This Instrument Prepared By:
Broker's Escrow Services, Inc.,
211 Donelson Pike, Suite 2, P. O. BOX 140255
Nashville, Tennessee 37214

Davidson County DEEDWARR
Recvd: 08/27/09 11:26 4 pgs
Fees:23.00 Taxes:444.00
20090827-0080641

ADDRESS NEW OWNER:
Ellis and Frances Hale
259 Wilowen Drive
Nashville, TN 3210

SEND TAX BILL TO:
Owner

MAP **84**
GROUP **16**
PARCEL **118**

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 of which is hereby acknowledged, **Nelle Gentry, aka Nellie Gentry, a single woman, as sole owner by right of survivorship,** hereinafter called the GRANTOR, has bargained and sold, and by these presents, does transfer and convey unto **Ellis Hale and wife, Frances J. Hale,** hereinafter called the GRANTEES, their heirs and assigns, that certain tract or parcel of land located in Davidson County, State of Tennessee, described as follows, to-wit:

Certain real property in Davidson County, Tennessee, to wit:
Being Lots Nos. 48 and 49 on the Map of Donelson (sic.Donaldspon) Park Place as of record in Book 547 page 73, Register's Office for said County.
Said Lot Nos. 48 and 49 adjoin and front together 112.5 feet on the north side of Park Drive, and extends back 199.5 feet, between parallel lines to the northerly margin of a tract of land owned by Paul Hargia (sic. Hargaris).

Being the same property conveyed to Odell Anderson, Betty Mckinney, and Nelle Gentry as "Joint Tenants, with right of survivorship by deed from Dorothy H. Richmond, a widow, dated October 16, 1998, of record in Book 11162, page 855, Register's Office for Davidson County, Tennessee.
Odell Anderson having since died death certificate attached Exhibit "A".
Betty Mckinney having since died death certificate attached Exhibit "B".

This is improved property known as 2532 & 2534 Park Drive, Nashville, Tennessee 37214.

Taxes for the current year have been settled between the parties. This conveyance is also made subject to the following matters:

Subject to all applicable zoning and planning restrictions, and all health department rules and regulations that may affect the premises.
Subject to all covenants, subdivision restrictions, easement and other matter of record in Plat Book 547, page 73, said Register's Office.
Subject to all of those facts, conditions and limitations shown on the Plat of record in Book 547, page 73, Register's Office for Davidson County, Tennessee. Reference is here made to said Plat for a more complete depiction of the terms and details thereupon.
Subject to Unrecorded easements, discrepancies or conflicts in boundary lines, shortage in area and encroachments which an accurate and complete survey would disclose.
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 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 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 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.

WITNESS my hand this the 25th day of August, 2009.

Nelle Gentry aka Nellie Gentry

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned Notary Public in and for said County and State, **Nelle Gentry aka Nellie Gentry, a single woman**, the bargainors, 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 25th day of August, 2009.

NOTARY PUBLIC
My Commission Expires:

REBECCA WAYNICK STATE OF TENNESSEE NOTARY PUBLIC COUNTY OF WILSON

MY COMMISSION EXPIRES JULY 24, 2011

STATE OF Tennessee)
COUNTY OF Davidson)

The actual value or consideration, whichever is greater, for this transfer is $120,000.00.

Nellie Gentry
AFFIANT

Subscribed and sworn to before me on this 25th day of August, 2009.

NOTARY PUBLIC
My Commission Expires:

REBECCA WAYNICK STATE OF TENNESSEE NOTARY PUBLIC COUNTY OF WILSON

MY COMMISSION EXPIRES: JULY 24, 2011

CERTIFICATION

I, Rebecca Waynick, do hereby make oath that I am 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.

Rebecca Waynick

State of Tennessee: County of Davidson

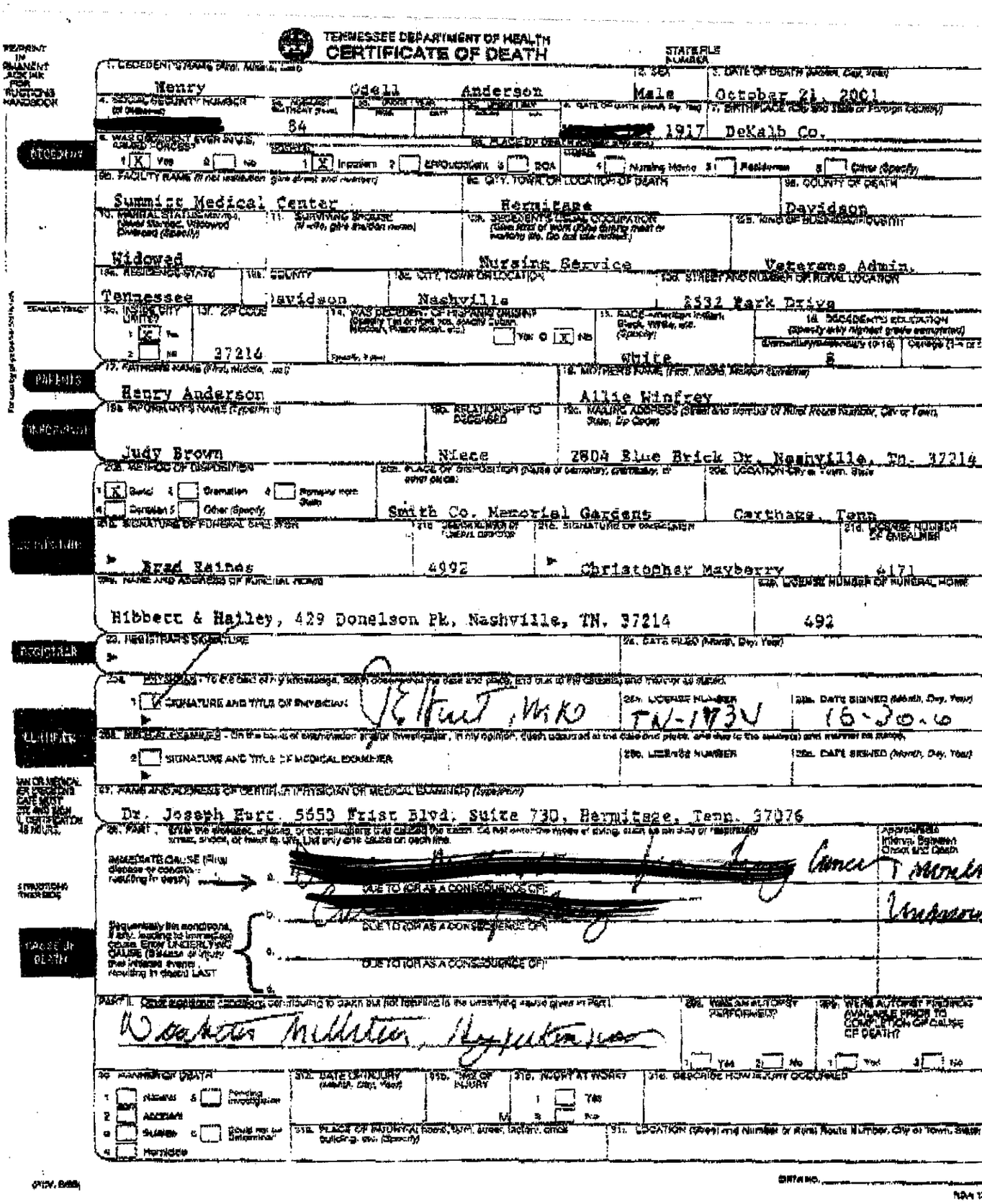
On this 25th day of August, 2009, personally appeared before me, Thomas B. Luck, a notary public for this county and state, Rebecca Waynick, who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Thomas B. Luck

THOMAS B. LUCK STATE OF TENNESSEE NOTARY PUBLIC COUNTY OF DAVIDSON

MY COMMISSION EXPIRES: MARCH 10, 2012

EXHIBIT "A"



TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Henry Odell Anderson
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): October 21, 2001
4. SOCIAL SECURITY NUMBER: [redacted]
5. AGE-LAST BIRTHDAY: 84
6. DATE OF BIRTH: [redacted] 1917
7. BIRTHPLACE: DeKalb Co.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9. PLACE OF DEATH: 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9a. FACILITY NAME (If not institution, give street and number): Summits Medical Center
9b. CITY, TOWN OR LOCATION OF DEATH: Hermitage
9c. COUNTY OF DEATH: Davidson
10. MARITAL STATUS: Widowed
11. SURVIVING SPOUSE: (If wife, give maiden name)
12a. USUAL OCCUPATION: Nursing Service
12b. KIND OF BUSINESS/INDUSTRY: Veterans Admin.
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2532 Park Drive
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37214
14. WAS DECEDENT OF HISPANIC ORIGIN? [ ] Yes [X] No
15. RACE: White
16. DECEDENT'S EDUCATION: 8

PARENTS

17. FATHER'S NAME (First, Middle, Last): Henry Anderson
18. MOTHER'S NAME (First, Middle, Maiden Surname): Allie Winfrey

INFORMANT

19a. INFORMANT'S NAME: Judy Brown
19b. RELATIONSHIP TO DECEASED: Niece
19c. MAILING ADDRESS: 2804 Blue Brick Dr. Nashville, Tn. 37214

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION: Smith Co. Memorial Gardens
20c. LOCATION: Carthage, Tenn.

SIGNATURE

21a. SIGNATURE OF FUNERAL DIRECTOR: Brad Haines
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4992
21c. SIGNATURE OF EMBALMER: Christopher Mayberry
21d. LICENSE NUMBER OF EMBALMER: 4171
22a. NAME AND ADDRESS OF FUNERAL HOME: Hibbett & Hailey, 429 Donelson Pk, Nashville, TN. 37214
22b. LICENSE NUMBER OF FUNERAL HOME: 492

REGISTRAR

23. REGISTRAR'S SIGNATURE:
24. DATE FILED (Month, Day, Year):

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: J.C. Hunt, M.D.
25b. LICENSE NUMBER: TN-17324
25c. DATE SIGNED (Month, Day, Year): 10-30-01
25d. 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
25e. LICENSE NUMBER:
25f. DATE SIGNED (Month, Day, Year):
27. NAME AND ADDRESS OF DEATH CERTIFIER OR PHYSICIAN OR MEDICAL EXAMINER (Type/Print): Dr. Joseph Furr. 5653 Frist Blvd. Suite 730, Hermitage, Tenn. 37076

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. Only one cause on each line.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. [redacted] DUE TO (OR AS A CONSEQUENCE OF): Cancer
b. 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
c. DUE TO (OR AS A CONSEQUENCE OF):
d. DUE TO (OR AS A CONSEQUENCE OF):
Approximate Interval: Between Onset and Death: 1 Month
29. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
Diabetes Mellitus, Hypertension
30a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [ ] No
30b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No
31. MANNER OF DEATH: 1 [ ] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year):
31b. HOUR OF INJURY:
31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
31d. DESCRIBE HOW INJURY OCCURRED:
31e. PLACE OF INJURY (Home, farm, street, factory, office building, etc.) (Specify):
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

(REV. 8/98)
STATE NO.
NSN 1

EXHIBIT "B"

Bass Funeral Homes

SINCE 1916

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT — For use by physician or institution

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Betty Neil McKinney
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): March 21, 2009
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]
5. AGE-LAST BIRTHDAY (Years): 94
6. DATE OF BIRTH (Month, Day, Year): [redacted] 1915
7. BIRTHPLACE (City and State or Foreign Country): DeKalb Co., TN.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ Yes 2 ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 ☒ 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): Baptist 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: Domestic
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2534 Park Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 ☐ 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 ☒ 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): 9; College (1-4

PARENTS

17. FATHER'S NAME (First, Middle, Last): Henry Anderson
18. MOTHER'S NAME (First, Middle, Maiden Surname): Allie Winfrey

INFORMANT

18a. INFORMANT'S NAME (Type/Print): Glenn Anderson
18b. RELATIONSHIP TO DECEASED: Nephew
18c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 661 Lake Haven Drive Mount Juliet, TN. 37122

DISPOSITION

20a. METHOD OF DISPOSITION: 1 ☒ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Gordonsville Cemetery
20c. LOCATION—City or Town, State: Gordonsville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3156
21c. SIGNATURE OF EMBALMER: John Jay Slatton
21d. LICENSE NUMBER OF EMBALMER: 5462
22a. NAME AND ADDRESS OF FUNERAL HOME: Bass Funeral Chapel, Inc. 71 East Main Street, Gordonsville, Tennessee 38563
22b. LICENSE NUMBER OF FUNERAL HOME: 726

REGISTRAR

23. REGISTRAR'S SIGNATURE:
24. DATE FILED (Month, Day, Year):

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: [signature]
25b. LICENSE NUMBER: 34669
25c. DATE SIGNED (Month, Day, Y): 3-26-09
26a. 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:
26b. LICENSE NUMBER:
26c. DATE SIGNED (Month, Day, Y):

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): Dana Bannerman MD 2010 Church St Ste 310 Nashville TN 37236

CAUSE OF DEATH

28. PART I. Enter the disease, 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)
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. [redacted]
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. [redacted] Days
DUE TO (OR AS A CONSEQUENCE OF):
c. [redacted] Months
DUE TO (OR AS A CONSEQUENCE OF):
d. [redacted] Years
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
[redacted]
29a. WAS AN AUTOPSY PERFORMED? 1 ☐ Yes 2 ☒ No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ Yes 2 ☒

SEE INSTRUCTIONS ON OTHER SIDE

30. MANNER OF DEATH: 1 ☒ 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:
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

PH-1858 (REV. 6/99)

BIRTH NO. _____ RDA

FUNERAL CHAPEL INC. CORPORATE SEAL TENNESSEE

IN ACCORDANCE WITH TCA 56-7-206 BASS FUNERAL CHAPEL, INC. IS ISSUING THIS CERTIFICATE OF DEATH. THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE RECORD FILED WITH THE DIVISION OF VITAL STATISTICS, TENNESSEE DEPARTMENT OF PUBLIC HEALTH BY BASS FUNERAL CHAPEL, INC. THIS IS VALID ONLY WHEN THE CORPORATE SEAL OF THE ISSUING TENNESSEE FUNERAL DIRECTOR IS AFFIXED.

TENNESSEE FUNERAL DIRECTOR # 3156 By _____

TENNESSEE FUNERAL ESTABLISHMENT # 726