BILL GARRETT, Davidson County
Trans:T20150063025 DEEDQC
Recvd: 07/31/15 10:11 5 pgs
Fees:27.00 Taxes:0.00
20150731-0075611

THIS INSTRUMENT WAS PREPARED BY:
McCANN & HUBBARD
1804 Williamson Court, St. 201
Brentwood, Tennessee 37027

THE ACTUAL CONSIDERATION, FOR THIS TRANSFER IS $ 0.00

Affiant

SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 30th DAY OF July, 2015

My Commission Expires: 3/11/2017

Notary Public

RUSSELL J. McCANN
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF WILLIAMSON
COMMISSION EXPIRES JUNE 25, 2017

ADDRESS NEW OWNERS:	SEND TAX BILLS TO:	MAP AND PARCEL:
Jonathan Mayfield **Grace Mayfield** 242 Sunrise Avenue Nashville, TN 37211	NEW OWNER	133-02-0-8

QUITCLAIM DEED

KNOW ALL MEN BY THESE PRESENTS that we, **Johns S. MacDougall and wife, Inna MacDougall**, Grantors, for and in consideration of the sum of Ten and No/100 Dollars ($10.00), cash in hand paid, the receipt of which is hereby acknowledged, has bargained and sold, and does hereby convey, remise, release and forever quitclaim unto **Jonathan Mayfield and wife, Grace Mayfield**, their heirs, successors, and assigns, our entire interest in and to a certain land and improvements in Davidson County, Tennessee, described as follows:

Land in Davidson County, Tennessee, being Lot No. 23 on the Plan of William Lee Subdivision of Roth Property as of record in Plat Book 1130, Page 67, Register's Office for Davidson County, Tennessee, to which plan reference is hereby made for a more complete description.

Being the same property conveyed to **John S. MacDougall and wife, Inna MacDougall, and Jonathan Mayfield and wife, Grace Mayfield,** by Warranty Deed from David C. Stein, married, dated June 1, 2009, of record in Instrument No. 20090610-0053898, Register's Office for Davidson County, Tennessee.

This instrument and the interest hereby released and quitclaimed are subject to such limitations, restrictions and encumbrances as may affect the premises. This instrument prepared solely upon information provided by the parties, preparer makes no warranties.

This is improved property known as 242 Sunrise Avenue Nashville, TN 37211

Witness our hands this 14 day of July, 2015.

John S. MacDougall

Inna MacDougall by John S. MacDougall, Attorney in Fact

STATE OF
COUNTY OF

Personally appeared before me, the undersigned, a Notary Public in and for said county and state, John S. MacDougall, with whom I am personally acquainted (or who proved to me his identity on the basis of satisfactory evidence), and who, upon oath, acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand, at office, this 14 day of July, 2015.

My Commission Expires: 3/1/16 See Attached
Notary Public

STATE OF
COUNTY OF

Personally appeared before me, the undersigned, a Notary Public in and for said county and state, John S. MacDougall, with whom I am personally acquainted (or who proved to me his identity on the basis of satisfactory evidence), and who proved to me he is the attorney in fact for Inna MacDougall, and who, upon oath, acknowledged that he executed the within instrument on behalf of Inna MacDougall for the purposes therein contained.

Witness my hand, at office, this 14 day of July, 2015.

My Commission Expires: 3/1/16 See Attached
Notary Public

M&H File No. 150380JM

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Napa)

On 7/14/15 before me, Hope Fabiani
(insert name and title of the officer)

personally appeared John S. MacDougall,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)

HOPE FABIANI
Commission # 1970883
Notary Public - California
Napa County
My Comm. Expires Mar 1, 2016

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Napa)

On 7/14/15 before me, Hope Fabiani
(insert name and title of the officer)

personally appeared John S. MacDougall attorney in fact for Inna MacDougall who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

HOPE FABIANI
Commission # 1970883
Notary Public - California
Napa County
My Comm. Expires Mar 1, 2016

Signature _____ (Seal)

CERTIFICATION OF PHYSICIAN

EXHIBIT tabbies A

To Quitclaim Deed Dated 7/14/15 Recorded Simultaneously herewith

I, BARRY A. BROWN, M.D., do hereby declare and certify as follows:

My mailing address and telephone number are as follows:

PO BOX 313
ST. HELENA, CALIFORNIA 94574
707/963-2711

I am a California licensed physician.

I am a treating physician for INNA MacDOUGALL ("Patient"). I last examined Patient on JULY 10, 2015. Patient remains under my continuing treatment.

I have concluded, based upon my examination of Patient that, by reason of

[circle one]

1. Accident
2. Physical or mental illness
3. Progressive or intermittent physical or mental deterioration; or
4. Other similar cause

Patient has become unable to properly care for herself/himself and her/his property.

Optional Comment:

I am not related by blood or marriage to Patient or any of her/his issue.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and this declaration was signed at ST. HELENA, California, on JULY 10 2015, 2015.

Print Name: BARRY A. BROWN, M.D.

POAs.pdf (327 KB)