This Instrument Prepared By:
BROKERS ESCROW SERVICES, INC.
211 Donelson Pike, Suite 2, P. O. BOX 140255
Nashville, Tennessee 37214

Recording Information:

Davidson County	DEEDWARR
Recvd: 06/15/07 12:35	3 pgs
Fees:18.00 Taxes:455.10	
20070615-0071877	

ADDRESS NEW OWNER:
Holland & Suzanne Koontz
733 Kent Rd.
Nashvillle, TN 37214

SEND TAX BILL TO:
Owner

MAP 096-09-0 A
GROUP
PARCEL 733.00 CO

WARRANTY DEED

FOR AND IN CONSIDERATION of the sum of Ten ($10.00) Dollars, cash in hand paid by the hereinafter named "GRANTEES", and other good and valuable considerations, the receipt and sufficiency of which are hereby acknowledged, **Harriett Anderson Martin,** hereinafter called the "GRANTOR", has bargained and sold, and by these presents, does transfer and convey unto **Holland L. Koontz and wife, Suzanne P. Koontz**, hereinafter called the "GRANTEES", their heirs and assigns, a certain tract or parcel of land in Davidson County, State of Tennessee, described as follows, to-wit:

A tract or parcel of land lying in Davidson County, State of Tennessee, described as follows, to-wit:

Being Unit No. 733, on the Plan of Emery Place, of record in Book 6250, page 719, of the Register's Office for said County, to which plan reference is hereby made for a more complete and detailed description of said lot.

Being the same property conveyed to Willa Anderson and Harriett Anderson Martin, as joint tenants with right of survivorship by deed dated February 9th, 2006, of record in Instrument No. 20060302-0024599 , Register's Office for Davidson County, Tennessee. Willa Anderson having since died, her death certificate attached as Exhibit "A" , vesting title in Harriett Anderson Martin as sole owner by right of survivorship.

Taxes for the current year have been settled between the parties. Said property is transferred subject to the following matters:

Taxes resulting from supplemental, revised or corrected assessments under T.C.A., section 67-5-603, et. seq.
Subject to all applicable zoning and planning restrictions, and all health department rules and regulations that may affect the premises.
Subject to restrictive covenants contained in an instrument of record in Book 6715, page 96, Book 6783, page 205, Book 6845, page 515, Book 8048, page 351, said Register's Office, and to which instrument reference is here made for the complete and exact terms, details and requirements thereof.
Declaration of Common Area , Covenants, Conditions and Restrictions, and Maintenance Assessments contained in instruments of record in Book 6887, page 730 and Book 6947, page 944, and Book 8048, page 351 said Register's Office, and to which instrument reference is here made for the complete and exact terms, details and requirements thereof.
Subject to any Homeowner Association dues and/or fees of record in Registers Office for said County.
Subject to all of those facts, conditions and limitations shown on the Plat of record in Plat Book 6250, page 719, Register's Office for Davidson County, Tennessee.

This is improved property known as 733 Kent Road, Nashville, Tennessee 37214.

GRANTOR makes no representation or warranty, express or implied, as to the exact amount of acreage or square footage in the property, or as to the ownership of the minerals located on, under or within the property. Grantor makes no representations or warranties, express or implied, with

respect to the condition of the property conveyed hereby, including any improvements located thereon, including, without limitation, the habitability, condition or fitness thereof for any particular use or purpose. Grantee agrees that the property conveyed hereby, including any improvements located thereon, is conveyed by Grantor and accepted by Grantee in an "as is, where is" and "with all faults" condition.

THIS conveyance is made expressly subject to all covenants, conditions, restrictions, and reservations contained in former deeds and other instruments of record applicable to said property, insofar as same are presently binding thereon, and to any easements apparent from an inspection of said property.

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,

GRANTOR does covenants with the said "GRANTEES" that she is lawfully seized and possessed of said land in fee simple, has a good right to convey it, and warrants that the same is unencumbered, unless otherwise herein set out; and,

"GRANTOR", does further covenant and bind herself, her heirs and assigns, to warrant and forever defend the title to the said land to the said "GRANTEES", and 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.

Property was not used by Grantor as marital or personal residence.

WITNESS my hand this the 15th day of June, 2007.

Harriett Anderson Martin

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned Notary Public in and for said County and State, **Harriett Anderson Martin,** the bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that she executed the within Warranty Deed for the purposes therein contained.

WITNESS my hand and official seal at office this 15th day of June, 2007.

NOTARY PUBLIC
My Commission Expires:

REBECCA R. WAYNICK NOTARY PUBLIC AT LARGE WILSON COUNTY My Commission Expires 09/08/2007

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The actual value or consideration, whichever is greater, for this transfer is $123,000.00.

AFFIANT

Subscribed and sworn to before me on this 15th day
of June, 2007.

NOTARY PUBLIC
My Commission Expires:

REBECCA R. WAYNICK NOTARY PUBLIC AT LARGE WILSON COUNTY My Commission Expires 09/08/2007

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

EXHIBIT "A"

0607010

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): Willa Dean Anderson
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): November 24, 2006
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]
5a. AGE-LAST BIRTHDAY (Years): 77
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): [redacted]
7. BIRTHPLACE (City and State or Foreign Country): Defeated Creek, Tennessee
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 [X] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
8b. FACILITY NAME (If not institution, give street and number): Summit Medical Center
8c. CITY, TOWN, OR LOCATION OF DEATH: Hermitage
8d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name): N/A
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Hostess at Sky Chef
12b. KIND OF BUSINESS/INDUSTRY: Nashville Metropolitan Airport
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Donelson
13d. STREET AND NUMBER OR RURAL LOCATION: 733 Kent Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37214
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 10; College (1-4 or 5+):

NAME OF DECEDENT-To be typed by Embalmer or Institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): John Walter Nesbitt
18. MOTHER'S NAME (First, Middle, Maiden Surname): Ruby Cox

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Harriett Anderson
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 5720 Timpa Road, Chipita Park Pikes Peak, Colorado 80809

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): Hermitage Memorial Gardens
20c. LOCATION-City or Town, State: Hermitage, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Brad Raines / Brad Raines
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4992
21c. SIGNATURE OF EMBALMER: [redacted]
21d. LICENSE NUMBER OF EMBALMER: 5535
22a. NAME AND ADDRESS OF FUNERAL HOME: Hibbett & Hailey Funeral Home 429 Donelson Pike, Nashville, Tennessee 37214
22b. LICENSE NUMBER OF FUNERAL HOME: 492

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda R. Bowers
24. DATE FILED (Month, Day, Year): December 13, 2006

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: Dr. Deborah Montgomery
25b. LICENSE NUMBER: 01457
25c. DATE SIGNED (Month, Day, Year): 12/6/06
26a. 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
26b. LICENSE NUMBER:
26c. 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)

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.
Approximate Interval Between Onset and Death

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Lymphoma DUE TO (OR AS A CONSEQUENCE OF): COPD
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 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

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

PH-1659 (REV. 6/98)
BIRTH NO.
RDA 1389

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.

[redacted]

Tonya Y Foreman
Tonya Y Foreman
Local Registrar

Date Issued DEC 13 2006

CERTIFICATION OF VITAL RECORD