BILL GARRETT, Davidson County
Trans:T20100061166 AFFIDAVIT
Recvd: 09/28/10 15:26 10 pgs
Fees:52.00 Taxes:0.00
20100928-0077291

THIS DOCUMENT PREPARED BY:
Bill Hodde (#2268)
40 Music Square East
Nashville, TN 37203

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

I, Walter Harold Roberts, being duly sworn according to law, do hereby swear, state or affirm as follows:

1. I have personal knowledge of the matters set forth in this Affidavit and I am more than eighteen (18) years of age and competent to give this information.

2. I am the son of William W. Roberts who died on July 28, 2010. A copy of his Death Certificate is attached hereto as **Exhibit A**.

3. My father was married to our mother, Mary Ann Roberts, who died on November 11, 1999. A copy of her Death Certificate is attached hereto as **Exhibit B**.

4. William W. Roberts had a will at the time of his death. However, the real property located at 1124 Duncanwood Drive, Nashville, Tennessee 37204 was transferred from William W. Roberts by Quitclaim Deed after the death of our mother to Samuel Eugene Grout, and wife, Dorothy Lee Grout, reserving a life estate for the said William W. Roberts. A copy of that deed is attached hereto as **Exhibit C**.

5. The real property located at 1100 Francis Avenue, Nashville, Tennessee 37204 was transferred from William W. Roberts by Quitclaim Deed after the death of our

mother to Walter Harold Roberts, and wife, Patricia Gail Roberts, reserving a life estate for the said William W. Roberts. A copy of that deed is attached hereto as **Exhibit D**.

6. By operation of law in Tennessee, Walter Harold Roberts et ux and Dorothy Lee Grout et vir, inherited full ownership of the above real estate at the time of William W. Roberts' subject to any mortgages, liens or other indebtedness against same and subject to all restrictions, easements, etc. of record.

FURTHER this affiant saith not.

Walter Harold Roberts

WALTER HAROLD ROBERTS, Affiant

SUBSCRIBED and sworn to before me this 23rd day of September 2010.

Misty Jill De

NOTARY PUBLIC

My Commission Expires: 8/23/2011

MISTY JILL DENNISON
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

My Commission Expires AUG. 23, 2011

F:\shared\WORDPERF\WP51MAIN\Roberts, Bill - ESTATE\heirship.wp

STATE OF TENNESSEE
Office of Vital Records

1 0 0 4 5 9 6

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): William Wallace Roberts
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): July 28, 2010
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]2979
5a. AGE-LAST BIRTHDAY (Years): 91
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 2-28-1919
7. BIRTHPLACE (City and State or Foreign Country): Brooklyn, New York
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
8a. 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): 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.): Sports Writer
12b. KIND OF BUSINESS/INDUSTRY: Nashville Banner
13a. RESIDENCE STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2209 Abbott Martin Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37215
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): 4; College (1-4 or 5+):

NAME OF DECEDENT (To be typed or printed by person completing this form)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Roy Roberts
18. MOTHER'S NAME (First, Middle, Maiden Surname): Dorothy Dormitzer

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Walter H. Roberts
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1100 Frances Avenue Nashville, TN 37204

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [X] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Vanderbilt School of Medicine
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR
21b. LICENSE NUMBER OF FUNERAL DIRECTOR
21c. SIGNATURE OF EMBALMER
21d. LICENSE NUMBER OF EMBALMER
22a. NAME AND ADDRESS OF FUNERAL HOME
22b. LICENSE NUMBER OF FUNERAL HOME

REGISTRAR

23. REGISTRAR'S SIGNATURE: Jonya Y Foreman DE
24. DATE FILED (Month, Day, Year): August 10 2010

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
25b. LICENSE NUMBER: 34669
25c. DATE SIGNED (Month, Day, Year): 8/3/2010
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): Dana Bannerman, M.D., 2010 Church Street, Suite 310, 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. pneumonia — Days
Due to (or as a consequence of): b. sepsis — Days
Due to (or as a consequence of): c. acute respiratory failure — Days
Due to (or as a consequence of): d. acute pancreatitis — Days

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: COPD

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 [ ] 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, State)

BIRTH NO.

PH-1859 (REV. 6/99)

RDA 1396

4364269

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

EXHIBIT A

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

8/12/2010
Date Issued

Teresa S. Hendricks
STATE REGISTRAR

SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

Metropolitan Government of Nashville and Davidson County

Bill Purcell, Mayor

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

DEC 9 1999

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.

John P. Dunn
LOCAL REGISTRAR

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

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): Mary Anne Roberts
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): 11-29-1999
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-5994
5a. AGE—LAST BIRTHDAY (Years): 74
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 3-08-1925
7. BIRTHPLACE (City and State or Foreign Country): Nashville, 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): Centennial Medical Center
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): William Roberts
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: 1124 Duncanwood Drive
CENSUS TRACT:
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37204
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [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+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Harold Walker
18. MOTHER'S NAME (First, Middle, Maiden Surname): Thelma Holland

INFORMANT

19a. INFORMANT'S NAME (Type/Print): William Roberts
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1124 Duncanwood Drive Nashville, TN 37204

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [X] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Vanderbilt School of Medicine
20c. LOCATION—City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR:
21b. LICENSE NUMBER OF FUNERAL DIRECTOR:
21c. SIGNATURE OF EMBALMER:
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME:
22b. LICENSE NUMBER OF FUNERAL HOME:

REGISTRAR

23. REGISTRAR'S SIGNATURE: Robert A. Rhodes Jr.
24. DATE FILED (Month, Day, Year): December 09, 1999

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: Nancy W. Peacock MD
25b. LICENSE NUMBER: MD 27303
25c. DATE SIGNED (Month, Day, Year): 12/3/99
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):

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): Nancy Peacock, M.D., 300 20th Avenue North, Suite 301, Nashville, TN 37203

SEE INSTRUCTIONS ON OTHER SIDE

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
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Metastatic Breast Cancer	2 years
	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 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. 1/89

BIRTH NO

EXHIBIT B

[redacted]
Instr:200003270030587 Page: 1 OF 3
REC'D FOR REC 03/27/2000 1:55:21PM
RECORD FEE: $14.00
M. TAX: $0.00 T. TAX: $0.00

THIS INSTRUMENT PREPARED BY: BILL HODDE, #2268
1994 Gallatin Road, North
Suite 305
Madison, Tennessee 37115
615-859-5588

QUIT CLAIM DEED

1. FROM

WALTER HAROLD ROBERTS, and PATRICIA GAIL ROBERTS,

and

SAMUEL EUGENE GROUT and DOROTHY LEE GROUT

and

WILLIAM W. ROBERTS

2. TO

NICOLE EARLE, Trustee

3. THEN FROM

NICOLE EARLE, Trustee

4. TO

WILLIAM W. ROBERTS FOR HIS LIFETIME AND IN REMAINDER TO SAMUEL EUGENE GROUT and/or DOROTHY LEE GROUT

ADDRESS OF NEW OWNER:

WILLIAM W. ROBERTS
1124 Duncanwood Dr.
Nashville, TN 37204

SEND TAX BILLS TO:

WILLIAM W. ROBERTS
1124 Duncanwood Dr.
Nashville, TN 37204

MAP & PARCEL NO:

131-04-0 160.00
235

QUIT CLAIM DEED

William W. Roberts by these presents does hereby quit claim, transfer, convey and assign all interest unto the said SAMUEL EUGENE GROUT and wife, DOROTHY LEE GROUT their heirs and assigns, reserving a life estate for the said William W. Roberts, in a certain tract of land located in Davidson County, Tennessee.

Mary Anne Roberts died on November 29, 1999 leaving a Last Will and Testament dated November 22, 1995. The will was not admitted to probate because no assets existed under that estate requiring probate of the will.

The property being conveyed is land in Davidson County, Tennessee more particularly described as follows:

Being Lot No. 48 on the Map of Duncanwood, as of record in Book 1424, page 139, said Register's Office.

Said Lot No. 48 fronts 160 feet on the northerly side of Duncanwood Drive as measured around a slight curve, and runs back between lines, 186.8 feet on westerly line and 190.5 feet on the easterly line, to a dead line in the rear on which it measures 67 feet.

Being the same property conveyed to William W. Roberts and wife, Mary Anne W. Roberts, by Woodhaven Homes, Incorporated, by deed of record in deed book 1853, page 25, Register's Office for Davidson County, Tennessee.

EXHIBIT C

Said property is conveyed subject to the restrictions, limitations, and easements set out in an instrument of record in Book 1786, page 178, said Register's Office and also subject to the owner's certificate as set out on the plan of said Subdivision which is of record on Book 1424, page 139, said Register's Office.

This is improved property known as: 1124 Duncanwood Drive, Nashville, Davidson County, Tennessee 37204.

IN WITNESS WHEREOF, we have hereunto set our hands on this the 22nd day of March, 2000.

William W. Roberts
WILLIAM W. ROBERTS, Grantor

Walter Harold Roberts
WALTER HAROLD ROBERTS, Grantor

Patricia Gail Roberts
PATRICIA GAIL ROBERTS, Grantor

Samuel Eugene Grout
SAMUEL EUGENE GROUT, Grantor

Dorothy Lee Grout
DOROTHY LEE GROUT, Grantor

And now, I, the said **NICOLE EARLE**, Trustee, for the express purpose of carrying out the intent of this conveyance, as above set, do hereby quit claim and convey unto **WILLIAM W. ROBERTS** for his lifetime and in remainder to **SAMUEL EUGENE GROUT** and wife, **DOROTHY LEE GROUT**, their heirs and assigns all interest conveyed to me.

Nicole Earle
NICOLE EARLE, Trustee

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, William W. Roberts, Walter Harold Roberts, Patricia Gail Roberts, Samuel Grout & Dorothy Lee Grout, a Notary Public in and for said County and State, the within named **WILLIAM W. ROBERTS, WALTER HAROLD ROBERTS, PATRICIA GAIL ROBERTS, SAMUEL GROUT, DOROTHY LEE GROUT**, the Grantors, with whom I am personally acquainted, and who acknowledged that they each executed the within instrument as their free and voluntary act for the purposes therein contained.

WITNESS my hand and official seal at Nashville, Tennessee, this 22nd day of March, 2000.

Notary Public My Commission Expires: 7/26/03.

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, Nicole Earle, a Notary Public in and for said County and State, the within named **NICOLE EARLE**, Trustee, with whom I am personally acquainted, and who acknowledged that she, as Trustee, executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at Nashville, Tennessee, this 27th day of March, 2000.

Notary Public My Commission Expires: 7/26/03.

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS LOVE AND AFFECTION AND NO MONETARY CONSIDERATION.

William W. Roberts
WILLIAM W. ROBERTS, Affiant

SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 27th DAY OF March, 2000.

Notary Public My Commission Expires: 7/26/03.

[redacted]
Instr:200004040033713 Page: 1 OF 3
REC'D FOR REC 04/04/2000 2:22:44PM
RECORD FEE: $14.00
T. TAX: $0.00 T. TAX: $0.00

THIS INSTRUMENT PREPARED BY: BILL HODDE, #2268
1994 Gallatin Road, North
Suite 305
Madison, Tennessee 37115
615-859-5588

QUIT CLAIM DEED

1. FROM WALTER HAROLD ROBERTS, and PATRICIA GAIL ROBERTS, and SAMUEL EUGENE GROUT and DOROTHY LEE GROUT and WILLIAM W. ROBERTS	3. THEN FROM NICOLE EARLE, Trustee
2. TO NICOLE EARLE, Trustee	4. TO WILLIAM W. ROBERTS FOR HIS LIFETIME AND IN REMAINDER TO WALTER HAROLD ROBERTS and/or PATRICIA GAIL ROBERTS

ADDRESS OF NEW OWNER:	SEND TAX BILLS TO:	MAP & PARCEL NO:
WILLIAM W. ROBERTS 1124 Duncanwood Dr. Nashville, TN 37204	WILLIAM W. ROBERTS 1124 Duncanwood Dr. Nashville, TN 37204	131-4-160

QUIT CLAIM DEED

William W. Roberts, Walter Harold Roberts and wife, Patricia Gail Roberts, Samuel Eugene Grout and wife, Dorothy Lee Grout, Heirs at Law of Mary Anne Roberts do hereby these presents quit claim, transfer and assign all their interest whatsoever unto the said Walter Harold Roberts and wife, Patricia Gail Roberts, their heirs and assigns, and hereby convey a life estate unto the said William W. Roberts a certain tract of land in Davidson County, Tennessee.

Mary Anne Roberts died on November 29, 1999 leaving a Last Will and Testament dated November 22, 1995. The will was not admitted to probate because no assets existed under that estate requiring probate of the will. However, it was learned after Mary Anne Roberts death that the home, in which the parties lived, was in fact a home which Mary Anne Roberts inherited from Thelma H. Walker at the time of her death.

The property being conveyed is land in Davidson County, Tennessee more particularly described as follows:

Land in Davidson County, Tennessee, being the westerly part of Lot No. 24 on the map of M.N. Young's Park View Subdivision on Granny White Road, as of record in Book 547, page 173, Register's Office for said county, described as follows:

Beginning at a point on the northerly margin of Frances Avenue, at the southwest corner of a part of Lot No. 24 conveyed to J. Ross Cheshire, Jr., and wife, of record in Book 1715, page 471, said Register's Office; thence with

EXHIBIT D

115 feet to the southeast corner of Lot No. 23 on said plan; thence with the line between said Lots No. 23 & 24, northwardly 164 feet to a point; thence eastwardly 170.5 feet to the northwest corner of said Cheshire property; thence with the western boundary line of said Cheshire property, southwestwardly 171 feet, more or less, to the beginning.

Being the same property conveyed to Harold B. Walker and wife, Thelma H. Walker, by deed of record in Book 1726, page 45, Register's Office for Davidson County, Tennessee. The said Harold B. Walker having since died and the said Thelma H. Walker having died on April 10, 1994, leaving a Last Will and Testament, duly recorded in Book 190, Page 128, in the Probate Court Clerk's Office for Davidson County, Tennessee.

Being the same property conveyed by Executrix Deed from Mary Anne Roberts, Executrix of the estate of Thelma H. Walker, deceased to Mary Anne Roberts, of record in Deed Book 9643, Page 805.

This is improved property known as: 1100 Frances Avenue, Nashville, Davidson County, Tennessee 37204.

IN WITNESS WHEREOF, we have hereunto set our hands on this the 27th day of March, 2000.

William W. Roberts
WILLIAM W. ROBERTS, Grantor

Walter Harold Roberts
WALTER HAROLD ROBERTS, Grantor

Patricia Gail Roberts
PATRICIA GAIL ROBERTS, Grantor

Samuel Eugene Grout
SAMUEL EUGENE GROUT, Grantor

Dorothy Lee Grout
DOROTHY LEE GROUT, Grantor

And now, I, the said NICOLE EARLE, Trustee, for the express purpose of carrying out the intent of this conveyance, as above set, do hereby quit claim and convey unto WILLIAM W. ROBERTS for his lifetime and in remainder to Walter Harold Roberts and wife, Patricia Gail Roberts, their heirs and assigns all interest conveyed to me.

Nicole Earle
NICOLE EARLE, Trustee

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, William W. Roberts, Walter Harold Roberts, Patricia Gail Roberts, Samuel Grout, Dorothy Lee Grout, a Notary Public in and for said County and State, the within named **WILLIAM W. ROBERTS, WALTER HAROLD ROBERTS, PATRICIA GAIL ROBERTS, SAMUEL GROUT, DOROTHY LEE GROUT**, the Grantors, with whom I am personally acquainted, and who acknowledged that they each executed the within instrument as their free and voluntary act for the purposes therein contained.

WITNESS my hand and official seal at Nashville, Tennessee, this 27th day of March, 2000.

Misty Jill Johnson
Notary Public

My Commission Expires: 1/26/03.

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, Nicole Earle, a Notary Public in and for said County and State, the within named **NICOLE EARLE**, Trustee, with whom I am personally acquainted, and who acknowledged that she, as Trustee, executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at Nashville, Tennessee, this 27th day of March, 2000.

Misty Jill Johnson
Notary Public

My Commission Expires: 1/26/03.

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS LOVE AND AFFECTION AND NO MONETARY CONSIDERATION.

William W. Roberts
WILLIAM W. ROBERTS, Affiant

SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 27th DAY OF March, 2000.

Misty Jill Johnson
Notary Public

My Commission Expires: 1/26/03.