BILL GARRETT, Davidson County
Trans:T20150101540 DEEDQC
Recvd: 12/01/15 12:03 7 pgs
Fees:37.00 Taxes:0.00
20151201-0121038

**THIS INSTRUMENT PREPARED BY:**
**BECK & BECK, Attorneys at Law, PLLC**
**4205 Gallatin Road**
**Nashville, TN 37216**

**THIS INSTRUMENT PREPARED BASED UPON INFORMATION PROVIDED BY THE PARTIES.**

STATE OF TENNESSEE

COUNTY OF DAVIDSON

The actual consideration or value, whichever is greater, for this transfer is One ($1.00) Dollar.

**AFFIANT**

Subscribed and sworn to before me, this ___ day of December, 2015.

KAREN BURNETTE STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

**NOTARY PUBLIC**

My commission expires: 12/6/17.

**ADDRESS NEW OWNERS:**
**ANDREW C. BROWN, et ux**
2620 Tinnin Road
Goodlettsville, TN 37072

**SEND TAX BILLS TO:**
SAME AS OWNER

MAP: 3/PT. PAR.9

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## EXECUTOR'S DEED

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**KNOW ALL MEN BY THESE PRESENTS** that I, **JAMES P. BROWN**, being one and the same person, am affecting this quitclaim as a means of clarifying the title to this property. Under the laws of Probate of the State of Tennessee, the ESTATE OF JAMES R. BROWN was probated in the Circuit Court of Davidson County, Tennessee, Probate Division, bearing Docket No. 15P-1137 on August 5, 2015, JAMES P. BROWN, was named Executor of the ESTATE OF JAMES R. BROWN. (See attached Letters Testamentary). For and in consideration of the sum of One dollar ($1.00), cash in hand paid, the receipt of which is hereby acknowledged, **JAMES P. BROWN**, has

bargained and sold according to the Last Will and Testament of James R. Brown, and hereby [convey,] remise, release and forever quitclaims unto **ANDREW C. BROWN and wife, CHRISTINA E. BROWN**, their heirs and assigns, such of their right, title and interest in and to a certain tract [parcel] of land in Davidson County, Tennessee, in and to said tract [parcel] of land, known as **2620 Tinnin Road, Goodlettsville, TN 37072**, which is described as follows:

Beginning at a point in the easterly margin of Tinnin Road, said point being located S 77°43'05" W, 1.71 feet from an iron pin (old), said point being a corner of a tract of land which belongs to Frank R. Tinnon, Jr., having a deed reference in Deed Book 6830, Page 155, RODCT, the most westerly northwest corner of this tract, and continuing with the boundary of said tract of land which belongs to Frank R. Tinnon, Jr., as follows: N 77°43'05" E, 657.94 feet to an iron pin (old); thence, N 24°14'36" E, 45.87 feet to an iron pin (new); thence, N 40°07'29" E, 191.77 feet to a point in the center of Mansker Creek, a corner of said tract of land which belongs to Frank R. Tinnon, Jr., marked by a witness pin (new), on the southerly side of said creek; thence generally with the center of Mansker Creek, as follows: S 51°11'37" E, 234.80 feet; thence, S 38°48'03" E, 294.10 feet to a point in the center of Mansker Creek, a corner of a tract of land which belongs to Andrew C. Brown, having deed references in instrument No. 20090909-0084590, and Deed Book 6416, Page 681, RODCT; thence leaving said creek and continuing with the boundary of said tract of land which belongs to Andrew C. Brown, as follows: S 24°31'38" W, 22.23 feet to a 24 inch hickory tree; thence, S 00°29'05" E, 300.88 feet to an iron pin (old); thence, N 76°34'42" W, 58.38 feet to an iron pin (old), a corner of said tract of land which belongs to Andrew C. Brown; thence with a new line, as follows: N 59°17'20" W, 224.49 feet to an iron pin (new); thence, N 71°20'50" W, 253.64 feet to an iron pin (new); thence, N 33°34'02" W, 110.31 feet to an iron pin (new); thence, N 13°02'12" E, 157.93 feet to an iron pin (new); thence, S 77°43'05" W, 659.91 feet to an iron pin (new), in the easterly margin of Tinnin Road; thence with a curve to the left, having a radius of 218.39 feet, an arc distance of 56.34 feet, and a chord bearing and distance of N 14°51'33" E, 56.19 feet, to the point of beginning, containing 6.00 acres, as surveyed by Steven E. Artz, Tennessee License No. 1708, d/b/a, Steven E. Artz and Associates, Inc., 4779 Highway 41 North, Springfield, Tennessee, 37172, dated August 5, 2015. **(Tract 1 on the attached plat).**

The above described tract of land is subject to a portion of a Tennessee Valley Authority Easement, as shown on the plat, this survey.

Being a part of the same property conveyed to James R. Brown and wife, Edna C. Brown, of record in 6416, page 681, Register's Office for Davidson County, Tennessee. Edna Brown and James R. Brown were married at the time of her death on June 12, 2003, and the property then vested in James R. Brown as surviving tenant by the entirety. James R. Brown died testate on June 22, 2015, and by Last Will and Testament devised this property to his son, Andrew C. Brown.

This conveyance is subject to easements, restrictions, and set back lines of record applicable to said property.

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

WITNESS my hand this 1st day of December, 2015.

**JAMES P. BROWN**, Executor

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Personally appeared before me, a Notary Public, in and for said County and State, **JAMES P. BROWN**, 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 executed the within instrument for the purposes therein contained.

**WITNESS** my hand and official seal at office this the 1 day of December, 2015.

KAREN BURNETTE
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

**NOTARY PUBLIC**

My commission expires: 12/6/18

IN THE CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE

(PROBATE DIVISION)

# LETTERS TESTAMENTARY

TO: **JAMES P. BROWN** DOCKET NO: **15P1137**

*It appearing to the Court that **JAMES R. BROWN** has died leaving a written Will in which you are appointed **Executor** and 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 **JAMES P. BROWN**, to enter upon the execution of said Will, and take into your possession all of the property, and to make, within **sixty (60) 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 **August 5th, 2015**.*

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 the Letters Testamentary issued to **JAMES P. BROWN** as **Executor** of the estate of **JAMES R. BROWN**, deceased, and I do further certify that **JAMES P. BROWN** is still acting **Executor** of the estate of **JAMES R. BROWN** and all acts as such are entitled to full faith and credit as it appears from the official record in my office in Nashville, Tennessee, this the 5th day of August, 2015

RICHARD R. ROOKER, Clerk

_____ D.C.

# METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
## Office of Vital Records

0303353

TENNESSEE DEPARTMENT OF HEALTH
## CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

**DECEDENT**

1. DECEDENT'S NAME (First, Middle, Last): Edna Cole Brown
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): June 12, 2003
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-4917
5a. AGE-LAST BIRTHDAY (Years): 65
5b. UNDER 1 YEAR MOS / DAYS
5c. UNDER 1 DAY HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): 11-21-1937
7. BIRTHPLACE (City and State or Foreign Country): Nashville,TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [XX] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 2620 Tinnin Road
9c. CITY, TOWN, OR LOCATION OF DEATH: Goodlettsville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): James R. Brown
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Housewife
12b. KIND OF BUSINESS/INDUSTRY: Home
13a. RESIDENCE STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Goodlettsville
13d. STREET AND NUMBER OR RURAL LOCATION: 2620 Tinnin Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [ ] Yes 2 [XX] No
13f. ZIP CODE: 37072
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No. Specify, if yes:
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+):

NAME OF DECEDENT: For use by physician or institution

**PARENTS**

17. FATHER'S NAME (First, Middle, Last): William Henderson Cole
18. MOTHER'S NAME (First, Middle, Maiden Surname): Anne May Debow

**INFORMANT**

19a. INFORMANT'S NAME (Type/Print): James R. Brown
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2620 Tinnin Road Goodlettsville,TN 37072

**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): Forest Lawn Cemetery
20c. LOCATION-City or Town, State: Goodlettsville,TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Linda Cook
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5507
21c. SIGNATURE OF EMBALMER: ▶ Mike McPherson
21d. LICENSE NUMBER OF EMBALMER: 5401
22a. NAME AND ADDRESS OF FUNERAL HOME: Forest Lawn Funeral Home, 1150 Dickerson Rd. Goodlettsville,TN 37072
22b. LICENSE NUMBER OF FUNERAL HOME: 927

**REGISTRAR**

23. REGISTRAR'S SIGNATURE: ▶ Helen L. Bowen
24. DATE FILED (Month, Day, Year): June 20, 2003

**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 [XX] SIGNATURE AND TITLE OF PHYSICIAN: ▶ Robert Pilkington
25b. LICENSE NUMBER: MD4950
25c. DATE SIGNED (Month, Day, Year): 6/20/03
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 WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr. Robert Pilkington, 3443 Dickerson Rd. Nashville,TN 37207

**CAUSE OF DEATH**

28. PART I. Enter the diseases, 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. Approximate Interval Between Onset And Death

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Multiple Sclerosis
DUE TO (OR AS A CONSEQUENCE OF): Failure to thrive
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b. DUE TO (OR AS A CONSEQUENCE OF): Dysphagia
c. DUE TO (OR AS A CONSEQUENCE OF):
d.

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 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [ ] 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
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 1389

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 Rutter
Local Registrar

JUN 20 2003
Date Issued

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

## CERTIFICATION OF VITAL RECORD

# STATE OF TENNESSEE
## Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
## CERTIFICATE OF DEATH

STATE FILE NUMBER

**DECEDENT**

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): James Roy Brown
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): June 22, 2015
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 77
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): August 2, 1937
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: [X] 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 Medical Center
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: [X] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Stephanie Loeffel
11a. DECEDENT'S USUAL OCCUPATION: Captain
11b. KIND OF BUSINESS/INDUSTRY: Metro Police Department
12. SOCIAL SECURITY NUMBER: [redacted]-6602
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Goodlettsville
13d. STREET AND NUMBER: 2620 Tinnin Rd.
13e. INSIDE CITY LIMITS: [ ] Yes [X] No
13f. ZIP CODE: 37072
14. WAS DECEDENT EVER IN US ARMED FORCES? [X] 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
[X] 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)
[X] 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)
[X] 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 Brown
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Betty Lou Adams

**DISPOSITION**

20a. INFORMANT'S NAME: Stephanie Brown
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 109 Lyon Dr., Portland, TN 37148
21a. METHOD OF DISPOSITION: [X] 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: Goodlettsville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Wayne A. Slighter
22b. LICENSE NUMBER: 5243
22c. SIGNATURE OF EMBALMER: ▶ Abigail Lemley
22d. LICENSE NUMBER: 6429
23a. NAME AND ADDRESS OF FUNERAL HOME: Cole & Garrett Funeral Home & Cremation Services 127 N Main St., Goodlettsville, TN 37072
23b. LICENSE NUMBER OF FUNERAL HOME: 718

**REGISTRAR**

24. REGISTRAR'S SIGNATURE: ▶ Deborah Woods (DR)
25. DATE FILED (Month, Day, Year): June 30, 2015

**CERTIFIER**

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

26. CERTIFIER (Check only one):
26a. [X] 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: ▶
27b. LICENSE NUMBER: 24707
27c. DATE SIGNED (Month, Day, Year): 6-29-15
27d. NAME AND ADDRESS: Murray Arons 3443 Dickerson Pike Suite 680 Nashville, TN 37207

**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. | Pneumonia | 7 days |
| 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): Severe COPD | |
| | c. Due to (or as a consequence of): | |
| | d. Due to (or as a consequence of): | |

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

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

30. MANNER OF DEATH: [X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [X] 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-1659 (Rev. 10/2011)
RDA-1399

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8067687

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.

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

R. Benton McDonough, JD
STATE REGISTRAR

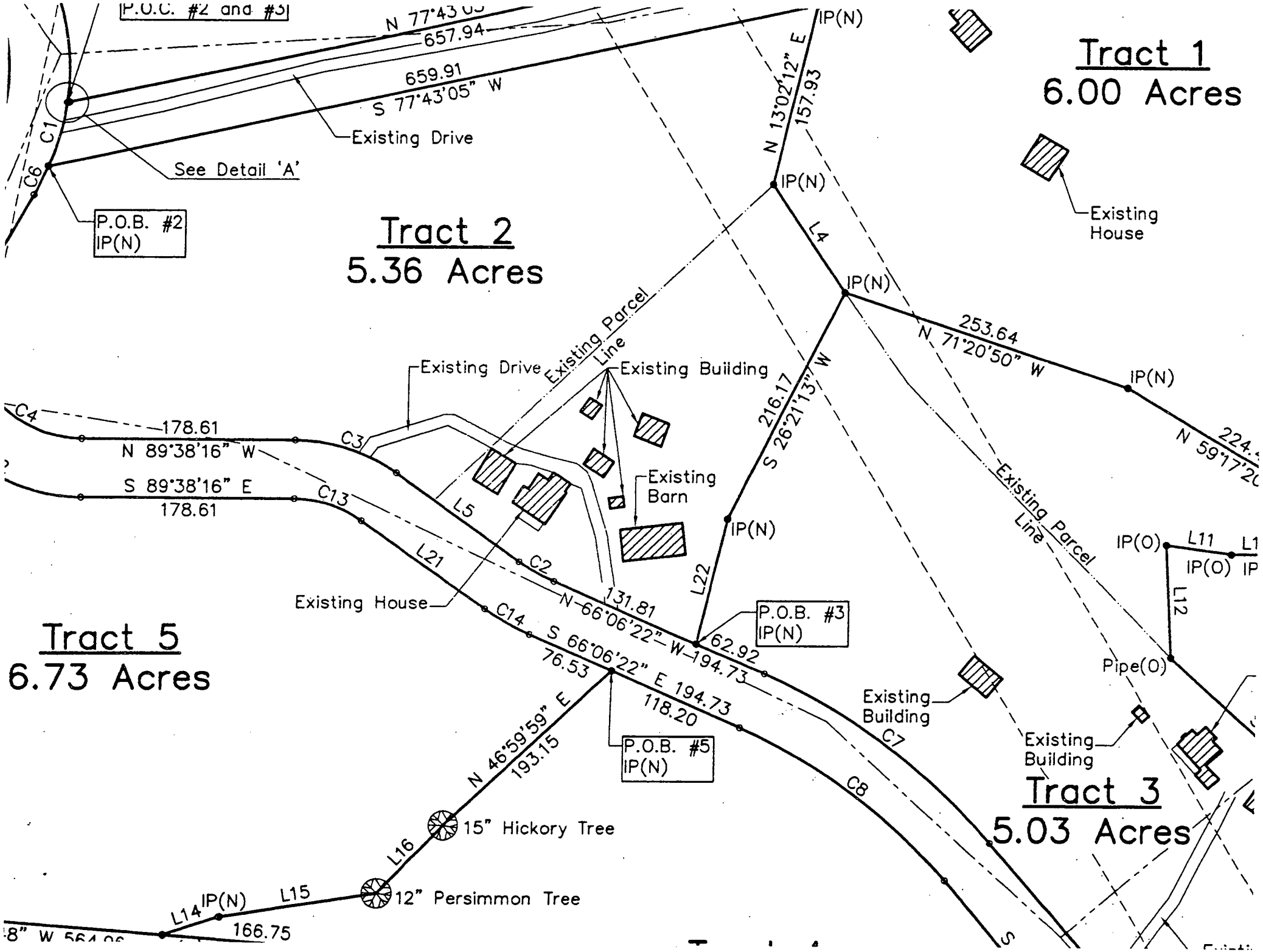
John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

8067687
Date Issued JUN 30 2015

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

## CERTIFICATION OF VITAL RECORD


P.O.C. #2 and #3
N 77°43'05" E
657.94
659.91
S 77°43'05" W
Existing Drive
See Detail 'A'
C1
C6
P.O.B. #2
IP(N)
IP(N)
N 13°02'12" E
157.93
Tract 1
6.00 Acres
Existing House
Tract 2
5.36 Acres
IP(N)
L4
253.64
N 71°20'50" W
IP(N)
224.
N 59°17'20
Existing Parcel Line
Existing Drive
Existing Building
Existing Barn
216.17
S 26°21'13" W
IP(N)
C4
178.61
N 89°38'16" W
C3
S 89°38'16" E
178.61
C13
L5
L21
C2
131.81
N 66°06'22" W
194.73
L22
P.O.B. #3
IP(N)
62.92
Existing House
Existing Parcel Line
IP(O)
L11
L1
IP(O)
IP
L12
Tract 5
6.73 Acres
C14
S 66°06'22" E
194.73
76.53
118.20
Pipe(O)
Existing Building
Existing Building
C7
C8
N 46°59'59" E
193.15
P.O.B. #5
IP(N)
Tract 3
5.03 Acres
15" Hickory Tree
L16
12" Persimmon Tree
L15
IP(N)
L14
166.75
8" W 564.06