This Instrument Prepared By:
BROKERS ESCROW SERVICES, INC.
200 Nashboro Blvd., P. O. BOX 17116
Nashville, Tennessee 37217

Recording Information:

Davidson County DEEDWARR
Recvd: 09/26/12 16:38 3 pgs
Fees:18.00 Taxes:103.60
20120926-0087853

ADDRESS NEW OWNER:
Roy and Tiffany Holmes
2938 South Old New Cut Road
Greenbriar, TN 37073

SEND TAX BILL TO:
Owner

PARCEL ID
04315020800

WARRANTY DEED

FOR AND IN CONSIDERATION of the sum of Ten ($10.00) Dollars, cash in hand paid by the hereinafter named "GRANTEES", and other good and valuable considerations, the receipt and sufficiency of which are hereby acknowledged, **Rachel Louise Guthrie** hereinafter called the "GRANTOR", has bargained and sold, and by these presents, does transfer and convey unto **Roy Holmes and wife, Tiffany Holmes**, 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:

A certain tract or parcel of land in Davidson County, Tennessee, described as follows; Being Lot No. 3 on the Plan of Kingsway Green Subdivision, of record in Book 3842, page 227, Register's Office for the Davidson County, Tennessee, to which plan reference is here made for a more complete and accurate description.

Being the same property conveyed to Otis R. Guthrie and wife, Rachel L. Guthrie dated October 12, 1988, by deed dated July 11, 1988 of record in Book 7675, page 887, Register's Office for Davidson County, Tennessee.
Otis R. Guthrie died August 4, 2003, (Exhibit "A" attached) leaving Rachel L. Guthrie as surviving tenant by the entirety.

Taxes for the current year have been settled between the parties. Said property is transferred subject to the following matters:

Subject to all applicable zoning and planning restrictions, and all health department rules and regulations that may affect the premises.
Subject to all covenants, subdivision restrictions, easement and other matter of record in Plat Book 3842, page 227, said Register's Office.
Subject to all of those facts, conditions and limitations shown on the Plat of record in Book 3842, page 227, Register's Office for Davidson County, Tennessee. Reference is here made to said Plat for a more complete depiction of the terms and details thereupon.

This is improved property known as 122 Queen Anne Drive, Madison, Tennessee 37115.

GRANTOR makes no representation or warranty, express or implied, as to the exact amount of acreage or square footage in the property, or as to the ownership of the minerals located on, under or within the property. Grantor makes no representations or warranties, express or implied, with respect to the condition of the property conveyed hereby, including any improvements located thereon, including, without limitation, the habitability, condition or fitness thereof for any particular use or purpose. Grantee agrees that the property conveyed hereby, including any improvements located thereon, is conveyed by Grantor and accepted by Grantee in an "as is, where is" and "with all faults" condition.

THIS conveyance is made expressly subject to all covenants, conditions, restrictions, and reservations contained in former deeds and other instruments of record applicable to said property, insofar as same are presently binding thereon, and to any easements apparent from an inspection of said property.

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,

GRANTOR does covenants with the said "GRANTEES" that she is lawfully seized and possessed of said land in fee simple, has a good right to convey it, and warrants that the same is unencumbered, unless otherwise herein set out; and,

"GRANTOR", does further covenant and bind herself, her heirs and assigns, to warrant and forever defend the title to the said land to the said "GRANTEES", and 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 the 26th day of September, 2012.

Rachel Louise Guthrie

Rachel Louise Guthrie, by Patricia Ann Hutchinson,
Attorney in fact
by Patricia Ann Hutchinson Attorney in fact

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned Notary Public in and for said County and State, **Patricia Ann Hutchinson**, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged herself to be Attorney in Fact, for the within named bargainor, **Rachel Louise Guthrie,** (as recorded in Instrument No. 20120926-0087468 ~~Recorded simultaneously herewith~~) Register's Office for Davidson County), and that as such Attorney in Fact, executed the foregoing instrument for the purpose therein contained, by signing the name of Rachel Louise Guthrie, herself, as Attorney in fact.

WITNESS my hand and official seal at office this 26th day of September, 2012.

NOTARY PUBLIC
My Commission Expires:

REBECCA R. WAYNICK
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY, TENN
My Comm. Expires July 7, 2015

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The actual value or consideration, whichever is greater, for this transfer is $28,000.00.

Tiffany Holmes
AFFIANT

Subscribed and sworn to before me on this 26th day of September, 2012.

NOTARY PUBLIC
My Commission Expires:

REBECCA R. WAYNICK
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY, TENN
My Comm. Expires July 7, 2015

CERTIFICATION
I, Rebecca R. Waynick, do hereby make oath that I am 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.

Rebecca R. Waynick

State of Tennessee; County of Davidson
On this 26th day of September, 2012, personally appeared before me, a notary public for this county and state, Rebecca R. Waynick, who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Thomas B. Luck
My Commission Expires:

THOMAS B. LUCK
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES MARCH 8, 2016

Rutherford Co. Dept. of Health
100 W. Burton Street P.O. Box 576
Murfreesboro, Tennessee 37133-0576

Exhibit A

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): Otis Raymond Guthrie
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): August 4, 2003
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-4597
5a. AGE-LAST BIRTHDAY (Years): 89
5b. UNDER 1 YEAR MOS / DAYS
5c. UNDER 1 DAY HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): Jun 14, 1914
7. BIRTHPLACE (City and State or Foreign Country): Burlison, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] 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): TVHS, York VA Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Murfreesboro
9d. COUNTY OF DEATH: Rutherford
10. MARITAL STATUS-Married, Never Married, Widowed Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Rachel Louise Kelley
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Machinist
12b. KIND OF BUSINESS/INDUSTRY: AVCO Industry
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Madison
13d. STREET AND NUMBER OR RURAL LOCATION: 122 Queen Ann Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37115
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): 12; College (1-4 or 5+): 5+

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): William Henry Guthrie
18. MOTHER'S NAME (First, Middle, Maiden Surname): Cora Viola Ralph

INFORMANT

19a. INFORMANT'S NAME (Type/Print): TVHS, York VA Medical Center; VA Medical Center Records
19b. RELATIONSHIP TO DECEASED: None
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3400 Lebanon Pike, Murfreesboro, TN 37129

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): Santa Fe Cemetery
20c. LOCATION-City or Town, State: Santa Fe, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Carl R. Points
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5122
21c. SIGNATURE OF EMBALMER: Richard D. Shelton
21d. LICENSE NUMBER OF EMBALMER: 3700
22a. NAME AND ADDRESS OF FUNERAL HOME: Williams Funeral Home, P O Box 38, 2517 Trotwood Ave., Columbia, TN 38402
22b. LICENSE NUMBER OF FUNERAL HOME: 769

REGISTRAR

23. REGISTRAR'S SIGNATURE: Lisa Kilgore
24. DATE FILED (Month, Day, Year): Aug. 12, 2003

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.
VA1 [X] SIGNATURE AND TITLE OF PHYSICIAN: Vijay Pethkar
25b. LICENSE NUMBER: MD031687
25c. DATE SIGNED (Month, Day, Year): August 8, 2003
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): Vijay Pethkar, M.D., 3400 Lebanon Pike, Murfreesboro, TN 37129

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. Sepsis
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. Pneumonia - Bacterial
DUE TO (OR AS A CONSEQUENCE OF):
c. Cerebrovascular Accident
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.: Renal Failure

29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [XX] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [XX] No

30. MANNER OF DEATH: 1 [XX] 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. 4/99)
BIRTH NO
RDA 1399

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND EXACT COPY OF THE RECORD FILED WITH THE DIVISION OF VITAL RECORDS, TENNESSEE DEPARTMENT OF HEALTH, BY THE LOCAL HEALTH DEPARTMENT. THIS IS VALID ONLY WHEN THE EMBOSSED SEAL OF THE ISSUING LOCAL HEALTH DEPARTMENT IS AFFIXED.

Lisa Kilgore — REGISTRAR
Aug. 12, 2003 — DATE