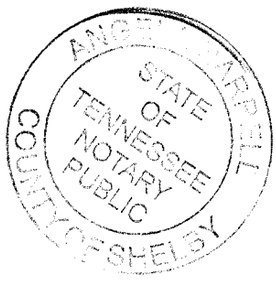
WARRANTY DEED

File Number: 70608



STATE OF TENNESSEE
COUNTY OF DAVIDSON

THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $75,000.00

Affiant

SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 19TH DAY OF SEPTEMBER, 2008.

Notary Public

MY COMMISSION EXPIRES: . 4/28/09
(AFFIX SEAL)

THIS INSTRUMENT WAS PREPARED BY
Pinnacle Title & Escrow, LLC, 2109 Buena Vista Pike, Nashville, TN 37218

ADDRESS NEW OWNER(S) AS FOLLOWS:	SEND TAX BILLS TO:	MAP-PARCEL NUMBERS
Bruce Peery	Bruce Peery	
(NAME) 3405 Elkins Ave.	3405 Elkins Ave.	092-13-0-347.00
(ADDRESS) Nashville, TN 37209	Nashville, TN 37209	
(CITY) (STATE) (ZIP)	(CITY) (STATE) (ZIP)	

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, WE, Denisa Foster, HEREINAFTER CALLED THE GRANTORS, HAVE BARGAINED AND SOLD, AND BY THESE PRESENTS DO TRANSFER AND CONVEY UNTO Bruce Peery, 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:

3405 Elkins Avenue, Nashville, TN 37209 Map 092-13-0- Parcel 347.00

Land in Davidson County, Tennessee, being Lot No. 115 on the Map of Hortense Place, as of record in Book 161, Page 167, Register's Office for Davidson County, Tennessee, to which plan reference is hereby made for a more complete and accurate legal description.

Being the same property conveyed to Walsie Dean Sheffield by Quit Claim Deed from Dorinda Sheffield and Bobby L. Sheffield of record on October 11, 2000, in Instrument No. 20001011-0101061, Register's Office for Davidson County, Tennessee. The said Walsie Dean Sheffield having since died on April 7, 2008, of record in the Office of Vital Records for Nashville & Davidson County, Tennessee. (See Exhibit A, Death Certificate)

Being the same property inherited by Carla Sheffield, Jammie Sheffield, Denisa Foster, Bobby Sheffield, Dorinda Sheffield, Byron Sheffield, Larry Sheffield, and Robert Sheffield pursuant to Affidavit of Heirship filed for record on September 10, 2008, in Instrument No. 20080910-0092802, Register's Office for Davidson County, Tennessee.

Being the same property conveyed to Denisa Foster by Quit Claim Deed from Carla Sheffield, Jammie Sheffield, Denisa Foster, Bobby Sheffield, Dorinda Sheffield, Byron Sheffield, Larry Sheffield, and Robert Sheffield, of record on September 10, 2008,in Instrument No. 20080910-0092803, Register's Office for Davidson County, Tennessee.

This conveyance is subject to any and all existing easements and restrictions of record

unimproved ☐

This is improved ☒ property, known as 3405 Elkins Ave., Nashville, TN 37209
(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 19th day of September, 2008.

Denisa Foster

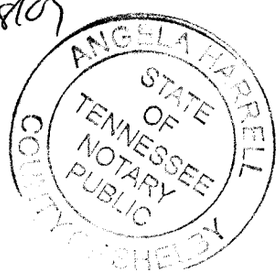
Davidson County DEEDWARR
Recvd: 09/29/08 15:45 4 pgs
Fees:23.00 Taxes:277.50
20080929-0098861

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 Denisa Foster, the bargainor(s), with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, and who acknowledged that Denisa Foster executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee this 19th day of September, 2008.

Commission expires: 4/28/09



Notary Public

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0802254

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): Walsie Dean Sheffield
2. SEX: female
3. DATE OF DEATH (Month, Day, Year): April 7,2008
4. SOCIAL SECURITY NUMBER (of Decedent): 414-54-2378
5a. AGE-LAST BIRTHDAY (Years): 69
5b. UNDER 1 YEAR MOS. DAYS
5c. UNDER 1 DAY HOURS MIN.
6. DATE OF BIRTH (Month, Day, Year): May 23,1938
7. BIRTHPLACE (City and State or Foreign Country): Viola, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Select Specialty 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:
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 3405 Elkins Avenue
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37209
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): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12th; College (1-4 or 5+):

NAME OF DECEDENT, for data by physician or medician

PARENTS

17. FATHER'S NAME (First, Middle, Last): Ernest Winton
18. MOTHER'S NAME (First, Middle, Maiden Surname): Jessie Ikard

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Denisa Foster
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 518 B. Haynes Street Nashville, TN 37207

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): Greenwood Cemetery-Main
20c. LOCATION-City or Town, State: Nashville,TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Henry L. Smith
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3167
21c. SIGNATURE OF EMBALMER: Reid Y. VanNess
21d. LICENSE NUMBER OF EMBALMER: 4275
22a. NAME AND ADDRESS OF FUNERAL HOME: Smith Brothers Funeral Directors, Inc. 706 Monroe Street, Nashville,TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 809

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda R. Bowers, RR
24. DATE FILED (Month, Day, Year): April 17, 2008

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 [X] SIGNATURE AND TITLE OF PHYSICIAN: RJ Mangialardi
25b. LICENSE NUMBER: MD27110
25c. DATE SIGNED (Month, Day, Year): 4-14-2008
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): Robert J. Mangialardi MD 2400 Pelle-son St, Suite 400 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. 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. Sepsis syndrome — 3 days
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. Chronic respiratory failure — Months
DUE TO (OR AS A CONSEQUENCE OF):
c. Obesity - hypoventilation syndrome — Years
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: Diabetes mellitus (type 2), Acute renal failure

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 [X] 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):

BIRTH NO.

PH-1659 (REV. 6/99) RDA 1399

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]
Local Registrar

Tonya Y Foreman
Tonya Y Foreman
Local Registrar

6/9/2008
Date Issued

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

METROPOLITAN GOVERNMENT NASHVILLE AND DAVIDSON COUNTY

CERTIFICATION OF VITAL RECORD

Pinnacle
Title and Escrow, LLC

2109 Buena Vista Pike Nashville, TN 37218 ~ (615)256-3353 office/ (615) 256-3331 fax

I, Rachel L. Bell , do hereby make oath that I am a licensed attorney and/or the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

Signature

State of Tennessee

County of Davidson

Personally appeared before me, Florence King, a notary public for this county and state, Rachel L. Bell who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Florence King
Notary's Signature

FLORENCE KING
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

MY COMMISSION EXPIRES: My Commission Expires JAN. 9, 2012