WARRANTY DEED

File Number: 70804

Davidson County DEEDWARR
Recvd: 07/09/10 09:52 4 pgs
Fees:23.00 Taxes:37.00
20100709-0053753

STATE OF TENNESSEE
COUNTY OF DAVIDSON

THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $10,000.00

Daniel Wardlaw Trustee
Affiant

SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 8TH DAY OF JULY, 2010.

RACHEL L. RICE STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

Notary Public

MY COMMISSION EXPIRES:
(AFFIX SEAL)

My Commission Expires: May 6, 2013

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
MORNING STAR MISSIONARY BAPTIST CHURCH	MORNING STAR MISSIONARY BAPTIST CHURCH	105-04-0-210.00
(NAME) P.O. Box 101482	(NAME) P.O. Box 101482	
(ADDRESS) Nashville, Tennessee 37244	(ADDRESS) Nashville, TN 37244	
(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, **J.R.B. MULLINS**, HEREINAFTER CALLED THE GRANTORS, HAVE BARGAINED AND SOLD, AND BY THESE PRESENTS DO TRANSFER AND CONVEY UNTO **MORNING STAR MISSIONARY BAPTIST CHURCH**, 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:

22 Hart Street, Nashville, TN 37210 **Map/Parcel 105-04-0-210.00**

Land in Davidson County, Tennessee, being Lot No. 59 on the Plan of Trimble' National Hill Plan, of record in Book 21, page 121, Register's Office for said County, to which plan reference is hereby made for a more complete description.

Being the same property conveyed to William W. Washington and wife, Annie Mai Washington, by deed from Archie P. Sutton, etal, dated December 5, 1963, of record in Book 3465, page 113, Register's Office for Davidson County, Tennessee. The said William W. Washington having since died.

Being the same property conveyed to Roberta J. Rammey and J.R.B. Mullins, by Warranty Deed, dated February 4, 1987, of record in Book 7129, page 867, Register's Office for Davidson County, Tennessee.

Being the same property conveyed to J.R.B. Mullins, by operation of law, the said Roberta J. Rammey having since expired on October 9, 2005, of record in No. 0505893, Davidson County Office of Vital Records. *See*, **Exhibit A**.

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

unimproved ☒

This is improved ☐ property, known as 22 Hart Street, Nashville, TN 37210

(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 8th day of July, 2010.

J.R.B. Mullins

J.R.B. MULLINS

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

Witness my hand and official seal at Davidson County, Tennessee, this 8th day of July, 2010.

Commission expires:

My Commission Expires:
May 6, 2013

RACHEL L. BELL
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Notary Public

TYPE/PRINT IN PERMANENT BLACK INK — FOR INSTRUCTIONS SEE HANDBOOK

0505893

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Roberta Ramsey
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): October 9, 2005
4. SOCIAL SECURITY NUMBER: [redacted]8004
5a. AGE-LAST BIRTHDAY (Years): 100
5b. UNDER 1 YEAR: MONTHS / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Sept 2, 1905
7. BIRTHPLACE (City and State or Foreign Country): Blayton, TN
8. ARMED FORCES? 1 [ ] Yes 2 [X] No — EVER IN U.S.?
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): Bordeaux Nursing Facility
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.): Housekeeper , Nanny
12b. KIND OF BUSINESS/INDUSTRY: Housekeeping
13a. RESIDENCE—STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1414 County Hospital Rd.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [ ] Yes 2 [X] No
13f. ZIP CODE: 37218
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Specify, if yes: [ ] 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): 3; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): James Jones
18. MOTHER'S NAME (First, Middle, Maiden Surname): Edna Davis

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Mary A. Smith
19b. RELATIONSHIP TO DECEASED: Niece
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 106 Acord Drive Dickson, Tn. 37055

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): Cabin Row Cemetery
20c. LOCATION—City or Town, State: Southside TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Joseph L. Baumgartel
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3710
21c. SIGNATURE OF EMBALMER: James Boerlin
21d. LICENSE NUMBER OF EMBALMER: 5135
22a. NAME AND ADDRESS OF FUNERAL HOME: Taylor Funeral Home 214 N. Main, Dickson, TN 37055-
22b. LICENSE NUMBER OF FUNERAL HOME: 689

REGISTRAR

23. REGISTRAR'S SIGNATURE: Loretta Buchanan (OR)
24. DATE FILED (Month, Day, Year): October 25, 2005

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. SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: TN35619
25c. DATE SIGNED (Month, Day, Year): 10/31/2005
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, Year):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Jean Leasly, MD., 1414 County Hospital Road, Nashville, TN 37218

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

SEE INSTRUCTIONS ON OTHER SIDE

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.	End-Stage Alzheimer's Disease	years
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.	DUE TO (OR AS A CONSEQUENCE OF):	

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):

BIRTH NO.

RDA 1399

I-1659
REV. 2-93

EXHIBIT A

3918861

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 Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Sharon M. Leinbach
STATE REGISTRAR

Tonya Y. Foreman
Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

5/17/2010
Date Issued

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

PINNACLE
Title & 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, Tiffany R. Addison, 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.

Notary Signature

MY COMMISSION EXPIRES: _____

TIFFANY R. ADDISON
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY, TENN.
My Commission Expires MAR. 4, 2013