This instrument prepared by:
THOMAS N. JONES
Attorney at Law
Thomas N. Jones & Associates
339 Main Street, Suite 100
Franklin, TN 37064
Attn: Leigh Anne Sailors
File #21631.2013

Davidson County DEEDWARR
Recvd: 05/15/13 10:47 5 pgs
Fees:28.00 Taxes:85.10
20130515-0048916

NEW OWNER:	**SEND TAX BILL TO:**	**MAP & PARCEL:**
Highlands Properties, Inc. 804 North Highlands Court Nashville, TN 37211	Same	091 10 0 188.00

WARRANTY DEED

For and in consideration of the sum of Ten Dollars, cash in hand paid by the hereinafter named Grantee and other good and valuable considerations, the receipt of which is hereby acknowledged, **I, Dorothy J. King, unmarried**, hereinafter called the Grantor, have bargained and sold and by these presents do transfer and convey unto **Highlands Properties, Inc., an active Tennessee corporation,** hereinafter called the Grantee, its successors and assigns, a certain tract or parcel of land in Davidson County, Tennessee, described as follows, to-wit:

Land in Davidson County, Tennessee being Lot No. 74 on the Plan of Urbandale Section One, as of record in Book 1835, Page 45, Register's Office of Davidson County, Tennessee, to which plan reference is hereby made for a more complete and accurate legal description.

Being the same property conveyed to James C.King and wife, Dorothy J. King by Deed dated February 23, 2004 from Melissa D. Kelley, a married woman of record in Instrument Number 20040302-0023312, Register's Office of Davidson County, Tennessee. The same James C. King having since become deceased. See attached death certificate.

SUBJECT TO THE FOLLOWING:

1. 2013 taxes are a lien but are not yet due and payable and will be the responsibility of the Grantee for payment of said taxes.
2. Any and all building and zoning regulations of City, County and State.
3. Any and all easements which may affect the within described property.
4. Any and all notes and matters on the Plan of record in Plat Book 1835, Page 45, said

Register's Office.

TO HAVE AND TO HOLD the said tract or parcel of land, with the appurtenances, estate, title and interest thereto belonging to the said Grantee, its successors and assigns, forever;

AND I do covenant with the said Grantee that I am lawfully seized and possessed of said land in fee simple and have a good right to convey it and the same is unencumbered, unless otherwise herein set out;

AND I further covenant and bind myself, my heirs and representatives, to warrant and forever defend the title to the said land to the said Grantee, its successors and assigns, against the lawful claims of all persons whomsoever.

This is improved property is known as: 5515 Winn Avenue, Nashville, Tennessee 37209

Executed on this 14th day of May, 2013.

Dorothy J. King

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

Personally appeared before me, the undersigned, Notary Public of said County and State, Dorothy J. King, 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 this 14th day of May, 2013.

Notary Public

Thomas N. Jones
State of Tennessee
Notary Public
County of Williamson

My Commission Expires: 7/6/15

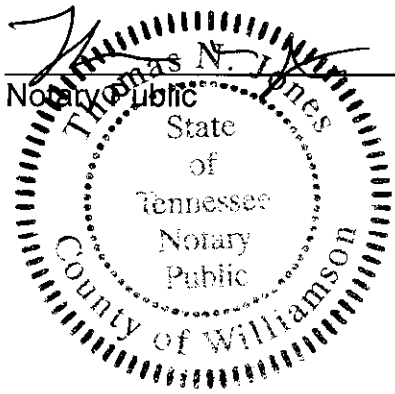
STATE OF TENNESSEE
COUNTY OF WILLIAMSON

The actual consideration or value, whichever is greater, for this transfer is $23,000.00.

Mark Duvall
Affiant

Sworn to and subscribed to me, the undersigned, this 14th day of May, 2013.

Thomas N. Jones
Notary Public



My Commission Expires: 7/6/15

STATE OF TENNESSEE
Office of Vital Records

0703429

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

2007 026120

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First Middle Last): James Clyde King
2. SEX: Male
3. DATE OF DEATH (Month Day Year): June 18, 2007
4. SOCIAL SECURITY NUMBER: [redacted]5152
5a. AGE LAST BIRTHDAY (Y o r): 69
5b. UNDER 1 YEAR (MTHS / DAYS)
5c. UNDER 1 DAY (HOURS / MIN)
5. DATE OF BIRTH (Month Day Year): September 25 1937
7. BIRTHPLACE (City and State or Foreign Country): Pickett County 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): Centennial Medical Center
9c. CITY TOWN OR LOCATION OF DEATH: 083 Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
11. SURVIVING SPOUSE (If wife give maiden name): Dorothy Toombs
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Barber
12b. KIND OF BUSINESS/INDUSTRY: Barber Shop
13a. RESIDENCE STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 5515 Winn Avenue
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37209
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): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First Middle Last): Carl King
18. MOTHER'S NAME (First Middle Maiden Surname): Letha Ruth Lee

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Dorothy King
19b. RELATIONSHIP TO DECEASED: Spouse
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 5515 Winn Avenue, Nashville TN 37209

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): Mt Olivet Cemetery
20c. LOCATION City or Town, State: Nashville TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Saunders, Heather
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5055
21c. SIGNATURE OF EMBALMER: ▶ Saunders Heather
21d. LICENSE NUMBER OF EMBALMER: 5056
22a. NAME AND ADDRESS OF FUNERAL HOME: West Harpeth Funeral Home, 6962 Charlotte Pike Nashville TN 37209
22b. LICENSE NUMBER OF FUNERAL HOME: 1016

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Linda R. Bowers
24. DATE FILED (Month Day Year): June 20, 2007

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 [X] SIGNATURE AND TITLE OF PHYSICIAN: ▶ MD
25b. LICENSE NUMBER: 37373
25c. DATE SIGNED (Month Day Year): June 20, 2007
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

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dan Spigel 250 25th Avenue North Nashville TN 37203

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.

5890652

Teresa S. Hendricks
STATE REGISTRAR

Date Issued May-13-2013

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

I, Thomas N. Jones, do hereby make oath that I am a licensed attorney and/or 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.

THOMAS N. JONES

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

Personally appeared before me, Leigh Anne Sailors, a notary public for this county and state, Thomas N. Jones, who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

NOTARY PUBLIC

My Commission Expires: 8-10-14

