WARRANTY DEED

SHANNON PHILBIN NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENN.

My Commission Expires JULY 21, 2007

STATE OF TENNESSEE
COUNTY OF DAVIDSON

THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $349,000.00

× George Gianikas
Affiant

SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 8 DAY OF JUNE, 2007.

Notary Public

MY COMMISSION EXPIRES:

(AFFIX SEAL)

THIS INSTRUMENT WAS PREPARED BY
MICHAEL J. PHILBIN, P.C., 2021 Richard Jones Road, Suite 220, Nashville, TN 37215

ADDRESS NEW OWNER(S) AS FOLLOWS:	SEND TAX BILLS TO:	MAP-PARCEL NUMBERS
George Gianikas	SAME	115-8-41
(NAME) 609 Linden Square	(NAME)	
(ADDRESS) Nashville TN 37215	(ADDRESS)	
(CITY) (STATE) (ZIP)	(CITY) (STATE) (ZIP)	

Davidson County DEEDWARR
Recvd: 06/11/07 08:15 5 pgs
Fees:28.00 Taxes:1291.30
20070611-0069260

FOR AND CONSIDERATION OF THE SUM OF TEN DOLLARS, CASH IN HAND PAID BY THE HEREINAFTER NAMED GRANTEES, AND OTHER GOOD AND VALUABLE CONSIDERATIONS, THE RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED, I, **John M. Daves Trustee of the John M. Daves and Ruth L. Daves Joint Revocable Living Trust u/a/d October 30, 1998**, HEREINAFTER CALLED THE GRANTOR, HAS BARGAINED AND SOLD, AND BY THESE PRESENTS DOES TRANSFER AND CONVEY UNTO **George Gianikas**, HEREINAFTER CALLED THE GRANTEE, HIS HEIRS AND ASSIGNS, A CERTAIN TRACT OR PARCEL OF LAND IN DAVIDSON COUNTY, STATE OF TENNESSEE, DESCRIBED AS FOLLOWS, TO-WIT:

LAND in Davidson County, Tennessee, being Lot No. 381 on the plan of West Meade Farms, Inc., Section "K" of record in Book 2133, page 46 Register's Office for said County, to which plan reference is hereby made for a more complete and accurate description.

Being the same property conveyed to John M. Daves and wife, Ruth L. Daves, Trustees of the John M. Daves and Ruth L. Daves Joint Revocable Living Trust u/a/d October 30, 1998 by deed from John M. Daves and Ruth D. Daves, Individually of record in Book 11180, page 673 Register's Office for Davidson County, Tennessee. The said Ruth L. Daves (a/k/a Ruth D. Daves) died on May 16, 2001, as evidenced by her death certificate attached hereto as Exhibit 1. Pursuant to Article VI, Section A of the Trust Agreement, John M. Daves became the sole Trustee and is authorized under Aritcle VII, Section E (15), which incorporates TCA 35-50-110 as part of the powers granted to the Trustee, to sell, transfer and convey real property belonging to the Trust without judicial authorization or the approval of beneficiaries. See the Certification of Trust attached hereto as Exhibit 2.

This conveyance is subject to the Plan of Record in Book 2133, page 47 and property taxes for the current year.

unimproved ☐

This is improved ☒ property, known as **718 Brownlee Drive, Nashville, TN 37205**

(House Number) (Street) (P.O. Address) (City or Town) (Postal Zip)

TO HAVE AND TO HOLD the said tract or parcel of land, with the appurtenances, estate, title and interest thereto belonging to the said GRANTEES, their heirs and assigns forever; and we do covenant with the said GRANTEES that we are lawfully seized and possessed of said land in fee simple, have a good right to convey it and the same is unencumbered, unless otherwise herein set out; and we do further covenant and bind ourselves, our heirs and representatives, to warrant and forever defend the title to the said land to the said GRANTEES, their heirs 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 this 8 day of June, 2007.

John M. Daves Trustee of the John M. Daves and Ruth L. Daves Joint Revocable Living Trust u/a/d October 30, 1998

By: John M. Daves Trustee
John M. Daves Trustee

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 John M. Daves Trustee of the John M. Daves and Ruth L. Daves Joint Revocable Living Trust u/a/d October 30, 1998, the bargainor, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, and who acknowledged that he executed the within instrument in his capacity as Trustee of the aforesaid Trust for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee this 8 DAY OF JUNE, 2007.

Commission expires: 7/21/07

Notary Public

SHANNON PHILBIN NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENN.

My Commission Expires JULY 21, 2007

Metropolitan Government of Nashville and Davidson County

Exhibit 1

Bill Purcell, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

0-102840

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Ruth Loretta Daves
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): May 16, 2001
4. SOCIAL SECURITY NUMBER: 411-46-3396
5a. AGE-LAST BIRTHDAY (Years): 75
5b. UNDER 1 YEAR — MONTHS
5c. UNDER 1 DAY — HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 8-31-1925
7. BIRTHPLACE (City and State or Foreign Country): Vintondale, PA
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [X] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Residence of Alive Hospice
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): John Daves
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Registered Nurse
12b. KIND OF BUSINESS/INDUSTRY: Medical
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 718 Brownlee Dr.
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37205
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No — Specify, if yes
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): — College (1-4 or 5+): 4

PARENTS

17. FATHER'S NAME (First, Middle, Last): Melvin B. Davis
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mary Zella Otto

INFORMANT

19a. INFORMANT'S NAME (Type/Print): John M. Daves
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 718 Brownlee Dr. Nashville, TN 37205

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): Mount Olivet Cemetery
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Matthew Sellars
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5266
21c. SIGNATURE OF EMBALMER: ▶ Dick Morrison
21d. LICENSE NUMBER OF EMBALMER: 3137
22a. NAME AND ADDRESS OF FUNERAL HOME: Mount Olivet Funeral Home 1101 Lebanon Rd., Nashville, TN 37210
22b. LICENSE NUMBER OF FUNERAL HOME: 970

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ [signature]
24. DATE FILED (Month, Day, Year): May 25, 2001

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.
1 [ ] SIGNATURE AND TITLE OF PHYSICIAN: ▶ [signature]
25b. LICENSE NUMBER: 34321
25c. DATE SIGNED (Month, Day, Year): 5-23-01
25a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date 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): Dr. John Mulder, 1718 Patterson St., Nashville, TN 37203

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. Use only one cause on each line. — Approximate Interval Between Onset and Death

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Ovarian Cancer
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. DUE TO (OR AS A CONSEQUENCE OF):
c. DUE TO (OR AS A CONSEQUENCE OF):
d.

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

30. MANNER OF DEATH: 1 [X] Natural 5 [ ] Pending Investigation; 2 [ ] Accident; 3 [ ] Suicide 4 [ ] Could not be Determined; 4 [ ] Homicide
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
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

CERTIFICATION OF TRUST
FOR THE
JOHN M. DAVES AND RUTH L. DAVES
JOINT REVOCABLE LIVING TRUST

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

The undersigned, John M. Daves being first duly sworn, deposes and says the he is at least 18 years of age and is a currently acting trustee of the John M. Daves and Ruth L. Daves Joint Revocable Living Trust, and further states as follows:

1. The John M. Daves and Ruth L. Daves Joint Revocable Living Trust is a valid, existing trust, having been created by a written document entitled The John M. Daves and Ruth L. Daves Joint Revocable Living Trust Agreement, which is dated October 30, 1998

2. (a) The grantors or creators of the trust were John M. Daves and Ruth L. Daves, the said Ruth L. Daves having died on May 16, 2001.

   (b) The currently acting trustee is John M. Daves.

   (c) The named successor trustees are Mary Beth Daves Garcia, John Robert Garcia and Matthew Benjamin Garcia.

3. The administrative and/or managerial powers of the trustee are setforth in Article VII and Section E(15), which incorporates all the powers created by TCA 35-50-110.

4. (a) The trust is revocable.

   (b) The person holding the power to revoke the trust is John M. Daves.

5. The signature of only one Trustee is sufficient to create a valid deed conveying real or personal property belonging to the trust.

6. The conditions for the succession of the successor trustees are the death, resignation or inability of both the original Trustees to manage his or her affairs. Third parties are entitled to rely on the authority of the successor trustee(s) without proof of his/her/their succession.

7. The social security number/employer identification number assigned to the trust is that of John M. Daves.

8. Trust property should be titled as follows: John M. Daves, Trustee of the John M. Daves and Ruth L. Daves Joint Revocable Living Trust U/A/D October 30, 1998.

9. To the best of the undersigned's knowledge, the trust has not been revoked, modified, or amended in any manner that would cause the representations and statements contained herein to be incorrect.

This 8th day of June, 2007.

John M. Daves, Trustee

John M. Daves, individually and his Trustee

Sworn to and subscribed to before me this 7th day of June, 2007.

Notary Public

My commission expires:

SHANNON PHILBIN NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENN.

My Commission Expires JULY 21, 2007

THIS INSTRUMENT WAS PREPARED BY:
MICHAEL J. PHILBIN, ESQUIRE
MICHAEL J. PHILBIN, P.C.
2021 RICHARD JONES ROAD, SUITE 220
NASHVILLE, TN 37215-2860