Davidson County DEEDWARR
Recvd: 11/04/05 09:01 3 pgs
Fees:18.00 Taxes:999.00
20051104-0133699

This Instrument Prepared by:
Title Corporation of America
PO Box 3112
Brentwood, TN 37027
615-377-0749
File No. 050865

TAMILYN STREETER DERRYBERRY
Notary Public At Large
WILLIAMSON COUNTY, TENN.
My Commission Expires May 23, 2006

STATE OF Tennessee
COUNTY OF DAVIDSON
The actual consideration or value, whichever is greater for this ~~transfer~~ is **$270,000.00**

Affiant

Subscribed and sworn to before me, this **27th day of October, 2005.**

Notary Public
My commission expires:

Name and Address of New Owner:	**Send Tax Bills To:**	**Tax Information:**
Matthew H. Nichols 4629 Shys Hill Rd NASHVILLE, Tennessee 37215	Suntrust Mortgage, Inc. PO Box 57028 Irvine CA 92619-7028	131 15 0 001.00

WARRANTY DEED

For and in 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, I, **Mary Ann McMillan, an unremarried widow**, hereinafter called the Grantor, have bargained and sold, and by these presents do transfer and convey unto **Matthew H. Nichols, an single man,** hereinafter called the Grantee, his heirs, successors and assigns, a certain tract or parcel of land in **DAVIDSON County, Tennessee,** described as follows; to-wit:

BEING Lot No. 34 on the Plan of Harpeth Acres, Section 7, as of record in Book 2331, page 154, Register's Office for Davidson County, Tennessee.

Said Lot No. 34 fronts 148.60 feet on the southwesterly side of Shy's Hill Road and runs back between lines 211.0 feet on the southeasterly side and 269.40 feet on the northwesterly side to a broken line in the rear measuring 222.50 feet thereon.

BEING the same property conveyed to Glenn W. McMillan and wife, Mary Ann McMillan from R. Howard Moore and wife Anne W. Moore by Warranty Deed of record in Book 3838, Page 246, Register's Office of Davidson County, Tennessee. Glenn W. McMillan has since died leaving title vested in Mary Ann McMillan, his wife.

This is improved property commonly known as 4629 Shys Hill Road, Nashville, TN 37215.

Map 131-15-0 001.00

THIS conveyance is subject to any and all zoning regulations, building restrictions, setback lines, easements and rights for public utilities, restrictive covenants and conditions, all other matters of record applicable to this property and all items set out on any applicable plat of record, including but not limited to:

1. Taxes for 2006 and subsequent years which have been assumed by the Grantee(s) herein.
2. All matters shown on the owner's certificate and plan of record in Plat Book 2331, Page 154, Register's Office of DAVIDSON County, Tennessee.
3. Restrictions filed for record in Book 3485, Page 619 Register's Office of DAVIDSON County, Tennessee.
4. Sanitary Sewer and/or Storm Drainage Easement of record in Book 4627, Page 79Register's Office of DAVIDSON County, Tennessee.

This property is improved property known as **4629 Shys Hill Rd, NASHVILLE, TN 37215**

Init MAM Init
by AMG
Mer AIF

TO HAVE AND TO HOLD the said tract of land, with the appurtenances, estate, title and interest thereto belonging to the said Grantee, his heirs, successors and assigns, forever. Grantors covenant with the said Grantee that Grantor is lawfully seized and possessed of said land in fee simple, has a good and legal right to convey it, and the same is unencumbered, unless otherwise herein set out. Grantor does further covenant and bind herself, her heirs, successors and representatives, to warrant and forever defend the title to the said land to the said Grantee, his heirs, 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.

In witness, whereof, I, Mary Ann McMillan, sign this Warranty Deed on this the 27th day of October, 2005.

Mary Ann McMillan by Ann McMillan Jackson her attorney in fact

Mary Ann McMillan, by Ann McMillan Jackson
her attorney-in-fact

STATE OF Tennessee
COUNTY OF WILLIAMSON

Personally appeared before me, Tamilyn Streeter Derryberry, a Notary Public in and for said County and State, Ann McMillan Jackson, to me known to be the person (or proved to me on the basis of satisfactory evidence) who executed the foregoing instrument in behalf of Mary Ann McMillan, and acknowledged that she executed the same as the free act and deed of said Mary Ann McMillan, and for the purposes therein contained, by virtue of a Power of Attorney duly executed by the said Mary Ann McMillan, and appearing of record in Instrument No. 20051104-0133698 Book _____, Page_____, Register's Office for Davidson County, Tennessee.

Witness my hand and seal this the 27th day of October, 2005.

TAMILYN STREETER DERRYBERRY
Notary Public At Large
WILLIAMSON COUNTY, TENN.

Tamilyn Streeter Derryberry
Notary Public

My Commission Expires:
May 23, 2006

My Commission Expires
May 23, 2006

CERTIFICATE OF DEATH/STATE OF GEORGIA

Birth Number | Local File Number | State File Number

DECEASED

1a. Decedent's Name (First, Middle, Last): Glenn Wayland McMillan
1b. If Decedent is Female, Enter Maiden Last Name:
2. Sex: Male
3. Date of Death (Mo., Day, Year): August 1, 2003
4. Race (White, Black, Amer. Indian, etc.) (Specify): White
5. Origin of Decedent (Italian, Mex., French, English, etc.): American
6. Date of Birth (Mo., Day, Year): Jan 31, 1929
7a. Age-Last Birthday (Years): 74
7b. Under 1 Year: Mos. / Days
7c. Under 1 Day: Hours / Mins.
8a. County of Death: Bartow
8b. City, Town or Location of Death: Cartersville
8c. Hospital or Other Institution Name (If not in either, give street and No.): Cartersville Medical Center
8d. If Hospital or Inst. (Indicate DOA, OP/EMER. Rm., Inpatient) (Specify): Inpatient
9a. State and County of Birth (If not in USA, name Country): Tn McMinn
10a. Citizen of What Country?: USA
11. Married, Never Married, Widowed, Divorced (Specify): Married
12. Spouse (If married or widowed, give spouse's name--if wife, give maiden name): Mary Ann Hansard
13. Was Decedent Ever in U.S. Armed Forces (Yes or No): Yes
14. Social Security Number: [redacted]-5771
15a. Usual Occupation (Give kind of work done during most of working life, even if retired): Director
15b. Kind of Industry or Business: Education
16a. Residence - State: GA
16b. County: Bartow
16c. City, Town or Location: Cartersville
16d. Street and Number: 532 Waterford Dr.
16e. Inside City Limits? (Yes or No): Yes

Usual Residence Where Deceased Lived. If Death Occurred In Institution, See Handbook Regarding Completion of Residence Items.

PARENTS

17. Father's Name (First, Middle, Last): Arthur Earl McMillan
18. Mother's Maiden Name (First, Middle, Last): Alma Campbell

INFORMANT

19a. Informant's Name (First, Middle, Last): Mary Ann McMillan
19b. Mailing Address (Street, R.F.D. No., City or Town, State, Zip): 532 Waterford Dr. Cartersville, GA 30120
19c. Relationship: Wife

DISPOSITION

20a. Burial, Cremation, Removal (Specify): Burial
20b. Disposition Date (Mo., Day, Year): Aug 5, 2003
20c. Cemetery or Crematory Name: Woodlawn Cemetery
20d. Location (City, or Town, State, Zip, County): Nashville, IN 37203
21a. Funeral Director (Signature): Howard T.Bradley
21b. Fun. Dir. License No.: 4252
21c. Name and Address of Facility (Street, R.F.D. No., City or Town, State, Zip): Parnick Jennings Funeral Home 430 Cassville Road Cartersville, GA 30120-
21d. Est. License No.: 1337
21e. Embalmer (Signature): Howard T.Bradley
21f. Embalmer License No.: 3845

CAUSE OF DEATH

Conditions, If Any, Which Gave Rise To Immediate Cause Stating The Underlying Cause Last.

23. Immediate Cause (Enter only one cause per line for A, B, and C):
PART I
a. Cardio pulmonary arrest — Approximate interval between onset and death: Immediate
Due to, or as a consequence of:
b. pulmonary embolism — Approximate interval between onset and death: 36 hrs
Due to, or as a consequence of:
c. deep vein thrombosis — Approximate interval between onset and death: unknown

PART II
24. Other Significant Conditions - conditions contributing to death but not related to cause given in Part IA. (If female, indicate if pregnant or birth occurred within 90 days of death.)
25a. Autopsy (Yes or No): No
25b. If Yes, were findings considered in determining cause of death? (Yes or No): No

If Infant Death, Indicate Birth Certificate No. of Mother.

26a. Was Operation Performed? (Yes or No): No
26b. Date of Operation (Mo., Day, Year):
26c. Conditions for which operation was performed (Specify):
27. Accident, Suicide, Homicide, Undetermined (Specify):
28a. Date of Injury (Mo., Day, Year):
28b. Describe How Injury Occurred:
28c. Hour of Injury:
28d. Injury at Work? (Yes or No):
28e. Place of Injury (Home, Farm, Street, Factory, Office, Etc.)(Specify):
28f. Location (Street, R.F.D. No., City or Town, State, Zip, County):

CERTIFIER

To Be Completed By CERTIFYING PHYSICIAN ONLY

29a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title): Jeffrey Esslinger MD
29b. Date Signed (Mo., Day, Year): 8-10-03
29c. Hour of Death: 12:27AM M
29d. Name of Attending Physician if Other Than Certifier:

To Be Completed By MEDICAL EXAMINER OR CORONER ONLY

30a. 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) stated. (Signature and Title):
30b. Date Signed (Mo., Day, Year):
30c. Hour of Death: 12:27AM M
30d. Date Pronounced Dead (Mo., Day, Year): August 1, 2003
30e. Hour Pronounced Dead: 12:27AM

Type or Print

31a. Name, Title, and License No. of Certifier (Physician, Medical Examiner, or Coroner): Jeffrey Esslinger MD
Phys. Lic. No.: 045455
31b. Address of Certifier (Street, R.F.D. No., City or Town, State, Zip): 962 JFH Pkwy, Ste.103, Cartersville Ga 30121

REGISTRAR

22a. Registrar (Signature): Lori L. Thurman Deputy
22b. Date Received by Registrar (Mo., Day, Year): August 15th 2003

(1) WAS THIS DEATH THE RESULT OF VIOLENCE, SUICIDE, OR CASUALTY; (2) WAS ANY SUSPICION OF ANY CASUALTY INVOLVED; (3) WAS DECEASED UNATTENDED BY A PHYSICIAN; OR (4) WAS ANY SUSPICIOUS OR UNUSUAL MANNER ASSOCIATED WITH THIS DEATH? ☐ YES ☐ NO
IF "YES" TO EITHER 1, 2, 3, OR 4, PLEASE NOTIFY THE CORONER IN THE COUNTY WHERE THE BODY WAS FOUND OR THE DEATH OCCURRED.

Form 3903 (Rev. 9-91) GEORGIA DEPARTMENT OF HUMAN RESOURCES/VITAL RECORDS SERVICE — DO NOT FOLD THIS CERTIFICATE

CERTIFICATE OF RECORD

THIS IS AN EXACT COPY OF THE DEATH CERTIFICATE RECEIVED FOR FILING IN BARTOW COUNTY, GEORGIA.

Mitchell Scoggins — SIGNED BY Lori L. Thurman
LOCAL CUSTODIAN — LOCAL CUSTODIAN OFFICE

DATE August 15th 2003 — COUNTY OF BARTOW