Address New Owner(s)	Send Tax Bills To:	Map-Parcel Number(s)
Premier Realty Trust, LLC 5008 Ashby Drive Brentwood, TN 37027	New Owner	149050A23200CO

BILL GARRETT, Davidson County
Trans:T20120063280 DEEDWARR
Recvd: 08/23/12 14:38 3 pgs
Fees:18.00 Taxes:229.40
20120823-0076082

THIS INSTRUMENT PREPARED BY:
TrustLand Title & Escrow, LLC.
1720 West End Avenue, Suite 400
Nashville, Tennessee 37203

STATE OF TENNESSEE
COUNTY OF DAVIDSON
The actual consideration or value, whichever is greater, for this transfer is $62,000.00

Affiant

Subscribed and sworn to before me, this the 17th day of August, 2012.

Notary Public

My Commission Expires: 12-03-13
(Affix Seal)

WHEN RECORDED RETURN TO:
TrustLand Title & Escrow, LLC.
1720 West End Avenue, Suite 400
Nashville, Tennessee 37203

THOMAS SMITH
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

WARRANTY DEED

FOR AND IN CONSIDERATION of the sum of TEN AND NO/100 ($10.00) DOLLARS, cash in hand paid and other good and valuable consideration, the receipt of which is hereby acknowledged **Carolyn Huttinger, Kayla M. Crigger and Karla Ferryman, as tenants in common, ("Grantor"),** has this day bargained and sold, and does hereby bargain, sell, transfer and convey unto **Premier Realty Trust, LLC, a Tennessee Limited Liability Company ("Grantee"),** and Grantee's successors and assigns all of Grantor's interest in a certain tracts or parcels of land located in **Davidson** County, **Tennessee**, to wit:

Land in Davidson County, Tennessee, Being Unit No. 232 as shown on the Plan of Pepper Ridge Condominiums, Phase II, a Horizontal Property Regime as shown on the plat of Pepper Ridge Condominiums, Phase II, recorded as Exhibit "A" to Annexation of Land of record in Book 7572, page 222, and as shown on the plat recorded in Book 6900, Page 689, Register's Office for Davidson County, Tennessee, to which plan reference is hereby made for a more complete legal description thereof.

Being the same property conveyed to C. Wayne McClure and wife, Helen M. McClure, by Deed from Mary Helen Wright and husband William D. Wright, Sr., of record in Book 11387, page 224, in the Register's Office for Davidson County, Tennessee. The said Helen M. McClure died on March 30, 2003 leaving C. Wayne McClure as the surviving tenant by the entirety (Death Certificate attached as Exhibit "A"). The said C. Wayne McClure a.k.a. Cloudie Wayne McClure died intestate on October 2, 2011 which pursuant to the Affidavit of Heirships recorded in Instrument No. 20120823007607 9 and Instrument No. 20120823007608 0, the said Carolyn Huttinger, Kayla M. Crigger, Karla Ferryman and Karen M. Beck, were determined to be the only heirs-at-law for C. Wayne McClure. The said Karen N. Beck and husband James H. Beck, conveyed their interest to Carolyn Huttinger, Kayla M. Crigger and Karla Ferryman by deed recorded in Instrument No. 20120823007608 1, in the Register's Office for Davidson County, Tennessee.

This property has never been the primary residence of the Grantors.

This conveyance is made subject to (1) Property taxes for the year 2012, a lien not yet due and payable. Said taxes have been prorated between the parties as of the date of this instrument, with the GRANTORS paying their prorated share thereof to GRANTEES who will be responsible for payment of said taxes. (2) all applicable zoning ordinances (3) utility, sewer, drainage and other easements of record, (4) all subdivision/condominium assessments, covenants, bylaws, restrictions, declarations and easements of record, (5) building restrictions, and (6) other matters of public record.

This is improved property located at: **232 Pepper Ridge Circle, Antioch, TN 37013**

TO HAVE AND TO HOLD said land with the appurtenances, hereditaments, estates, title and interest thereto belonging to Grantee, their heirs, successors and assigns in fee simple forever.

The said Grantor does hereby covenant with the said Grantee that they are lawfully seized in fee simple of the aforedescribed Real Estate; that they have good right to sell and convey the same; that the same is unencumbered, EXCEPT as set forth herein, and that the title and quiet possession thereto they warrant and forever defends against the lawful claims of all persons.

IN WITNESS WHEREOF, Grantor has executed this instrument on this **17th** day of **August, 2012.**

GRANTOR(S)

Carolyn Huttinger

Kayla M. Crigger

Karla Ferryman

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Before me, the undersigned a Notary Public in and for said County and State, duly commissioned and qualified, personally appeared **Carolyn Huttinger, Kayla M. Crigger and Karla Ferryman** to me known to the persons described in and who executed the foregoing instrument, and acknowledged that they executed the same for the purposes therein contained as their free Act and Deed.

Witness my hand and official seal on this the **17th** day of **August, 2012.**

Notary Public

My Commission Expires: 12-03-13

THOMAS SMITH
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

EXHIBIT "A"

0301845

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Helen Marie McClure
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): March 30, 2003
4. SOCIAL SECURITY NUMBER: [redacted]-7542
5. AGE-Last Birthday (Years): 67
6. DATE OF BIRTH (Month, Day, Year): 2-11-1936
7. BIRTHPLACE (City and State or Foreign Country): Georgetown TX
8. WITNESSED BY CORONER: [x] No
9. PLACE OF DEATH: [x] Residence
10a. FACILITY NAME (If not institution, give street and number): 232 Pepperidge Circle
10b. CITY, TOWN, OR LOCATION OF DEATH: Antioch
10c. COUNTY OF DEATH: Davidson
11. MARITAL STATUS: Married
12. SURVIVING SPOUSE: Cloudia McClure
13a. DECEDENT'S USUAL OCCUPATION: Self-Employed
13b. KIND OF BUSINESS/INDUSTRY: Restaurant
14a. RESIDENCE-STATE: Tennessee
14b. COUNTY: Davidson
14c. CITY, TOWN OR LOCATION: Antioch
14d. STREET AND NUMBER OR RURAL LOCATION: 232 Pepperidge Circle
14e. INSIDE CITY: [x] Yes
14f. ZIP CODE: 37013
15. WAS DECEDENT OF HISPANIC ORIGIN?: [x] No
16. RACE: White
17. DECEDENT'S EDUCATION: Elementary/Secondary (0-12): 11; College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last): James Bradford Whitehead
19. MOTHER'S NAME (First, Middle, Maiden Surname): Cecil Ethel Morgan

INFORMANT

20a. INFORMANT'S NAME (Type/Print): C Wayne McClure
20b. RELATIONSHIP TO DECEASED: Husband
20c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 232 Pepperidge Circle Antioch,TN 37013

DISPOSITION

21a. METHOD OF DISPOSITION: [x] Burial
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other (Specify)): Hermitage Memorial Gardens
21c. LOCATION-City or Town, State: Hermitage,TN
22a. SIGNATURE OF FUNERAL DIRECTOR: Tod Biddle
22b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5162
22c. SIGNATURE OF EMBALMER: Justin Willis
22d. LICENSE NUMBER OF EMBALMER: 5307
22e. NAME AND ADDRESS OF FUNERAL HOME: Hermitage Funeral Home, 535 Shute Lane Hermitage,TN 37076
22f. LICENSE NUMBER OF FUNERAL HOME: 540

REGISTRAR

23a. REGISTRAR'S SIGNATURE: [signature]
23b. DATE FILED (Month, Day, Year): April 3 2003

CERTIFIER

24a. DATE CLERK - To the best of my knowledge, death occurred at the date and hour, and due to the cause(s) and manner as stated.
24b. SIGNATURE AND TITLE OF PHYSICIAN: [signature]
24c. LICENSE NUMBER: MD01898.6
24d. DATE SIGNED (Month, Day, Year): 4/3/03
25a. MEDICAL EXAMINER - On the basis of examination and/or investigation by my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated.
25b. SIGNATURE AND TITLE OF MEDICAL EXAMINER:
25c. LICENSE NUMBER:
25d. DATE SIGNED (Month, Day, Year):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr. Mary McElaney, 397 Wallace Rd. #415 Nashville,TN 37211

CAUSE OF DEATH

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. Use only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. COPD
DUE TO (OR AS A CONSEQUENCE OF):
Approximate Interval: Onset to Death: 5 yrs
Sequentially list conditions, if any, leading to the 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):

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
Osteoporosis, GERD, Post-herpetic neuralgia
28a. WAS AN AUTOPSY PERFORMED?: [ ] No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?: [ ] No
29. MANNER OF DEATH: [ ] Natural
30a. DATE OF INJURY (Month, Day, Year):
30b. TIME OF INJURY:
30c. INJURY AT WORK?: [ ] No
30d. DESCRIBE HOW INJURY OCCURRED:
31a. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) (Specify):
31b. LOCATION (Street and Number or Rural Route Number, City or Town, State):

FH-1630 (REV. 6-92)

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 Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

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

[redacted] Local Registrar

Date Issued: APR [illegible] 2003

CERTIFICATION OF VITAL RECORD

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