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

Recording Information:

Davidson County DEEDWARR
Recvd: 01/11/16 12:25 12 pgs
Fees:63.00 Taxes:296.00
20160111-0002634

SEND TAX BILL TO:
Family Trust Services, LLC
312 Wilson Pike Circle
PO Box 126
Brentwood, TN 37027

MAP 081070384.00

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, **Jacqueline C. Walden, Rayetta Mitchell aka Ray Etta Mitchell, James L. Cross and Lisa M. Cross, all the Heirs at Law of Annie M. Cross,** hereinafter called the "GRANTORS", have bargained and sold, and by these presents, do transfer and convey unto **Family Trust Services, LLC**, hereinafter called the "GRANTEE", its successors 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, described as follows:
Being Lot No. 34 in the Cephas Woodard Re-Subdivision of the Woodard Property, a plan which is of record in Book 161, page 174, Register's Office for said County. Said Lot No. 34 fronts 50 feet on the west side of Cephas Avenue, and extends back between parallel lines 115 feet to an alley.

Being the same property conveyed to James E. Cross, and wife Annie M. Cross by Deed of record in Book 3613, page 244 Register's Office for Davidson County, Tennessee.

James E. Cross died August 24, 1982 (Certificate of Death attached as Exhibit A),

Annie M. Cross died May 4, 2004 (Certificate of Death attached as Exhibit B, TennCare Clearance attached as Exhibit C). Pursuant to the Last Will and Testament of Annie M. Cross (attached as Exhibit D) she bequethed all of the rest and residue of the property in equal shares to her only children: Jacqueline C. Walden, Rayetta Mitchell, James L. Cross and Phillip D. Cross (Affidavit of Heirship of record in Instrument No. 20151103-0111902 RODC, TN).

Phillip D. Cross died April 21, 2011, intestate and unmarried (Certificate of Death attached as Exhibit E, TennCare Clearance attached as Exhibit F, Tenn Inheritance Tax Clearance attached as Exhibit G) survived by his only child Lisa M. Cross (Affidavit of Heirship of record in Instrument No. 20151103-0111903 and Obituary attached as Exhibit H).

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, easements and other matters of record in Plat Book 161, page 174, said Register's Office.
Subject to all of those facts, conditions and limitations shown on the Plat of record in Book 161, page 174, 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 1911 Cephas St., Nashville, Tennessee, 37208.

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", its 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 its 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 8th day of January, 2016.

Jacqueline C. Walden

Rayetta Mitchell AKA Ray Etta Mitchell

James L. Cross

Lisa M. Cross

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned Notary Public in and for said County and State, **Jacqueline C. Walden, Rayetta Mitchell,* James L. Cross and Lisa M. Cross**, 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.

*AKA Ray Etta Mitchell

WITNESS my hand and official seal at office this 8th day of January, 2016.

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 $80,000.00.

AFFIANT

Subscribed and sworn to before me on this 8th day of January, 2016.

NOTARY PUBLIC My Commission Expires:

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

MY COMMISSION EXPIRES: JUNE 25, 2019

CERTIFICATION

I 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.

STATE OF TENNESSEE
COUNTY OF WILSON

On this 11th day of January, 2016, personally appeared before me, a notary public for the county and state, CHRISTIE J LANNOM, who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

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

MY COMMISSION EXPIRES: JUNE 25, 2019

EXHIBIT A

Metropolitan Government of Nashville and Davidson County

Richard H. Fulton, Mayor

J. M. BISTOWISH, M.D., REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY

SEP 1 1982

J. M. Bistowish, M.D.

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

3203639

BECOMES A LEGAL RD WHEN PROPERLY EXE- D AND FILED.

OR PRINT IN ANENT BLACK INK.

DECEASED

RESIDENCE WHERE DE- LIVED. IF DEATH OC- IN INSTITUTION, GIVE NCE BEFORE ADMIS-

PARENTS AND INFORMANT

REQUIRED PRIOR TO ORTATION OF BODY BY N CARRIER OR RE- ROM STATE.

DISPOSITION

CERTIFIER

I NOT ATTENDED BY N, AUTHORIZED OF- SIGN HERE ANY N OR MEDICAL EX- EXECUTING CER- MUST COMPLETE N MEDICAL CER- ION WITHIN 48 POWER OF RE CANNOT BE ED.

CAUSE

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

BIRTH NO. _____ STATE FILE NO. _____

DECEASED—NAME (FIRST, MIDDLE, LAST)

1. Rev. James Edward Cross

2. DATE OF DEATH (MONTH, DAY, YEAR): 8-24-1982

3a. AGE—LAST BIRTHDAY (YEARS): 60
3b. UNDER 1 YEAR: MOS. / DAYS
3c. UNDER 1 DAY: HOURS / MIN.

4. DATE OF BIRTH (MONTH, DAY, YEAR): 3-29-1922

5a. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)): Black

5b. ORIGIN OR DESCENT—(ITALIAN, MEXICAN, GERMAN, ETC (SPECIFY))

6. SEX: Male

7a. COUNTY OF DEATH: Davidson

7b. CITY, TOWN OR LOCATION: Nashville

7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes

7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.): Park View Hospital

7e. IF HOSP. OR INST. INDICATE DOA, OP/Emer. Rm., Inpatient (Specify): Inpatient

8. STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY): Tennessee

9. CITIZEN OF WHAT COUNTRY: USA

10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married

11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Annie Mildred Young

12a. SOCIAL SECURITY NUMBER (IF NONE, SPECIFY): 2968

12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE): WWII

13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Laborer

13b. KIND OF BUSINESS OR INDUSTRY: Railroad

14a. RESIDENCE—STATE: Tennessee

14b. COUNTY: Davidson

14c. CITY, TOWN, OR LOCATION: Nashville

14d. STREET AND NUMBER: 1911 Cephas St.

14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes

14f. CENSUS TRACT NO.

15. FATHER—NAME: Alex Cross

16. MOTHER—MAIDEN NAME: Mariah Bradley

17. INFORMANT—NAME: Mrs. Mildred Cross

MAILING ADDRESS: 1911 Cephas

18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial

18b. DATE (MONTH, DAY, YEAR): 8-28-1982

18c. CEMETERY OR CREMATORY—NAME: Greenwood

18d. LOCATION—CITY OR TOWN, STATE: Nashville, Tenn.

18e. FUNERAL DIRECTOR (SIGNATURE): Wm H. Johnson Sr.

19a. LICENSE NO.: 1932

19b. EMBALMER (SIGNATURE): Ronald T. Brown

LICENSE NO.: 2754

19c. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Johnsons House of Atena-Nashville Tn.

21a. REGISTRAR—SIGNATURE: Esther D Gross

21b. DATE RECEIVED BY LOCAL REGISTRAR: 9-1-82

22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE: R. M. Roy DEGREE: MD

22b. DATE SIGNED (MONTH, DAY, YEAR): 8/30/82

23a. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE: _____ TITLE: _____

23b. DATE SIGNED (MONTH, DAY, YEAR): _____

24a. CERTIFIER—NAME (TYPE OR PRINT): R. M. Roy

24b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 1801 Church St. Nashville, Tn. 37203

25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

IMMEDIATE CAUSE (a): Oat Cell Carcinoma of Lung — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

DUE TO, OR AS A CONSEQUENCE OF (b): _____

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST — DUE TO, OR AS A CONSEQUENCE OF (c): _____

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

26. AUTOPSY (YES OR NO): Yes

27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY): _____

27b. DATE OF INJURY (MONTH, DAY, YEAR): _____

27c. HOUR: _____ M.

27d. DESCRIBE HOW INJURY OCCURRED: _____

27e. INJURY AT WORK (SPECIFY YES OR NO): _____

27f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY): _____

27g. LOCATION—STREET OR R.F.D. NO., CITY OR TOWN, STATE: _____

cmc

08-018 (4/80)

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

EXHIBIT B

Amended on 6/16/2004 by affidavit only/pc

0402542

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2004 020448

1. DECEDENT'S NAME (First, Middle, Last): ANNIE MILDRED CROSS
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): MAY APRIL 04, 2004
4. SOCIAL SECURITY NUMBER: 6653
5a. AGE-LAST BIRTHDAY: 77
5b. UNDER 1 YEAR: MONTHS / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 09-25-1926
7. BIRTHPLACE (City and State or Foreign Country): GILES COUNTY, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 No
8a. PLACE OF DEATH (Check only one): 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 1911 CEPHAS ST.
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify): WIDOWED
11. SURVIVING SPOUSE (If wife, give maiden name):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): COOK
12b. KIND OF BUSINESS/INDUSTRY: B&W CAFETERIA
13a. RESIDENCE STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 1911 CEPHAS ST.
13e. INSIDE CITY LIMITS? 1 Yes 2 No
13f. ZIP CODE: 37208
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify 'Yes' or 'No' if 'Yes' specify Cuban, Mexican, Puerto Rican, etc.): Yes No
15. RACE: American Indian, Black, White, etc. (Specify): BLACK
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+):
17. FATHER'S NAME (First, Middle, Last): LEROY YOUNG SR.
18. MOTHER'S NAME (First, Middle, Maiden Surname): KATHERINE MERRELL
19a. INFORMANT'S NAME (Type/Print): JACQUELINE WALDEN
19b. RELATIONSHIP TO DECEASED: DAUGHTER
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4668 CLARKSVILLE HIGHWAY NASHVILLE, TN 37218
20a. METHOD OF DISPOSITION: 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place): GREENWOOD CEMETERY
20c. LOCATION (City or Town, State): NASHVILLE, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ELVIN J. SMITH
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4502
21c. SIGNATURE OF EMBALMER: PATRICK TUCKER
21d. LICENSE NUMBER OF EMBALMER: 5072
22a. NAME AND ADDRESS OF FUNERAL HOME: SMITH BROTHERS FUNERAL DIRECTORS INC. 706 MONROE STREET, NASHVILLE, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 809
23. REGISTRAR SIGNATURE: Robert W. Rhodes Jr
24. DATE FILED (Month, Day, Year): May 13, 2004
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 Signature and Title of Physician: Bruce Richards MD
25b. LICENSE NUMBER: 16037
25c. DATE SIGNED (Month, Day, Year):
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):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): BRUCE RICHARDS, 300 20TH AVE N #701, NASHVILLE, TN 37203
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.
Approximate Interval: Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. HEART ATTACK — DUE TO (OR AS A CONSEQUENCE OF): ATHEROSCLEROSIS
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: b. ATHEROSCLEROSIS — DUE TO (OR AS A CONSEQUENCE OF): HYPERTENSION; c. HYPERTENSION — DUE TO (OR AS A CONSEQUENCE OF): DIABETES; d. DIABETES
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: STROKES, 1980's
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):

(REV 6/99) X3

BIRTH NO

PDA 1058

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.

Tonya Y. Ruttlen
Tonya Y. Ruttlen
Local Registrar

7/7/2004
Date Issued

CERTIFICATION OF VITAL RECORD

EXHIBIT C

STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF HEALTH CARE FINANCE AND ADMINISTRATION
310 Great Circle Road, 3W
NASHVILLE, TENNESSEE 37243
(866) 797-9469 / Fax (615) 532-7322

January 8, 2016

Jacqueline Walden
4668 Clarksville Hwy.
Nashville, TN 37218

RE: Estate of Annie & James Cross
Davidson County Probate Court

Dear Ms. Walden:

This letter serves as notification of the release of the State of Tennessee's TennCare claim against the referenced estate due to the decedent not being enrolled in TennCare services prior to death. This release of claim is not a waiver of the right of the State of Tennessee to pursue criminal or civil penalties if fraud or abuse is found to exist pursuant to T.C.A. Section 71-5-2601 *et seq.*

If you have any questions or I may be of further service, please feel free to contact me.

Sincerely,

Paula D. Godsey

Paula D. Godsey
Deputy General Counsel

PDG/vkb
Enclosure
cc: HMS/TPL Division
Melissa Corlew via email

EXHIBIT D

Last Will and Testament

OF

ANNIE MILDRED CROSS

The undersigned, Annie Mildred Cross, of Davidson County, Tennessee, being of sound mind and disposing memory and realizing the uncertainty of life, does hereby make, publish and declare this my Last Will and Testament and does hereby revoke all wills or codicils to wills heretofore executed by me.

ITEM I

I design and direct that all my just debts and funeral expenses be paid by my Executrix and authorize my Executrix to dispose of such of my property, whether real or personal, as may be necessary to pay this, disposing first any of perishable property.

ITEM II

I hereby give, devise and bequeath the following property to the following named individuals if they shall survive me:

A. To my grandaughter, Keisha Walden, my piano.

B. To my daughter, Jacqueline Walden, the bedroom suite.

C. To my daughter, Rayetta Mitchell, my sewing machine.

ITEM III

Except as provided in Item II above, I hereby give, devise and bequeath all of the rest and residue of the property which I own or have the right to dispose of at my demise, including the proceeds from the sale of my real estate, in equal shares to such of my children as shall survive me; provided, however, that in the event that any of my children have predeceased me leaving issue who survive me, that said issue shall take in equal shares that portion of the inheritance which would have passed to my child had my said child survived me, said bequest to be per stirpes and not per capita.

ITEM IV

I hereby nominate and appoint my daughter, Jacqueline Walden, as Executrix of this my Last Will and Testament and authorize my said Executrix to do any and all things which in her opinion, are necessary to complete the administration and

Annie Mildred Cross

settlement of my estate, including full right, power and authority without the order of any court, and upon such terms and under such conditions as to my said Executrix shall seem best for the proper settlement of my estate, to bargain, sell at public or private sale, convey, transfer, deed, mortgage, lease, exchange, pledge, manage and deal with any and all property belonging to my estate, to compromise, settle, adjust, release or discharge any and all obligations or claims in favor of or against my estate and to borrow money for the payment of inheritance and estate taxes or for any other purpose. Without in any way limiting the scope of the powers enumerated herein of my Executrix, I hereby specifically give to her full power to retain any and all securities or property owned by at the time of my demise whenever, in her absolute and uncontrolled discretion, such a course shall seem to be best without liability for depreciation or loss, and free from investment restrictions incident to trusteeship or executorship, whether imposed by common law or statute and to exercise any or all of those powers set forth in T.C.A. Section 35-50-110, Subsections 1 and 32 inclusive, as fully as if said powers were expressly herein incorporated. In the execution of said duties and powers, said Executrix shall have the power to comply with all legal requirements as to the execution and delivery of deeds and all other writings, documents or formalities without the order of any court.

In the event the said Jacqueline Walden shall not survive me, or shall for any reason be unable or unwilling to serve as Executrix of this my Last Will and Testament, or having once begun to serve, shall be unable or unwilling to serve, I nominate and appoint Rayetta C. Mitchell as Executrix of this my Last Will and Testament with all the rights, duties, powers and liabilities hereinabove set forth for the said Jacqueline Walden.

I direct that neither Jacqueline Walden or Rayetta Mitchell as Executrix shall be required to furnish any bond.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name this 10th day of March, 1986.

Annie Mildred Cross

Signed by the said Annie Mildred Cross, as and for her Last Will and Testament consisting of three pages including this page, in the presence of us, the undersigned, who at her request and in her sight and presence, and in the presence of each other, have subscribed our names as attesting witnesses the day and date above written.

Lee Richard residing at Nashville, TN

Ruth Riley residing at Nashville, TN

Patricia A. Cate residing at Brentwood, TN.

STATE OF TENNESSEE
Office of Vital Records

1102753

EXHIBIT E

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): Phillip D. Cross
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): April 21, 2011
4. SOCIAL SECURITY NUMBER (of Deceased): -6164
5a. AGE - LAST BIRTHDAY (Years): 60
5b. UNDER 1 YEAR (MOS., DAYS) 5c. UNDER 1 DAY (HOURS, MIN.)
6. DATE OF BIRTH (Month, Day, Year): Jan. 9, 1951
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN
8. EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] 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): 1911 Cephas Avenue
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Divorced
11. SURVIVING SPOUSE (If wife, give maiden name):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Janitorial
12b. KIND OF BUSINESS/INDUSTRY: Board of Education
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1911 Cephas Avenue
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37208
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No. Specify, if yes:
15. RACE - American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12th; College (1-4 or 5+): 4

PARENTS

17. FATHER'S NAME (First, Middle, Last): Rev. James Edward Cross
18. MOTHER'S NAME (First, Middle, Maiden Surname): Annie Mildred Young

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Lisa M. Cross
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1206 Riverside Drive, Nashville, TN 37206

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): Greenwood Cemetery-North
20c. LOCATION - City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Melvin J. Smith
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4502
21c. SIGNATURE OF EMBALMER: Reid Y. VanNess
21d. LICENSE NUMBER OF EMBALMER: 4275
22a. NAME AND ADDRESS OF FUNERAL HOME: Smith Brothers Funeral Directors, Inc., 706 Monroe Street, Nashville, TN 37208
22b. LICENSE809 NUMBER OF FUNERAL HOME: 809
23. REGISTRAR'S SIGNATURE: ▶ Linda L. Bowers RR
24. DATE FILED (Month, Day, Year): May 16, 2011

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

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 [X] SIGNATURE AND TITLE OF PHYSICIAN: ▶
25b. LICENSE NUMBER: 44186
25c. DATE SIGNED (Month, Day, Year): 4-29-2011

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):

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): David Tribble, MD 1718 Patterson Street Nashville, TN 37203

CAUSE OF DEATH

29. 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Squamous Cell of Lung w/ Brain Mets — 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. 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 [/] 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: 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)

BIRTH NO.

PH-1639 (REV.-6/99) RRA 1999

4635678

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. Forman
Tonya Y. Forman, Local Registrar
Davidson County, Tennessee

MAY 16 2011
Date Issued

CERTIFICATION OF VITAL RECORD

EXHIBIT F

TENNESSEE DEPARTMENT OF REVENUE

INHERITANCE TAX CONSENT TO TRANSFER
FOR REAL PROPERTY

NOTICE: THIS ELECTRONIC DOCUMENT IS AN OFFICIAL STATE RECORD. PLEASE PRINT AND RETAIN A COPY FOR YOUR RECORDS.

NAME OF DECEDENT: Phillip Cross

COUNTY OF RESIDENCE: DAVIDSON

SOCIAL SECURITY NUMBER: xxx-xx-6164

APPLICATION DATE: 12/30/2015

The Department of Revenue hereby waives the issuance of notice required by Section 67-8-417, Tennessee Code Annotated and consents to the transfer of the property described below now in your custody, or standing on your records in the name of the captioned decedent.

Description of Real Property:

County: DAVIDSON

Address: 1911 Cephas St

City: Nashville

State: TN

Zip: 37208

Map: 081070384.00

Parcel:

FMV: $80,000.00

RV-F1401501 (Rev. 11-13)

EXHIBIT G

STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF HEALTH CARE FINANCE AND ADMINISTRATION
310 Great Circle Road, 3W
NASHVILLE, TENNESSEE 37243
(866) 797-9469 / Fax (615) 532-7322

January 4, 2016

Jacqueline Walden
4668 Clarksville Hwy
Nashville, TN 37218

RE: Estate of Phillip D. Cross
Davidson County Probate Court

Dear Ms. Walden:

This letter serves as notification of the release of the State of Tennessee's TennCare claim against the referenced estate due to the decedent not being enrolled in TennCare services prior to death. This release of claim is not a waiver of the right of the State of Tennessee to pursue criminal or civil penalties if fraud or abuse is found to exist pursuant to T.C.A. Section 71-5-2601 *et seq*.

If you have any questions or I may be of further service, please feel free to contact me.

Sincerely,

Paula D. Godsey
Deputy General Counsel

PDG/vkb
Enclosure
cc: HMS/TPL Division
Melissa Corlew via email

EXHIBIT H

OBITUA

DAVIDSON COUNTY

CROSS, Phillip D. "Dug"— April 21, 2011. Survived by daughter, Lisa Cross; grandson, Blake Cross; siblings, Jaqueline (John) Walden, Rayetta (Clarence) Mitchell, James (Joyce) Cross. Family visitation, April 25, 2011, 11-12 p.m., funeral to follow, Ransom Temple C.P. Church of America, 2210 Buchanan Street, Dr. Rosemary Herron, Pastor/ officiating. Interment, Greenwood North Cemetery. SMITH BROTHERS FUNERAL DIRECTORS, INC., 706 Monroe St., Still Family Owned and Operated, (615)726-1476 www.smithbrothersfd.com



PRIDE, Madeline Hustine Of Nashville. April 20, 2011 Preceded in death by 1st & 2nd husbands, Otis Dean Newby & Willie Perry Pride, & 5 siblings. Survived