This instrument was prepared by:

Beck and Beck, PLLC
Attorneys at Law
4205 Gallatin Rd.
Nashville, TN 37216

BILL GARRETT, Davidson County
Trans:T20140066087 DEEDQC
Recvd: 09/05/14 08:38 5 pgs
Fees:27.00 Taxes:0.00
20140905-0081283

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration for this transfer is $ 10.00.

Linda Molohon
AFFIANT

KAREN BURNETTE
NOTARY PUBLIC
STATE OF TENNESSEE
DAVIDSON COUNTY

Subscribed and sworn to before me this 3 day of September, 2014.

Karen Burnette
NOTARY PUBLIC

My Comm Expires: 12-6-16

Address New Owner as follows:
Linda Molohon and James S. Petty
701 S. Summerfield Drive
Madison, TN 37115

Send Tax Bills to:
Same as Owner

Map-Parcel Numbers:
042.11.0B.119

EXECUTOR'S DEED

KNOW ALL MEN BY THESE PRESENTS that **LINDA MOLOHON**, Executor of the Estate of **FRANCES CROWE PETTY**, deceased, for and in consideration of the sum of Ten and No/100 Dollars ($10.00), cash in hand paid, the receipt and sufficiency of which is hereby acknowledged, and in connection with the distribution and closing of the Estate of **FRANCES CROWE PETTY**, the decedent's will having been duly admitted to probate in Davidson County, Tennessee, and recorded under Docket # 13P-1786, in the Davidson County Probate Court Clerk's Office, has bargained and sold, and does hereby [convey,] remise, release and forever quitclaim unto, **Linda Molohon and James S. Petty**, his/her heirs and assigns, all of my right, title and interest in and to a certain tract [parcel] of land in Davidson County, Tennessee, which is described as follows:

BEING Apartment Unit No. 164 Heritage Village Condominiums created under Title 66, Section 27-101, et seq. as amended, Tennesssee Code Annotated, and as established by a Master Deed, of record in Book 4758, Page 179, and amended in Book 4808, Page 829, Book 5102, Page 383, and of record in Book 6380, 989, and further supplemented and amended by instrument of record in Book 6484, Page 287, Register's Office for Davidson County, Tennessee, together with the undivided percentage interest in the Common Elements appurtenant to said Unit as set forth said Master Deed as supplemented and amended. Reference is hereby made to the plat of Heritage Village Condominiums set forth as Exhibit "A" of said Supplement and Amendment to the Master Deed, for a more complete identification and description of such Unit.

BEING part of the same property conveyed to L. H. Hardaway, Jr., Successor Trustee for Heritage Village, a Joint Venture, by Appointment of Successor Trustee, of record in Book 5974, Page 693 and by Deed from Goodlettsville Plaza Shopping Center, Inc., of record in Book 4563, Page 694, Register's Office for Davidson County, Tennessee. By instrument of record in Book 6547, Page 909, said Register's Office, Cumberland Development Corporation of Mississippi, Inc., was appointed Successor Trustee.

BEING part of the same property conveyed to JAMES A. PETTY and, wife, FRANCES C. PETTY, by Deed from Cumberland Development Corporation of Mississippi, Inc., Successor Trustee, of record in Book 7031, Page 123, Register's Office for Davidson County, Tennessee. JAMES A. PETTY and, wife, FRANCES C. PETTY both having since died. JAMES A. PETTY'S DOD is 07/14/2007. FRANCES C. PETTY'S DOD is 09/25/2012.

THIS is improved property, known as Apartment No. 164, Heritage Village Condominiums, 164 Heritage Trace Drive, Madison, TN 37115.

Said property is conveyed subject to such limitations, restrictions and encumbrances as may affect the premises.

The preparer of this deed makes no representation as to the title of property described or as to the accuracy of its description herein conveyed as it was prepared without benefit of title search or survey; but strictly by documents provided by the parties involved.

WITNESS my hand this 3RD day of September, 2014.

Linda Molohon
Linda Molohon, Executor

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, Karen Burnette, a Notary Public, in and for said County and State, **Linda Molohon, Executor,** the within named bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he/she executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at office this the 3 day of September, 2014.

Karen Burnette
NOTARY PUBLIC

KAREN BURNETTE
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

MY COMMISSION EXPIRES: 12-6-16

SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE

LETTERS TESTAMENTARY

13P1786

To LINDA MOLOHON :

It appearing to the Court that FRANCES CROWE PETTY has died leaving a written will, in which you are appointed Executrix, which has been duly approved by the Court; and you having been qualified according to law, and it having been ordered by said Court that Letters Testamentary issue to you.

These are, therefore, to empower you, the said LINDA MOLOHON to enter upon the execution of said will, and take into your possession all of the property, and to make, within sixty days from this date, a perfect inventory thereof, and make due collection for all debts, and after paying all the just demands against the Testator, and settling up the business according to law, you will pay over and deliver the property and effects that may remain in your hands, and do all other things that may be required, according to the provisions of the said will and the laws of the land.

Witness, Richard R. Rooker, Clerk of the Probate Court, at office, this November 22, 2013 .

Richard R. Rooker, Clerk

_____ D.C.

STATE OF TENNESSEE
DAVIDSON COUNTY

I, Richard R. Rooker, Clerk of the Probate Court of said County, do hereby certify that the foregoing is a true and perfect copy of LETTERS TESTAMENTARY, issued to LINDA MOLOHON, Executrix of the estate of FRANCES CROWE PETTY deceased, and I do further certify that LINDA MOLOHON is still acting Executrix of the estate of FRANCES CROWE PETTY, and acts as such are entitled to full faith and credit, as appears from the records in my office at Nashville, Tennessee.

Witness my hand and official seal; at this office, this the 22 day of November, 2013.

Richard R. Rooker, Clerk

_____ D.C.

STATE OF TENNESSEE
Office of Vital Records

12057

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Frances NMN Petty
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): September 25, 2012
4. TIME OF DEATH (Approx.): 1:20 am
5a. AGE-Last Birthday (Years): 85
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): December 14, 1926
7. BIRTHPLACE (City and State or Foreign Country): Scottsville, KY.

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): Skyline Alive Hospice Madison Campus
8c. CITY OR TOWN: Madison
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: ☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Homemaker
11b. KIND OF BUSINESS/INDUSTRY: Domestic
12. [redacted] NUMBER
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TN
13b. COUNTY: Davidson
13c. CITY OR TOWN: Madison
13d. STREET AND NUMBER: 208 Due West Ave. Apt. 406
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37115
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

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): Roy Crowe
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Annie Mae Dearing

DISPOSITION

20a. INFORMANT'S NAME: Linda Molohan
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 701 S. Summerfield Drive Madison, TN 37115
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Forest Lawn Memorial Gardens
21c. LOCATION - City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
22b. LICENSE NUMBER: 6573
22c. SIGNATURE OF EMBALMER: Ronald Harrison
22d. LICENSE NUMBER: 4287
23a. NAME AND ADDRESS OF FUNERAL HOME: Madison Funeral Home 219 East Old Hickory Blvd. Madison, TN 37115
23b. LICENSE NUMBER OF FUNERAL HOME: 690

REGISTRAR

24. REGISTRAR'S SIGNATURE: Claudia Curtis RAR
25. DATE FILED (Month, Day, Year): Sept 28, 2012

CERTIFIER

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

26. CERTIFIER (Check only one):
25a. ☒ 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: [signature]
27b. LICENSE NUMBER: 35964
27c. DATE SIGNED (Month, Day, Year): 9/27/12
27d. NAME AND ADDRESS: Martha Leonard MD 1718 Patterson Street, Nashville, TN 37203

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.

		Approximate Interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	Adult Failure to Thrive	
Due to (or as a consequence of): b.		
Due to (or as a consequence of): c.		
Due to (or as a consequence of): d.		

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

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I: Rheumatoid arthritis, Acute Renal failure

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)

PH-1859 (Rev. 10/2011)

RDA 1369

5279336

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.

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

SEP 28 2012
Date Issued

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT For use by physician or institution

1. DECEDENT'S NAME (First, Middle, Last): James Aubrey Petty
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): July 14, 2007
4. SOCIAL SECURITY NUMBER: [redacted]-0428
5. AGE - LAST BIRTHDAY (Years): 87
6. DATE OF BIRTH (Month, Day, Year): Apr 4, 1920
7. BIRTHPLACE (City and State or Foreign Country): Scottsville, Kentucky
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): Skyline Medical Center
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): Frances Crow
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Owner
12b. KIND OF BUSINESS/INDUSTRY: Petty Construction
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Madison
13d. STREET AND NUMBER OR RURAL LOCATION: 710 Vantreasse Road
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
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+):
17. FATHER'S NAME (First, Middle, Last): Jacob Petty
18. MOTHER'S NAME (First, Middle, Maiden Surname): Lucy Hurt
19a. INFORMANT'S NAME (Type/Print): Frances Petty
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 710 Vantreasse Road Madison Tennessee
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): Forest Lawn Memorial Park
20c. LOCATION—City or Town, State: Goodlettsville Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Jerry L. Hunt
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2530
21c. SIGNATURE OF EMBALMER: Kyle W. Stone
21d. LICENSE NUMBER OF EMBALMER: 4256
22a. NAME AND ADDRESS OF FUNERAL HOME: Madison Funeral Home 219 Old Hickory Blvd. East, Madison, Tennessee 37115-
22b. LICENSE NUMBER OF FUNERAL HOME: 690
23. REGISTRAR'S SIGNATURE: Linda L. Bowman D.R.
24. DATE FILED (Month, Day, Year): July 19, 2007
25a. PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 [ ] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: 24656
25c. DATE SIGNED (Month, Day, Year): 7-17-07
26a. MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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 (OR FUNERAL DIRECTOR ASSISTING CERTIFICATE) MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Jonathan Evans 3443 Dickerson Pike Suite 680 Nashville, TN 37207
28. 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. List only one cause on each line.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Pneumonic
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. Streptococcus pneumoniae sepsis
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.
Approximate Interval Between Onset and Death
SEE INSTRUCTIONS ON OTHER SIDE
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 [X] 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: 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 6/99)
BIRTH NO.
RDA 1399

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]

Tonya Y Foreman
Tonya Y Foreman
Local Registrar

7/25/2007
Date Issued

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

CERTIFICATION OF VITAL RECORD