This Instrument Prepared By:
Brokers Escrow Services, Inc.
200 Nashboro Blvd
Nashville, TN 37217

Recording Information:

SEND Tax Bill to
NEW OWNER:
Phillip Evan and Teresa Marie Moss
902 Christina Dr.
Mt Juliet, TN 37122

PARCEL ID 09510004400

Davidson County DEEDWARR
Recvd: 11/04/13 09:45 8 pgs
Fees:43.00 Taxes:259.00
20131104-0114057

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, **the Successor Co-Trustees, John Randal Stanley and Janie Belinda Stanley Moss, of The Stanley Family Trust, dated the 25th day of January, 2001,** hereinafter called the "GRANTORS", has bargained and sold, and by these presents, does transfer and convey unto **Phillip Evan Moss and wife Teresa Marie Moss**, 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. 162 on the Plan of Elm Hill Acres, Section IV, as of record in Book 2331, page 118 in the Register's Office of said County. Said Lot No. 162 fronts 70 feet on the southeasterly side of Bismark Drive and runs back 235.1 feet o the northeasterly line and 243.3 feet on the southwesterly line to a dead line in the rear, measuring 70.4 feet thereon.

Being the same property conveyed to The Stanley Family Trust, dated the 25th day of January, 2001, Lindon B. Stanley and Geraldine Stanley, Co-Trustees, a Revocable Living Trust by deed dated January 25, 2001, of record in Instrument No. 20010130-0008952, Register's Office for Davidson County, Tennessee.
Lindon B. Stanley having since died, see attached Exhibit "A", and Geraldine Stanley, no longer serving as Co-Trustee, pursuant to attached collective Exhibit "B". The Successor Co-Trustees are **John Randal Stanley and Janie Belinda Stanley Moss**, appointed pursuant to paragraph 2 of the "Abstract of Trust", attached and recorded as Exhibit "C" hereto. Successor Co-Trustees have authority to execute this deed pursuant to paragraph 6 of the "Abstract of Trust", attached and recorded as Exhibit "C" .

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 2331, page 118, said Register's Office.
Subject to all of those facts, conditions and limitations shown on the Plat of record in Book 2331, page 118, 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 510 Bismark Dr., Nashville, Tennessee 37210.

GRANTORS make 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. Grantors make 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. Grantees agrees that the property conveyed hereby, including any improvements located thereon, is conveyed by Grantors and accepted by Grantees 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,

GRANTORS do covenant with the said "GRANTEES" that they are 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,

"GRANTORS", do further covenant and bind himself, their 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 30th day of October, 2013.

John Randal Stanley Successor Co-Trustee

John Randal Stanley, Successor Co-Trustee of the The Stanley Family Trust, dated the 25th day of January, 2001

Janie Belinda Stanley Moss Successor Co-Trustee

Janie Belinda Stanley Moss, Successor Co-Trustee of The Stanley Family Trust, dated the 25th day of January, 2001

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned Notary Public in and for said County and State, **John Randal Stanley,** and **Janie Belinda Stanley Moss,** the bargainors, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that they as Successor Co-Trustees of the **The Stanley Family Trust, dated the 25th day of January, 2001,** with the authority to do so, executed the within Warranty Deed for the purposes therein contained.

WITNESS my hand and official seal at office this 30th day of October, 2013.

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 $70,000.00.

AFFIANT

Subscribed and sworn to before me on this 30th day of October, 2013.

NOTARY PUBLIC
My Commission Expires:

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

CERTIFICATION

I, Toni Rutgerson, 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.

Toni Rutgerson

State of Tennessee; County of Wilson

On this day of May, 2013, personally appeared before me, a notary public for this county and state, Toni Rutgerson, who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Notary Public

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

STATE OF TENNESSEE
Office of Vital Records

EXHIBT "A"

13955365

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Linden Boyd Stanley
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): August 26, 2013
4. TIME OF DEATH (Approx.): 3:12 PM
5a. AGE-Last Birthday (Years): 81
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): May 11, 1932
7. BIRTHPLACE (City and State or Foreign Country): McMinnville, TN

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☑ Nursing home/Long term care facility ☐ Decedent's home ☐ Other residence ☐ Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): Trevecca Health Care
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: ☑ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Geraldine Gilley
11a. DECEDENT'S USUAL OCCUPATION: Electronic technician
11b. KIND OF BUSINESS/INDUSTRY: Chromalox

12. SOCIAL SECURITY NUMBER: -2706
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville

13d. STREET AND NUMBER: 510 Bismark Dr
13e. INSIDE CITY LIMITS: ☑ Yes ☐ No
13f. ZIP CODE: 37210-3302
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☑ No

NAME OF DECEDENT (For use by Typist)

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
☐ 8th grade or less
☐ 9th – 12th grade; no diploma
☑ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
☐ Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
☑ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino (Specify)
☐ Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
☑ White
☐ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe)
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (Specify)
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify)
☐ Other (Specify)
☐ Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): James Howard Stanley
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Inez Turner

DISPOSITION

20a. INFORMANT'S NAME: John R Stanley
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 2828 Donna Hill Dr, Nashville, TN 37214

21a. METHOD OF DISPOSITION: ☑ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Oak Grove Cemetery
21c. LOCATION - City or Town and State: McMinnville, TN

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Michael Lee Frazer
22b. LICENSE NUMBER: 6079
22c. SIGNATURE OF EMBALMER: ▶ Trena Mueller
22d. LICENSE NUMBER: 6643
23a. NAME AND ADDRESS OF FUNERAL HOME: Hibbett & Hailey Funeral Home, 429 Donelson Pike, Nashville, TN 37214
23b. LICENSE NUMBER OF FUNERAL HOME: 492

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Michael Rhodes
25. DATE FILED (Month, Day, Year): September 4, 2013

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

26. CERTIFIER (Check only one):
26a. ☑ PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.
26b. ☐ 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 stated.

27a. SIGNATURE OF CERTIFIER: ▶ Ralf Habermann MD
27b. LICENSE NUMBER: 27476
27c. DATE SIGNED (Month, Day, Year): 9/2/13
27d. NAME AND ADDRESS: Ralf Habermann MD, 2400 Patterson, Suite 400, Nashville TN

MEDICAL CERTIFICATION

28. PART I. Enter the chain of events (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Sepsis
Due to (or as a consequence of)
b. Pneumonia
Due to (or as a consequence of)
c. Dysphagia
Due to (or as a consequence of)
d. CVA

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.

Approximate Interval: Onset to death

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
HTN, CAD, cardiac arrhythmia

29a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☑ No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☑ No

30. MANNER OF DEATH: ☑ Natural ☐ Homicide ☐ Accident ☐ Pending investigation ☐ Suicide ☐ Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☑ Unknown
32. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

33. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☑ Pedestrian ☐ Other (Specify)
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? ☐ Yes ☐ No
34d. PLACE OF INJURY, -at home, farm, street, factory, office, building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

RDA 1398

PH-1659 (Rev. 10/2011)

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

6160463

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

6160463

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued: SEP 04 2013

CERTIFICATION OF VITAL RECORD

GERIATRIC
CONSULTING GROUP, PC
Dba Miller Health Group
166 E Main Street
Hendersonville, TN 37075
Phone: 615-822-3000 * Facsimile: 615-348-010

September 26, 2013

RE: Geraldine Stanley DOB: 12/17/1933

To Whom It May Concern:

Geraldine Stanley is currently under our medical care. Mrs. Stanley has suffered a Cerebrovascular accident that has left her physically and mentally disabled. As a result she is unable to manage her affairs in her best interest.

Sincerely,

Thomas B. Miller, M.D.

TREVECCA HEALTH CARE CENTER
329 MURFREESBORO ROAD
NASHVILLE, TENNESSEE 37210
(615) 244-6900

October 2, 2013

To Whom It May Concern:

Regarding Geraldine Stanley

Mrs. Stanly has been a patient of mine at Trevecca Health & Rehab Center. She has become physically or mentally disabled and is unable to manage her affairs in her best interest. Mrs. Stanley has had a stroke and as a result has a communication disorder as well as cognitive deficits.

Regards,

Ralf Habermann MD
Vanderbilt Medical Center
Trevecca Health & Rehab Center
615-244-6900

EXHIBIT "C"

ABSTRACT OF TRUST

The undersigned hereby certify that on Jan. 25, 2001, they created a revocable Living Trust. This Trust is known as: **The Stanley Family Trust, dated Jan. 25, 2001, Lindon Boyd Stanley and Geraldine Gilley Stanley, Trustors and/or Trustees**, for the benefit of the Stanley family.

IT IS AGREED BETWEEN PARTIES HERETO AS FOLLOWS:

Description of Trust

The undersigned hereto desire to confirm the establishment of a revocable and amendable Living Trust on Jan. 25, 2001, and amendments thereto, for the benefit of the Trustors (as husband and wife)and containing inter alia the following provisions:

1. Lindon Boyd Stanley and Geraldine Gilley Stanley are designated as the Trustees to serve until the death, resignation or incompetence of both Trustors. If more than one, the original Trustees are authorized to serve jointly and severally and either shall have full authority for the Trust without the consent of the other, to act independently in performing transactions on behalf of the Trust, except as to transactions involving real property.

2. Upon the removal of the original Trustees, the successor Trustee is (or Co-Trustees are) designated as John Randal Stanley and Janie Belinda Stanley Moss.

3. Upon the death of either Trustor, the Trust property becomes allocated into two (2) trusts designated as Trust A (the Survivor's Trust), Trust B (the Decedent's Trust). At that time Trust B becomes irrevocable.

4. The surviving spouse retains the unlimited right to withdraw income and principal from Trust A. The survivor also retains a general power of appointment which can be exercised by Will, or by lifetime transfer, over the Trust A property. It is specifically intended that Trust A shall qualify for the marital deduction under Internal Revenue Code Section 2056.

5. The surviving spouse is vested with a life income from Trust B, and the Trustee may invade principal for the benefit of the survivor as determined by an ascertainable standard.

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6. Any Trustee/Trustor has the power and authority to manage and control, buy, sell and transfer the Trust property, in such manner as the Trustee may deem advisable, and shall have, enjoy and exercise all powers and rights over and concerning said property and the proceeds thereof as fully and amply as though said Trustee were the absolute and unqualified owner of same, including the power to grant, bargain, sell and convey, encumber and hypothecate, real and personal property, and the power to invest in corporate obligations of every kind, stocks, preferred or common, and to buy stocks, bonds and similar investments on margin or other leveraged accounts, except to the extent that such management would cause includability of an irrevocable Trust in the estate of a Trustee.

7. Following the death of both Trustors, the Trust continues or is distributed in whole or in part for the benefit of other named Beneficiaries according to the terms of the Trust.

8. While both Trustors are living and competent, except when there shall be a Corporate Trustee, either Trustee may add money to or withdraw money from any bank or savings and loan or checking account owned by the Trust without the approval of the Trustee or other Trustor, provided, however, that the ownership of funds received and deposited, whether community property or non-community property shall remain the same and the Trustor removing or adding funds shall gain no additional ownership interest therein than was present prior to the withdrawal from or addition to the Trust account.

9. All property transferred into the Trust is intended to be the commonly owned property of the Trustors, unless the Trustors have provided otherwise by a Separate Property Addendum to the Trust, or by a separate agreement of the parties.

10. All personal property transferred into Trust remains personal property and all real property transferred into Trust remains real property.

11. Unless otherwise indicated to a prospective transferee, the Trustee has full power to transfer assets held in the name of the Trust and subsequent transferees are entitled to rely upon such transfers provided the chain of title is not otherwise deficient.

12. The situs of the Trust is the State of Tennessee.

13. This Trust contains a spendthrift provision.

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14. The use of this Abstract of Trust is for convenience only and the Trust is solely controlled as to provisions and interpretations, and any conflict between this abstract and the Trust shall be decided in favor of the Trust.

IN WITNESS WHEREOF, the parties have hereto executed this Abstract of Trust this 25th day of Jan., 2001.

TRUSTORS:

Lindon Boyd Stanley
Lindon Boyd Stanley

Geraldine Gilley Stanley
Geraldine Gilley Stanley

TRUSTEES:

Lindon Boyd Stanley
Lindon Boyd Stanley

Geraldine Gilley Stanley
Geraldine Gilley Stanley

CERTIFICATE OF ACKNOWLEDGMENT

STATE OF TENNESSEE)
) ss.
COUNTY OF DAVIDSON)

On this 25th day of Jan., 2001, before me, James C. Dale III, (here insert name of notary) a Notary Public, personally appeared Lindon Boyd Stanley and Geraldine Gilley Stanley, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity(ies), and that by their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature: James C Dale III (Seal)
My Commission Expires 5/26/02

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