This Instrument Prepared By:
BROKERS ESCROW SERVICES, INC.
200 Nashboro Blvd., PO Box 17116
Nashville, Tennessee 37217

Recording Information:

PREPARED BY:
BANKERS TITLE & ESCROW CORP
5107 MARYLAND WAY
STE. 115
BRENTWOOD TN 37027

RETURNED TO:

SEND TAX BILL TO:
ADDRESS NEW OWNER:
Brad Dodge
762 Rodney Dr.
Nashville TN 37205
MAP 051 000 181.00

BILL GARRETT, Davidson County
Trans:T20150090450 DEEDWARR
Recvd: 10/23/15 11:03 8 pgs
Fees:43.00 Taxes:962.00
20151023-0108034

WARRANTY DEED

FOR AND IN CONSIDERATION of the sum of Ten ($10.00) Dollars, cash in hand paid by the hereinafter named "GRANTEE", and other good and valuable considerations, the receipt and sufficiency of which are hereby acknowledged, **John L. Jenkins, Jr. and Phyllis Bagley**, all of the heirs at law of **John L. Jenkins, Sr.** , hereinafter called the "GRANTORS", have bargained and sold, and by these presents, do transfer and convey unto **Brad Dodge**, hereinafter called the "GRANTEE", his successors and assigns, a certain tract or parcel of land in Davidson County, State of Tennessee, described as follows, to-wit:

Land in the 11th, formerly the 19th Civil District of Davidson County, Tennessee, being parts of Lots Nos. 4 and 5 on the Plan of Subdivision of the Thadeus Love Tract, as of record in Plan Book No. 2, page 106, Chancery Court at Nashville, Tennessee, described as follows:
Beginning at a point on the southerly margin of Childress Road, now Cheron Road, North 87 deg. West, 108.0 feet from the intersection of the western boundary line of the property conveyed to Edward Yeatman by deed from Robert Wilson, et al, of record in Book 545, page 520, Register's Office for Davidson County, Tennessee, and the southerly margin of said Road; thence, with the southerly margin of said Road, North 87 deg West 250 feet to the eastern boundary line of the Missionary Baptist Church lot; thence, with same South 0 deg. 30' west, 178.5 feet to said Church's southeast corner ; thence, with said Church's southern boundary line south 89 deg. West, 104.3 feet; thence, south 4 deg. 30' west, 295.5 feet; thence, south 86 deg. 35' east, 438.04 feet to said Yeatman's western boundary line; thence, with same north 5 deg. 50' east, 283.11 feet; thence, north 87 deg. West 108.0 feet; thence, north 5 deg 50' east, 201.67 feet to the point of beginning, and described partly according to a survey made by Ralph W.C. Lambert, dated November 8, 1974.

Being the same property conveyed to John L. Jenkins, Sr. and wife Colleen S. Jenkins, by Deed from Small Business Administration, an Agency of the United States of America, dated May 3, 1995, of record in Book 9688, Page 919, Register's Office for Davidson County, Tennessee. Colleen S. Jenkins died 12/11/1999 (Death Certificate Exhibit A attached hereto), leaving John L. Jenkins, Sr. sole owner as surviving tenant by the entirety. John L. Jenkins, Sr. died 3/16/2014 (Death Certificate Exhibit B) , intestate, his estate being administered in the Seventh Circuit Court (Probate Division) of Davidson County, Tennessee, as Case No. 15P793, opened May 14, 2015, no claims were filed against the Estate. Tenn Care Clearance is attached as Exhibit C, Tennessee Inheritance Tax Closing Letter is attached as Exhibit D. Order for Intestate Administration attached as Exhibit E, listing all the heirs at law of John L. Jenkins, Sr., as John L. Jenkins, Jr., and Phyllis Bagley.

An "Affidavit of Heirship" is recorded in Instrument No. 20151023 - 0108033 Register's Office for Davidson County, Tennessee.

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 of those facts, conditions and limitations, all covenants, subdivision restrictions, easement and other matter of record in Plat Book 2, page 106, said Register's Office.

This is improved property known as 609 Cheron Rd., Madison, Tennessee 37115.

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 "GRANTEE", his successors and assigns, forever, and,

GRANTORS do covenant with the said "GRANTEE" that they are lawfully seized and possessed of said land in fee simple, have 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 themselves, their heirs and assigns, to warrant and forever defend the title to the said land to the said "GRANTEE", and his successors 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 16th day of October, 2015.

John L. Jenkins, Jr.

Phyllis Bagley

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned Notary Public in and for said County and State, **John L. Jenkins, Jr. and Phyllis Bagley**, the bargainors, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that they executed the within Warranty Deed for the purposes therein contained.

WITNESS my hand and official seal at office this 16th day of October, 2015.

NOTARY PUBLIC
My Commission Expires:

REBECCA R. WAYNICK
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF WILSON

MY COMMISSION EXPIRES:
JUNE 25, 2019

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The actual value or consideration, whichever is greater, for this transfer is $260,000.00.

AFFIANT

Subscribed and sworn to before me on this 16th day of October, 2015.

NOTARY PUBLIC
My Commission Expires: 3/24/2019

ROBIN S. EDWARDS
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

Exhibit A

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. DECEDENT'S NAME	Colleen Winston Jenkins
2. SEX	F
3. DATE OF DEATH	12/11/99
4. SOCIAL SECURITY NUMBER	[illegible]-3469
5. AGE-LAST BIRTHDAY	70
6. DATE OF BIRTH	1/29/29
7. BIRTHPLACE	McMinnville, TN.
9. PLACE OF DEATH	Inpatient
9b. FACILITY NAME	Vanderbilt Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH	Nashville
9d. COUNTY OF DEATH	Davidson
10. MARITAL STATUS	Married
11. SURVIVING SPOUSE	John Jenkins, Sr.
12a. DECEDENT'S USUAL OCCUPATION	Secretary
12b. KIND OF BUSINESS/INDUSTRY	Medical College
13a. RESIDENCE-STATE	Tennessee
13b. COUNTY	Davidson
13c. CITY, TOWN OR LOCATION	Madison
13d. STREET AND NUMBER OR RURAL LOCATION	609 Cheron Road
13e. INSIDE CITY LIMITS	Yes
13f. ZIP CODE	37115
14. WAS DECEDENT OF HISPANIC ORIGIN	No
15. RACE	Black
16. DECEDENT'S EDUCATION	9
17. FATHER'S NAME	Sam Sims
18. MOTHER'S NAME	Josie Hunter
19a. INFORMANT'S NAME	John L. Jenkins, Sr.
19b. RELATIONSHIP TO DECEASED	Husband
19c. MAILING ADDRESS	609 Cheron Road Madison, TN. 37115
20a. METHOD OF DISPOSITION	Burial
20b. PLACE OF DISPOSITION	Middle Tn. Veterans Cem.
20c. LOCATION	Nashville, TN.
21a. SIGNATURE OF FUNERAL DIRECTOR	Willa J. Martin
21b. LICENSE NUMBER OF FUNERAL DIRECTOR	2662
21c. SIGNATURE OF EMBALMER	James Studdard
21d. LICENSE NUMBER OF EMBALMER	4070
22a. NAME AND ADDRESS OF FUNERAL HOME	McGavock & Martin Bros. Funeral Home 1503 Buchanan Street, Nashville, TN. 37208
22b. LICENSE NUMBER OF FUNERAL HOME	12
23a. REGISTRAR'S SIGNATURE	Dr Lisa L. Bowen
24. DATE FILED	January 6, 2000
25a. CERTIFICATION	John P. Peterson
25b. LICENSE NUMBER	00009 29838
25d. DATE SIGNED	1/5/00
26a. MEDICAL EXAMINER	
26b. LICENSE NUMBER	
26d. DATE SIGNED	
27. NAME AND ADDRESS OF CERTIFIER	
28. PART I.	a. Sepsis DUE TO (OR AS A CONSEQUENCE OF): b. Empyema DUE TO (OR AS A CONSEQUENCE OF): c. Lung cancer DUE TO (OR AS A CONSEQUENCE OF): d.
29a. WAS AUTOPSY PERFORMED	No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH	No
30. MANNER OF DEATH	Natural
31a. DATE OF INJURY	
31b. TIME OF INJURY	
31c. INJURY AT WORK	
31d. DESCRIBE HOW INJURY OCCURRED	
31e. PLACE OF INJURY	
31f. LOCATION	

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.

John P. Dunn
John P. Dunn
Local Registrar

SEP 24 2002
Date Issued

CERTIFICATION OF VITAL RECORD

Exhibit B

STATE OF TENNESSEE
Office of Vital Records

1401671

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): John Logan Jenkins, Sr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): March 16, 2014
4. TIME OF DEATH (Hour): 1:30
5a. AGE-Last Birthday (Years): 85
5b. UNDER 1 YEAR: Months / Days / Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): April 14, 1928
7. BIRTHPLACE (City and State or Foreign Country): Chattanooga, TN
8a. PLACE OF DEATH (Check only one):
8b. If death occurred in a hospital: Inpatient
8c. If death occurred elsewhere than a hospital: Decedent's home
8d. FACILITY NAME (If not institution, give street and number): 609 Cheron Rd.
8e. CITY OR TOWN: Madison
8f. COUNTY OF DEATH: Davidson
9. MARITAL STATUS: Widowed
10. SURVIVING SPOUSE (If wife, give name prior to first marriage):
11a. DECEDENT'S USUAL OCCUPATION: Marriott Executive
11b. KIND OF BUSINESS/INDUSTRY: Hotel
12. SOCIAL SECURITY NUMBER: 488-
12a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
12b. COUNTY: Davidson
12c. CITY OR TOWN: Madison
12d. STREET AND NUMBER: 609 Cheron Rd.
12e. INSIDE CITY LIMITS: Yes
12f. ZIP CODE: 37115
14. WAS DECEDENT EVER IN U.S. ARMED FORCES?: Yes

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death): Associate degree (e.g., AA, AS)
16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "other" box if decedent is not Spanish/Hispanic/Latino): No, not Spanish/Hispanic/Latino
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; Other Pacific Islander (Specify)

PARENTS

18. FATHER'S NAME (First, Middle, and Last): James Luther Jenkins
19. MOTHER'S MAIDEN NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Beulah Logan

DISPOSITION

20a. INFORMANT'S NAME: John Jenkins, Jr.
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 214 Ivy Dr. Hendersonville, TN 37075
21a. METHOD OF DISPOSITION: Cremation
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Music City Crematory
21c. LOCATION-City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: Richard A. Lewis
22b. LICENSE NUMBER: 3633
22c. SIGNATURE OF EMBALMER:
22d. LICENSE NUMBER:
23a. NAME AND ADDRESS OF FUNERAL HOME: Lewis & Wright Funeral Directors 2500 Clarksville Pk, Nashville, TN 37208
23b. LICENSE NUMBER OF FUNERAL HOME: 0812

REGISTRAR

24. REGISTRAR'S SIGNATURE: Rachael Edwards RR
25. DATE FILED (Month, Day, Year): March 20 2014

CERTIFIER

26. CERTIFICATION (Check only one): 26a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.
27a. SIGNATURE OF CERTIFIER: Harvey W. Boules
27b. LICENSE NUMBER: MD18704
27c. DATE SIGNED (Month, Day, Year): MARCH 19, 2014
27d. NAME AND ADDRESS: Harvey W. Boules MD Nashville Tenn 2201 Murphy Ave Ste 204

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. Stroke	1 hr
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	b. Due to (or as a consequence of): Cerebrovascular Dz.	12 years
	c. Due to (or as a consequence of): Cerebral Embolization	12 years
	d. Due to (or as a consequence of): Atrial Fibrillation	12 years

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
1) Parkinson's Disease 2) Pulmonary Disease Chronic Obstructive
29a. WAS AN AUTOPSY PERFORMED? No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? No

30a. MANNER OF DEATH: Natural
30b. DID TOBACCO USE CONTRIBUTE TO DEATH? No
30c. IF FEMALE: Not pregnant within past year
31a. IF TRANSPORTATION INJURY, SPECIFY: Other Specify
31b. DATE OF INJURY (Month, Day, Year):
31c. TIME OF INJURY:
31d. INJURY AT WORK?:
31e. PLACE OF INJURY - (Home, farm, street, factory, office, building, etc. (Specify)):
31f. DESCRIBE HOW INJURY OCCURRED:
31g. LOCATION OF INJURY (Street and number, City or Town, State):

RDA 1358

TN-1639 (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.

6433924

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

6433924

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued: MAR 20 2014

CERTIFICATION OF VITAL RECORD

Exhibit C

State of Tennessee
Department of Finance and Administration
Bureau of TennCare
Third Party Liability Division
310 Great Circle Road, 4th Floor
Nashville, Tennessee 37243
Toll Free: 866-389-8444 • FAX: 615-413-1941

Bill Haslam
Governor

Mark A. Emkes
Commissioner

8/7/2015

JOHN JENKINS
REPESENTATIVE
214 IVY DR
HENDERSONVILLE, TN 37075

RE: JOHN JENKINS
Last Four Of SSN 1486

Dear JOHN JENKINS:

This letter constitutes notification of the release of the State of Tennessee's Bureau of TennCare against the above estate for the marked reason:

X This serves as a release of the Bureau of TennCare's interest in recovery from the above referenced estate as required by T.C.A. §71-5-116(c) (2). Based on a review of the information provided on the Request for Release of Estate Recovery Cost Claim form, we do not find long term TennCare benefits paid by the State of Tennessee on behalf of this individual.

____ This release is based upon the surviving spouse deferral, which meets the criteria defined in T.C.A. §71-5-116(c). The State of Tennessee does reserve the right to file a claim for long term care/nursing home services against the estate of the surviving spouse upon the death of the surviving spouse.

____ This release is based upon the decedents age exception, which meets the criteria defined in T.C.A. §71-5-116(c). The State of Tennessee recovers payments made only on behalf of individuals fifty-five years of age or older.

If there are questions, you may contact the Estate Recovery Unit at (866) 389-8444.

Sincerely,

Jangela J. Howard

Exhibit D

TENNESSEE DEPARTMENT OF REVENUE

Inheritance Tax Closing Letter (This is not a bill for tax due)

August 17, 2015

ESTATE OF JOHN L JENKINS SR
ATTN: JOHN L JENKINS JR
214 IVY DR
HENDERSONVLLE TN 37075-3111

Account Type:	INHERIT TX
Account No.:	442076915
Date of Death:	APRIL 16, 2014
County:	DAVIDSON
SSN:	XXX-XX-1486

A sworn return for inheritance tax has been filed with this department by the representative of the above estate.

As provided in Section 67-8-420, Tennessee Code Annotated, this receipt or certificate authorizes the court of the county in which such estate was administered to permit a final settlement or accounting by the estate representative.

The liability, as denoted in this closure letter, has been paid to the State of Tennessee. This is not a bill:

Inheritance Tax:	$0.00
Estate Tax:	$0.00
Interest:	$0.00
Penalty:	$0.00
Total:	$0.00

DETACH BELOW AND RETA N FOR YOUR RECORDS

TENNESSEE DEPARTMENT OF REVENUE

ESTATE OF JOHN L JENKINS SR
ATTN: JOHN L JENKINS JR
214 IVY DR
HENDERSONVLLE, TN 37075-3111

August 17, 2015	
Account Type:	INHERIT TX
Account No.:	442076915
Date of Death:	APRIL 16, 2014
County:	DAVIDSON
SSN:	XXX-XX-1486

A sworn return for inheritance tax has been filed with this department by the representative of the above estate.

As provided in Section 67-8-420, Tennessee Code Annotated, this receipt or certificate authorizes the court of the county in which such estate was administered to permit a final settlement or accounting by the estate representative.

The liability, as denoted in this closure letter, has been paid to the State of Tennessee. This is not a bill:

Copy

Exhibit E

FILED
MAY 14 2015
RICHARD R. ROOKER, Clerk
By: Deputy

IN THE SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE
(PROBATE DIVISION)

IN THE MATTER OF:

THE ESTATE OF JOHN L. JENKINS, SR.

NO. 15P793

JOHN L. JENKINS, JR.,

Administrator

ORDER FOR INTESTATE ADMINISTRATION

Based on an examination of the Petition and the sworn testimony of Petitioner the Court finds the following:

A. Decedent was a resident of Davidson County, Tennessee;

B. Decedent died on March 16, 2014 at the age of eighty- five (85) years;

C. Decedent left no will;

D. Petitioner is the son of the Decedent and under T.C.A. § 30-1-106 is the person entitled to serve as Administrator;

E. Decedent owned personal property at Decedent's death which is subject to a Court-supervised administration by this Court worth approximately Ten Thousand & 00/100 dollars ($10,000.00);

F. The estimated gross value of the Decedent's estate for probate purposes is Two Hundred Thirty-Five Thousand & 00/100 dollars ($235,000.00) and for Tennessee Inheritance Tax purposes is Two Hundred Forty-Five Thousand & 00/100 dollars ($245,000.00); and

G. Petitioner and his sister, Phyllis Bagley are the only heirs of the estate and consent to the Personal Representative being excused from bond, filing an inventory and filing interim accountings as evidenced in the Petition. Status reports are due annually.

Copy

Based on these findings, the Court orders the following:

1. After administering the oath, Letters of Administration will be issued to:

John L. Jenkins, Jr.
214 Ivy Drive
Hendersonville, TN 37075

2. Notice will be issued to the Department of Revenue as required by T.C.A. § 67-8-406 respectively;

3. The requirement of an inventory and filing annual accountings are waived;

4. Bond is waived; and

5. Decedent died over one year ago and public notice is not required.

Entered May 14th, 2015.

~~John Manson~~, Special Master
Scott Pilkinson

APPROVED FOR ENTRY:

BONE MCALLESTER NORTON PLLC

William R. Wright

William R. Wright, BPR No. 4024
131 Saundersville Road, Suite 130
Hendersonville, TN 37075
Telephone: (615) 780-7997
Facsimile: (615) 780-7998
Attorney for Petitioner