WARRANTY DEED

STATE OF TENNESSEE
COUNTY OF WILLIAMSON
THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER FOR THIS TRANSFER IS $ 17,500.00

AFFIANT

SUBSCRIBED AND SWORN TO ME ON THE 5TH DAY OF AUGUST, 2005.

NOTARY PUBLIC

MY COMMISSION EXPIRES

THIS INSTRUMENT PREPARED BY
JIM R. VANDERPOOL, P.C., 5120 VIRGINIA WAY, C-22, BRENTWOOD, TN 37027
file # 05-00948

ADDRESS OF NEW OWNER	SEND TAX BILLS TO	MAP-PARCEL
Compass Development, LLC	Compass Development, LLC	Map: 82
812 Princeton Hills Dr.	812 Princeton Hills Dr.	Group: 03
Brentwood, TN 37027	Brentwood, TN 37027	Parcel: 260.00

FOR AND CONSIDERATION OF THE SUM OF TEN DOLLARS, CASH IN HAND PAID BY THE HEREINAFTER NAMED GRANTEES, AND OTHER GOOD AND VALUABLE CONSIDERATION, THE RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED, WE,

SYMIRIA GRIGSBY, MARRIED,

HEREINAFTER CALLED THE GRANTORS, HAVE BARGAINED AND SOLD, AND BY THESE PRESENTS DO TRANSFER AND CONVEY UNTO:

COMPASS DEVELOPMENT, LLC

HEREINAFTER CALLED THE GRANTEES, THEIR HEIRS AND ASSIGNS, A CERTAIN TRACT OR PARCEL OF LAND IN DAVIDSON COUNTY, TENNESSEE, DESCRIBED AS FOLLOWS TO-WIT:

SEE EXHIBIT "A" & B

This is unimproved property known as 1009 Meridian Street, Nashville, TN 37207

TO HAVE AND TO HOLD the said tract or parcel of land, with the appurtenances, estate, title and interest thereto belonging to the said Grantee, its successors and assigns, forever; and the Grantor does covenant with the said Grantee that it is lawfully seized and possessed of said land in fee simple, has a good right to convey it, and the same is unencumbered, except for the security interest held by Grantee; and the Grantor does further covenant and bind itself, its successors and assigns to warrant and forever defend the title to the said land to the said Grantee, its successors and assigns, against the lawful claims of all persons whomsoever. Wherever 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 my hand on the 5th day of August, 2005.

Symiria Grigsby

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

Personally appeared before , the undersigned, a Notary Public, in and for said County and State, the within named, SYMIRIA GRIGSBY, the bargainor(s), with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Brentwood, Tennessee , this 5th day of August, 2005.

Notary Public

My Commission Expires:

Davidson County DEEDWARR
Recvd: 08/22/05 08:07 3 pg
Fees:18.00 Taxes:64.75

20050822-0099317

EXHIBIT A - LEGAL DESCRIPTION

LAND IN DAVIDSON COUNTY, TENNESSEE, BEING LOT NO. 5 ON THE PLAN OF F. E. MANN'S SUBDIVISION OF THE LUCY H. LINDSLEY TRACT, AS OF RECORD IN BOOK 161, PAGE 40, REGISTER'S OFFICE FOR SAID COUNTY, TO WHICH PLAN REFERENCE IS HEREBY MADE FOR A MORE COMPLETE DESCRIPTION OF SAID LOT.

BEING THE SAME PROPERTY CONVEYED BY WARRANTY DEED FROM SYMIRIA H. GRIGSBY TO NANCY HENLEY AS RECORDED ON THE 6TH DAY OF MARCH, 1984 IN BOOK 6242, PAGE 854 AND INSTALLMENT DEED FROM ALFONSO WILSON AND WIFE, JOSIE WILSON TO SYMIRIA H. GRIGSBY AND NANCY HENLEY AS RECORDED ON THE 17TH DAY OF NOVEMBER, 1980 IN BOOK 5678, PAGE 648, IN THE REGISTER'S OFFICE OF DAVIDSON COUNTY, TENNESSEE. THE SAID NANCY HENLEY HAVING SINCE DIED ON AUGUST 27, 1991 (SEE EXHIBIT "B" DEATH CERTIFICATE ATTACHED HERETO), AND THE PROPERTY IS NOW VESTED IN SYMIRIA GRIGSBY, HER SOLE HEIR. SYMIRIA GRIGSBY, SYMIRIA THOMAS GRIGSBY AND SYMIRIA H. GRIGSBY BEING ONE AND THE SAME PERSON.

THE SUBJECT PROPERTY IS UNIMPROVED AND HAS NEVER BEEN THE PRIMARY RESIDENCE OF SYMIRIA GRIGSBY.

THIS conveyance is subject to any and all zoning regulation, building restriction and setback lines, if any, and easements and rights for public utilities applicable to this property; and taxes, for the current year which if prorated have been assumed by the Grantee(s) herein.

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

Exhibit B

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER 9104394

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Nancey B Henley
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): Aug. 27, 1991
4. SOCIAL SECURITY NUMBER (or Deceased): [redacted]-6280
5a. AGE – LAST BIRTHDAY (Years): 73
5b. UNDER 1 YEAR: mos. / days
5c. UNDER 1 DAY: minutes / hrs.
6. DATE OF BIRTH (Month, Day, Year): April 8 1918
7. BIRTHPLACE (City and State or Foreign Country): Eutaw Al
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
8a. PLACE OF DEATH (Check only one): HOSPITAL 1 Inpatient 2 ER/Dispatient 3 [X] DOA; OTHER 4 Nursing Home 5 Residence 6 Other (Specify)
9. FACILITY NAME (If not institution, give street and number): MEHARRY HOSPITAL
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
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): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Home
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 4170 Farmview Dr
CENSUS TRACT:
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37218
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes [ ] No [X]
Specify, if yes:
15. RACE – American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 10gr; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Herndon Means
18. MOTHER'S NAME (First, Middle, Maiden Surname): Ardelia Kinney

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Symiria Grigsby
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4108 West Hamilton Rd Nashville, Tn 37218

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): National Cemetery
20c. LOCATION – City or Town, State: Madison, Tn
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Richard A. Lewis
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3633
21c. SIGNATURE OF EMBALMER: ▶Terry L. Waters
21d. LICENSE NUMBER OF EMBALMER: 4157
22a. NAME AND ADDRESS OF FUNERAL HOME: Lewis & Wright Funeral Directors 2500 Clarksville Hwy Nashville, Tn 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 0812

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶Mary C. Pentecost
24. DATE FILED (Month, Day, Year): September 17, 1991

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: ▶ Gary L. Margolis MD
25b. LICENSE NUMBER: MD021326
25c. DATE SIGNED (Month, Day, Year): 9-17-91
25a. 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: ▶
25b. LICENSE NUMBER:
25c. 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): GARY MARGOLIS 2525 VANDERBILT CLINIC

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. Cardiac Arrest — 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. Hyper-Tensive Heart Disease — DUE TO (OR AS A CONSEQUENCE OF):
c. Breast Cancer — DUE TO (OR AS A CONSEQUENCE OF):
d.
Approximate Interval Between Onset and Death: 7 yrs
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

SEE INSTRUCTIONS ON OTHER SIDE

30. MANNER OF DEATH: 1 [ ] Natural 5 [ ] Pending Investigation; 2 [ ] Accident; 3 [ ] Suicide 6 [ ] Could not be Determined; 4 [ ] Homicide
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):

BIRTH NO:

PH-1859 REV. 1/89

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Tonya Y. Ruttlen
Tonya Y. Ruttlen
Local Registrar

JUL 27 2005
Date Issued

CERTIFICATION OF VITAL RECORD