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

Recording Information:

ADDRESS NEW OWNER:
Devin Bailey
1908 Marsden Ave
Nashville TN 37216
SEND TAX BILL TO:
MORTGAGEE:
Ally Bank
1100 Virginia Dr
Fort Washington PA 19034
Parcel ID# 07212017300

BILL GARRETT, Davidson County
Trans:T20120085850 DEEDWARR
Recvd: 11/09/12 10:08 3 pgs
Fees:18.00 Taxes:549.45
20121109-0103673

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, **Martha J. Rose, a widow,** hereinafter called the "GRANTOR", has bargained and sold, and by these presents, does transfer and convey unto **Devin Bailey and wife, Bethany Bailey**, 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:

Land in Davidson County, Tennessee, being Lot No. 305, on the Map of Burchwood Gardens, Section 3, of record in Book 2900, page 116, Register's Office for Davidson County, Tennessee.

Said Lot No. 305 fronts 52.58 feet on the easterly terminus of Marsden Avenue and runs back 344.82 feet on the northerly line and 135 feet on the southerly to a line in the rear, which is a broken line, measuring 347.25 feet thereon.

Being the same property conveyed to Garland P. Rose and wife, Martha J. Rose by Deed dated January 24, 1961 from Wright & Sadler, Inc., of record in Book 3179, page 193 Register's Office for Davidson County, Tennessee. Garland P. Rose having since died, (attached Exhibit A) leaving Martha J. Rose as sole owner by right of survivorship.

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 2900, page 116, said Register's Office.
Subject to all of those facts, conditions and limitations shown on the Plat of record in Book 2900, page 116, 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 1908 Marsden Avenue, Nashville, Tennessee 37216.

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 our hands this the 26th day of October, 2012.

Martha J. Rose

Martha J. Rose

Mary Etta O'Day attorney in fact

By: Mary Etta O'Day, Attorney in Fact at recorded in Instrument No. 20121002-0089906 RODC.

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned Notary Public in and for said County and State, personally appeared Mary Etta O'Day with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged herself to be the Attorney in Fact for the within named bargainor, Martha J. Rose and that Mary Etta O'Day, as such Attorney in Fact, executed the foregoing instrument for the purpose therein contained, by signing the name of the Martha J. Rose, herself as Attorney in fact.

WITNESS my hand and official seal at office this 26th day of October, 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 $148,500.00.

AFFIANT

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

Tammy Morris

NOTARY PUBLIC
My Commission Expires: 4-23-14

TAMMY MORRIS
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

STATE OF TENNESSEE
Office of Vital Records

Exhibit A

110222

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): Garland Preston Rose
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): April 10, 2011
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-0013
5a. AGE-LAST BIRTHDAY (Years): 94
5b. UNDER 1 YEAR (MOS / DAYS)
5c. UNDER 1 DAY (HOURS / MIN)
6. DATE OF BIRTH (Month, Day, Year): June 30, 1916
7. BIRTHPLACE (City and State or Foreign Country): Hopkinsville, Kentucky
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [X] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Jackson Park Christian Home
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): Martha Virginia Jenkins
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Accounting
12b. KIND OF BUSINESS/INDUSTRY: United Methodist Publishing House
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1908 Marsden Avenue
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37216
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No
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+)

NAME OF DECEDENT: Per data by physician or medician

PARENTS

17. FATHER'S NAME (First, Middle, Last): Samuel J. Rose
18. MOTHER'S NAME (First, Middle, Maiden Surname): Janie Posey

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Garland Rose, Jr.
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): P.O. Box 58521 Nashville, TN 37205 - 8521

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): Spring Hill Cemetery
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: John Phifer
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5318
21c. SIGNATURE OF EMBALMER: John Phifer
21d. LICENSE NUMBER OF EMBALMER: 5319
22a. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill Funeral Home & Cemetery 5110 Gallatin Road Nashville, TN 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 1046

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda R. Bowers RR
24. DATE FILED (Month, Day, Year): April 19, 2011

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the time and place, and due to the cause(s) and manner as stated
1 [X] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: 27211
25c. DATE SIGNED (Month, Day, Year): 4-14-11
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): Sylvia D. May MD 300 20th Ave N. 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.

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Dementia — Approximate Interval Between Onset and Death: yrs
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. Failure to Thrive — Approximate Interval Between Onset and Death: wks
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
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)

4615906

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.

Tonya Y. Forman

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Forman, Local Registrar
Davidson County, Tennessee

Date Issued: APR 19 2011

CERTIFICATION OF VITAL RECORD