RECORDING LEGEND

PLEASE RECORD IN THE
APPROPRIATE REAL ESTATE RECORDS

GRANTOR(s)
Stephen Gardner

GRANTEE(s)
THE BANK OF NEW YORK MELLON FKA THE BANK OF NEW YORK, AS TRUSTEE FOR THE CERTIFICATEHOLDERS OF THE CWALT, INC., ALTERNATIVE LOAN TRUST 2007-16CB MORTGAGE PASS-THROUGH CERTIFICATES, SERIES 2007-16CB

This Instrument Prepared By:

WILSON & ASSOCIATES, P.L.L.C.
5050 Poplar Avenue, Suite 115
Memphis, TN 38157
(901)578-9914

BILL GARRETT, Davidson County
Trans:T20120018981 DEEDWARR
Recvd: 03/15/12 11:42 3 pgs
Fees:18.00 Taxes:780.50
20120315-0022332

WARRANTY DEED

KNOW ALL MEN BY THESE PRESENTS:

That, Stephen Gardner ("Grantor"), for and in consideration of the sum of One Dollar ($1.00), in hand paid by THE BANK OF NEW YORK MELLON FKA THE BANK OF NEW YORK, AS TRUSTEE FOR THE CERTIFICATEHOLDERS OF THE CWALT, INC., ALTERNATIVE LOAN TRUST 2007-16CB MORTGAGE PASS-THROUGH CERTIFICATES, SERIES 2007-16CB ("Grantee"), the receipt of which is hereby acknowledged, does hereby grant, bargain, sell, and convey unto the said Grantee, and unto its successors and assigns forever, the following-described lands, situated in Davidson County, Tennessee, to wit:

Land in Davidson County, Tennessee, being Lot No. 25 on the map of Woodmont Boulevard, section of Marengo Park, as of record in Book 1130, page 2, Register's Office for Davidson County, Tennessee.

Being the same property conveyed to Stephen Gardner and Sarah Gardner by Warranty Deed recorded May 14, 2007, as Instrument No. 20070514-0057052.

Sarah Gardner is deceased pursuant to the attached Death Certificate.

More commonly known as: 3602 General Bate Drive, Nashville, Tennessee 37204.

Tax Parcel No.: 118 13 163.00

TO HAVE AND TO HOLD the same unto the said Grantee, and unto its successors and assigns, forever with all appurtenances thereunto belonging. And I, Stephen Gardner, hereby covenant with the said Grantee that I will forever warrant and defend the title to said lands against any and all claims whatsoever.

WITNESS my hand and seal this 22nd day of FEBRUARY, 2012

Stephen Gardner

ACKNOWLEDGMENT

STATE OF KENTUCKY
COUNTY OF JEFFERSON

Before me, the undersigned notary public of the state and county aforesaid, personally appeared

Stephen Gardner, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and known to be the person (or persons) described in and who executed the foregoing instrument, and acknowledged that such person (or persons) executed the same as such person's (or persons') free act and deed for the purposes therein contained.

Witness my hand and seal at office in 22nd this February day of _____, 2012.

Notary Public

My Commission Expires: December 9, 2014

FORM FOR OATH

I hereby swear and affirm that the actual consideration for this transfer or value of the property transferred, whichever is greater, is $210,945.54, which amount is equal to or greater than the amount which the property transferred would command at a fair and voluntary sale.

Stephen Gardner

ACKNOWLEDGMENT

STATE OF Kentucky

COUNTY OF Jefferson

Before me, the undersigned notary public of the state and county aforesaid, personally appeared Stephen Gardner, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and known to be the person (or persons) described in and who executed the foregoing instrument, and acknowledged that such person (or persons) executed the same as such person's (or persons') free act and deed for the purposes therein contained.

Witness my hand and seal at office in Louisville this 22nd day of February

Notary Public

My Commission Expires: December 9, 2014

PROPERTY OWNER AND AGENCY RESPONSIBLE FOR PAYMENT OF TAXES:

THE BANK OF NEW YORK MELLON FKA THE BANK OF NEW YORK, AS TRUSTEE FOR THE CERTIFICATEHOLDERS OF THE CWALT, INC., ALTERNATIVE LOAN TRUST 2007-16CB MORTGAGE PASS-THROUGH CERTIFICATES, SERIES 2007-16CB , N.A.
7105 Corporate Drive
Mail Stop PPX-C-35
Plano, TX 75024

Registrar of Vital Statistics
Certified Copy

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

2869290

KENTUCKY CERTIFICATE OF DEATH 116 201031624

Amended 11/04/2010 RJ

To Be Completed By: Funeral Director (Must Be Typed)

1a. DECEDENT'S LEGAL NAME: Sarah Kay Gardner	1b. IF APPLICABLE, MAIDEN LAST NAME PRIOR TO FIRST MARRIAGE: Irvin
2. SEX: Female	
3. DATE OF DEATH: October 24, 2010	4. SOCIAL SECURITY NUMBER: [redacted] 5434
4a. AGE-LAST BIRTHDAY: 30	5. IF UNDER 1 YEAR: Months / Days
5a. IF UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH: 07/16/1980
7. COUNTY OF DEATH: Jefferson	
8. PLACE OF DEATH: HOSPITAL ☐ Inpatient ☐ E.R./Outpatient ☐ DOA ☐ Dead on Arrival OTHER: ☐ Hospice Facility ☐ Nursing Home/Long Term Care Facility ☒ Residence ☐ Other (Specify)	
9. FACILITY NAME: 6816 Casey Place	10. CITY OR TOWN, STATE AND ZIP CODE: Louisville, KY 40229
11. BIRTHPLACE: Columbia, Kentucky	12. MARITAL STATUS: ☒ Married ☐ Married but Separated ☐ Widowed ☐ Divorced ☐ Never Married ☐ Unknown
13. SURVIVING SPOUSE: Stephen C. Gardner	
14. DECEDENT'S USUAL OCCUPATION: Sales Representative	15. KIND OF BUSINESS/INDUSTRY: Printing
16. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No	
17a. RESIDENCE - State: Kentucky	17b. COUNTY: Jefferson
17c. CITY OR TOWN: Louisville	17d. STREET AND NUMBER: 6816 Casey Place
17e. ZIP CODE: 40229	17f. INSIDE CITY LIMITS? ☒ Yes ☐ No
18. DECEDENT'S EDUCATION: 8th Grade or Less; 9th - 12th Grade; No Diploma; High School Graduate or GED Completed; Some College Credit but No Degree; Associate Degree (e.g., AA, AS); Bachelor's Degree (e.g., BA, AB, BS); Master's Degree (e.g., MA, MS, MEng, MEd, MSW, MBA); Doctorate (e.g., PhD, EdD) or Professional Degree (e.g., MD, DDS, DVM, LLB, JD)	19. DECEDENT OF HISPANIC ORIGIN? ☒ No, not Spanish/Hispanic/Latino; ☐ Yes, Mexican, Mexican American, Chicano; ☐ Yes, Puerto Rican; ☐ Yes, Cuban; ☐ Yes, other Spanish/Hispanic/Latino (Specify)
20. DECEDENT'S RACE: ☒ White; ☐ Black or African American; ☐ American Indian; ☐ Asian Indian; ☐ Chinese; ☐ Filipino; ☐ Japanese; ☐ Korean; ☐ Vietnamese; ☐ Native Hawaiian; ☐ Guamanian or Chamorro; ☐ Samoan; ☐ Other Asian (Specify); ☐ Other Pacific Islander (Specify); ☐ American Indian or Alaska Native (Name of the enrolled or principal tribe); ☐ Other (Specify)	
21. FATHER'S NAME: Marshall D. Irvin	22. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: Angie Rountree
23a. INFORMANT'S NAME: Stephen C. Gardner	23b. RELATIONSHIP TO DECEDENT: Husband
23c. MAILING ADDRESS: 4712 Longborough Ct. Louisville, KY 40229	
24. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)	25. PLACE OF DISPOSITION: Bearwallow Cemetery
25a. LOCATION: Columbia, KY	
27. SIGNATURE OF FUNERAL SERVICE LICENSEE: Louis McQueary	27a. DATE SIGNED: 10/25/2010
28. KY LICENSE NUMBER: 3751	28a. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY: STOTTS-PHELPS-McQUARRY FUNERAL HOME, INC 210 Greensburg Street Columbia, Kentucky 42729

To Be Completed By: Medical Certifier

30. DATE PRONOUNCED DEAD: October 24, 2010	31. ACTUAL OR PRESUMED TIME OF DEATH: 9:29 AM
32. WAS MEDICAL EXAMINER OR CORONER CONTACTED? ☒ Yes ☐ No	
33. CAUSE OF DEATH — PART I: a. Glioblastoma Multiforme; b.; c.; d.	Interval between onset and death
PART II: Seizure Disorder	
34. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Homicide ☐ Pending Investigation ☐ Suicide ☐ Could not be Determined	
35. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No	36. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No
37. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☐ Unknown	38. IF FEMALE: ☐ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Unknown if pregnant within past year
39. DATE OF INJURY	40. TIME OF INJURY
41. INJURY AT WORK? ☐ Yes ☐ No	42. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)
43. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)	
44. DESCRIBE HOW INJURY OCCURRED	45. LOCATION OF INJURY (Street and Number; City or Town; State; Zip Code)
46. I, the Certifier, certify that: To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. SIGNATURE: R V Bucklew MD	47. DATE CERTIFIED (MM/DD/YYYY): 11/1/2010
48. LICENSE NUMBER: 27385	49. TITLE OF CERTIFIER: M.D.
50. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (ITEM 33): 215 Central Ave Suite 100 Louisville KY 40202	
51. REGISTRAR'S SIGNATURE: Paul F. Royce	52. DATE FILED: NOV 04 2010

(REVISED 7/2010)

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

I, Paul F. Royce, Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 1st day of November, 2010.

Paul F. Royce

State Registrar