 2003.

Phil Dalhke
NOTARY PUBLIC

MY COMMISSION EXPIRES: July 29, 2006

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

On this 12th day of February, 2003, before me, Phillip D. Althke, a Notary public in and for the State and County aforesaid, personally appeared BRENDA MANGRUM, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that she executed it. I declare under penalty of perjury that the person whose name is subscribed to this instrument appears to be of sound mind and under no duress, fraud, or undue influence.

Phil Dalhke
NOTARY PUBLIC

MY COMMISSION EXPIRES: July 29, 2006

34-6-109. Attorney in fact - Powers. - Without diminution or restriction of the powers vested in the attorney at law, by law or elsewhere in the instrument, and subject to all other provisions of the instrument, the attorney in fact, without the necessity of procuring any judicial authorization therefore, or approval thereof, shall be vested with and in the application of such attorney in fact's best judgment and discretion on behalf of the principal shall be authorized to exercise the powers specifically enumerated in this section:

(1) Generally do, sign or perform in the principal's name, place and stead any act, deed, matter or thing whatsoever, that ought to be done, signed or performed, or that, in the opinion of the attorney in fact, ought to be done, signed or performed in and about the premises, of every nature and kind whatsoever, to all intents and purposes whatsoever, as fully and effectually as the principal could do if personally present and acting. The enumeration of specific powers hereunder shall not in any way limit the general powers conferred herein;

(2) Receive from or disburse to any source whatever moneys through checking or savings or other accounts or otherwise, endorse, sign and issue checks, withdrawal receipts or any other instrument, and open or close any accounts-in the principal's name alone or jointly with any other person;

(3) Buy, sell, lease, alter, maintain, pledge or in any way deal with real and personal property and sign each instrument necessary or advisable to complete any real or personal property transaction, including, but not limited to, deeds, deeds of trust, closing statements, options, notes and bills of sale;

(4) Make, sign and file each income, gift, property or any other tax return or declaration required by the United States or any state, county, municipality or other legally `constituted authority;

(5) Acquire, maintain, cancel or in any manner deal with any policy of life, accident, disability, hospitalization, medical or casualty insurance, and prosecute each claim for benefits due under any policy;

(6) Provide for the support and protection of the principal, or of such principal's spouse, or of any minor child of the principal or of such principal's spouse dependent upon the principal, including, without limitation, provision for food, lodging, housing, medical services, recreation and travel;

(7) Have free and private access to any safe deposit box in the principal's individual name, alone or with others, in any bank, including authority to have it drilled, with full right to deposit and withdraw therefrom or to give full discharge therefore;

(8) Receive and give receipt for any money or other obligation due or to become due to the principal from the United States, or any agency or . subdivision thereof, and to act as representative payee for any payment to which the principal may be entitled, and effect redemption of any bond or other security wherein the United States, or any agency or subdivision thereof, is the obligor or payor, and give full discharge therefore;

(9) Contract for or employ agents, accountants, advisors, attorneys and others for services in connection with the performance by the principal's attorney in fact of any powers herein;

(10) Buy United States government bonds redeemable at par in payment of any United States estate taxes imposed at principal's death;

(11) Borrow money for any of the purposes described herein, and secure such borrowings in such manner as the principal's attorney in fact shall deem appropriate, and use any credit card held in the principal's name for any of the purposes described herein;

(12) Establish, utilize, and terminate checking and savings accounts, money market accounts and agency accounts with financial institutions of all kinds, including securities brokers and corporate fiduciaries;

(13) Invest or reinvest each item of money or other property and lend money or property upon such terms and conditions and with such security as 'the principal's attorney in fact may deem appropriate, or renew, extend, or modify loans, all in accordance with the fiduciary standards of § 35-3-117;

(14) Engage in and transact any and all lawful business of whatever nature or kind for the principal and in the principal's name, whether as partner, joint adventurer, stockholder, or in any other manner or form, and vote any stock or enter voting trusts;

EXHIBIT A PAGE ONE OF TWO

(15) Pay dues to any club or organization to which the principal belongs, and make charitable contributions in fulfillment of any charitable pledge made by the principal;

(16) Transfer any property owned by the principal to any revocable trust created by the principal with provisions for the principal's care and support; (17) Sue, defend or compromise suits and legal actions, and employ counsel in connection with the same, including the power to seek a declaratory judgment interpreting this power of attorney, or a mandatory injunction requiring compliance with the instructions of the principal's attorney in fact, or actual and punitive damages against any person failing or refusing to follow the instructions of the principal's attorney in fact;

(17)Reimburse the attorney in fact or others for all reasonable costs and expenses actually incurred and paid by such person on behalf of the principal;

(18) Create, contribute to, borrow from and otherwise deal with an employee benefit plan or individual retirement account for the principal's benefit, select any payment option under any employee benefit plan or individual retirement
account in which the principal is a participant or change options the principal has selected, make "roll-ovens" of plan benefits into other retirement plans, and apply for and receive payments and benefits;

(19) Execute other power of attorney forms on behalf of the principal which may be required by the internal revenue service, financial or brokerage institutions, or others, naming the attorney in fact hereunder as attorney in fact for the principal on such additional forms;

(20) Request, receive and review any information, verbal or written, regarding the principal's personal affairs or the principal's physical or mental health, including legal, medical and hospital records, execute any releases or other documents that may be required in order to obtain such information, and disclose such information to such persons, organizations, firms or corporations as the principal's attorney in fact shall deem appropriate; and

(21) Make advance arrangements for the principal's funeral and burial, including the purchase of a burial plot and marker, if the principal has not already done so. [Acts 1991, ch. 197, § 3.1

Section to Section References. This section is referred to in § 346-108.
Law Reviews. Planning for Incompetency (1992).
Made Difficult: Legislation Provides Traps for the Unwary (David E. Fowler), 28 Tenn. B.J. 18

EXHIBIT A
PAGE TWO OF TWO

§ 34-6-204. Priorities and preferences; appointment of conservator, guardian of estate or other fiduciary

(a)(1) Unless the durable power of attorney for health care provides otherwise, or unless a court with appropriate jurisdiction finds by clear and convincing evidence that the attorney in fact is acting on behalf of the principal in bad faith, the attorney in fact designated in such durable power of attorney who is known to the health care provider to be available and willing to make health care decisions has]priority over any other person to act for the principal in all, matters of health care decisions.

(2)(A) If, following the execution of a durable power of attorney for health care, a court of the principal's domicile appoints a conservator, guardian of the estate, or other fiduciary, such fiduciary shall not have the power to:

(i) Revoke or amend the durable power of attorney for health care executed by the principal prior to such appointment; nor

(ii) Replace the attorney in fact designated in such durable power of attorney.

(B) The provisions of this subdivision (a)(2) apply notwithstanding the provisions of the Uniform Durable Power of Attorney Act, compiled in part 1 of this chapter, which authorizes the fiduciary to revoke or amend a power of attorney created by the principal.

(b) Subject to any limitations in the durable power of attorney for health care, the attorney in fact designated in such durable power of attorney may make health care decisions for the principal, before or after the death of the principal, to the same extent as the principal could make health care decisions for such principal if the principal 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.

(c) Nothing in this part affects any right the person designated as attorney in fact may have, apart from the durable power of attorney for health care, to make or participate in the making of health care decisions on behalf of the principal.

(d) Subject to any limitations in the durable power of attorney for health care, the attorney in fact designated in such durable power of attorney may make health care decisions as provided in this part for the principal who has a terminal condition as defined in § 32-11-103(9). The decision to withhold or withdraw health care may be made by the attorney in fact permitting the principal to die naturally with only the administration of palliative care as defined in § 32-11-103(6).

1990 Pub. Acts, c. 831, § 5; 1991 Pub. Acts, c. 344, § 11.

EXHIBIT B
PAGE ONE OF ONE

