This instrument prepared by:

John S. Orr
J.S. Orr & Associates
4911 Illinois Avenue
Nashville, TN. 37209-2105

STATE OF TENNESSEE }
COUNTY OF DAVIDSON }
THE ACTUAL CONSIDERATION FOR THIS TRANSFER IS

$ 9,500.00

William L. Byles SR
AFFIANT

SUBSCRIBED AND SWORN TO BEFORE, THIS THE 11
DAY OF April 2012

Melissa Baker
NOTARY PUBLIC

My Commission expires: Sept 24, 2012

ROBERTSON COUNTY TENNESSEE NOTARY PUBLIC STATE OF MELVIN CHATMAN, SR.

NAME & ADDRESS OF PROPERTY OWNER:	SEND TAX BILLS TO:	MAP/ PARCEL NUMBER:
The William L. Byles Company, Inc. (NAME)	SAME (NAME)	082-04-0-181.00
1413 Jefferson Street, Suite 101 (ADDRESS)	(ADDRESS)	
Nashville TN. 37208 (CITY) (STATE) (ZIP)	(CITY) (STATE) (ZIP)	

BILL GARRETT, Davidson County
Trans:T20120028132 DEEDWARR
Recvd: 04/18/12 11:15 3 pgs
Fees:18.00 Taxes:35.15
20120418-0033075

WARRANTY DEED

For and in Consideration of the sum of **$ 10.00 cash in hand paid by the hereinafter named Grantee, and other good and valuable consideration, the receipt of which is hereby acknowledged, John M. Anderson hereinafter called the Grantor, has bargained and sold, and by these presents does transfer and convey unto The William L. Byles Company, Inc, hereinafter called the Grantee, its heirs and assigns, a certain tract or parcel of land located in DAVIDSON COUNTY, TENNESSEE, described as follows, to wit:**

Land in Davidson County, Tennessee, being lot No. 7 on the Plan of Thornby Place, as of record in Book 332, Page 3, Register's Office for Davidson County, Tennessee, to which plan reference is here made for a more complete and accurate description.

Being the same property conveyed to Annie Anderson by deed from Thomas Battle and wife, Clydine Battle of record as Instrument # 200006300064952, Register's Office for Davidson County, Tennessee.

Being the same property conveyed to John M. Anderson by deed from Annie Anderson of record as Instrument # 200006300064953, Register's Office for Davidson County, Tennessee. Said Annie Anderson having reserved a life estate in the property which has terminated upon her death on 3/31/08, pursuant to the attached Certified Copy of her Death Certificate issued by the Tennessee Department of Health on 3/28/2012.

THIS IMPROVED PROPERTY IS KNOWN AS:

895 Sharpe Avenue, Nashville, Tennessee, 37206

TO HAVE AND TO HOLD the said tract or parcel of land, with all appurtenances, estate, title and interest thereto belonging to the said GRANTEE, its heirs and assigns forever; and Grantor does covenant with the said GRANTEE that I am 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 Grantor does further covenant and bind myself, my heirs, assigns and representatives, to warrant

and forever defend the title to the said land to the said GRANTEE, its 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 11th **day of** ~~March~~ April **2012.**

John M Anderson by Stephanie C Puckett attorney-in-fact

John M. Anderson
By Stephanie C. Puckett – Attorney in Fact

ACKNOWLEDGEMENT

STATE OF TENNESSEE }
County of Davidson }

Personally appeared before me, the undersigned authority, a Notary Public in and for said County and State, the within named, Stephanie C. Puckett, Attorney in Fact for John M. Anderson, the Bargainer with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that she executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at office this 11th **day of** ~~March~~ April **2012.**

ROBERTSON COUNTY MELVIN CHATMAN, JR. STATE OF TENNESSEE NOTARY PUBLIC

Melvin Chatman

Notary Public

My Commission expires:

Sept 24, 2012

STATE OF TENNESSEE
Office of Vital Records

8801932

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): Annie R. Anderson
2. SEX: female
3. DATE OF DEATH (Month, Day, Year): March 31,2008
4. SOCIAL SECURITY NUMBER: [redacted]3767
5a. AGE-LAST BIRTHDAY (Years): 77
5b. UNDER 1 YEAR (MOS / DAYS)
5c. UNDER 1 DAY (HOURS / MIN)
6. DATE OF BIRTH (Month, Day, Year): Aug.22,1930
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): 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
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1828 10th Ave.North Apt.A
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37208
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+)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Frizzell Reedus
18. MOTHER'S NAME (First, Middle, Maiden Surname): Nanetta Woods

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Nancy Kelly
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1826 10th Ave. North Apt.A

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: Melvin J. Smith
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4502
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: Shannon M. Hastings, DR.
24. DATE FILED (Month, Day, Year): April 2, 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 [ ] SIGNATURE AND TITLE OF PHYSICIAN: John B. Cagle MD
25b. LICENSE NUMBER: 19114
25c. DATE SIGNED (Month, Day, Year): 4-2-08
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)

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. (See instructions on other side.)

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	Myocardial Infarction	days
DUE TO (OR AS A CONSEQUENCE OF): b.	Congestive heart Failure	days
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: DUE TO (OR AS A CONSEQUENCE OF): c.	Coronary atherosclerosis	yrs
DUE TO (OR AS A CONSEQUENCE OF): d.	Ischemic Cardiomyopathy	days

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
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-1859 (REV. 6/99)
BIRTH NO
RDA 1309

5283547

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.

Teresa S. Hendricks
STATE REGISTRAR

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

3/28/2012
Date Issued

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD