Prepared by:
Tennessee Title & Escrow Affiliates, LLC
7105 Crossroads Blvd., Suite 101
Brentwood, TN 37027

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

The actual consideration or value, whichever is greater, for this transfer is $90,000.00

Affiant

Subscribed and sworn to before me, this 13th day of January, 2016.

Notary Public
My commission expires: 8-11-18

LEIGH ANNE SAILORS
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

Davidson County DEEDWARR
Recvd: 01/14/16 15:10 7 pgs
Fees:38.00 Taxes:333.00
20160114-0004135

Address of New Owner:	Send Tax Bills to:	Tax Information
Skyview Property Group, LLC P.O. Box 413 Arrington, TN 37014	New Owner	091-10-0-152-00

WARRANTY DEED

For and in consideration of the sum of ten dollars & no/100 ($10.00), cash in hand paid by the hereinafter named Grantee(s), and other good and valuable considerations, the receipt of which is hereby acknowledged, **Randall W. Mimms, and Tina Martin and Suzetta Seymour, (now known as Suzetta Mimms) devisees under the will of Doris E. Mimms,** hereinafter referred to as Grantor(s), have bargained and sold, and do hereby transfer and convey to **Skyview Property Group, LLC,** hereinafter called the Grantee(s), their heirs and assigns, a certain tract or parcel of land in Davidson County, State of Tennessee, described as follows:

Land in Davidson County, Tennessee, being Lot No. 5 on the Plan of Subdivision of Lots 39 and 40, in the Division of B.F. Cockrill Farm of record in Plat Book 332, Page 41, in the Register's Office for Davidson County, Tennessee, to which Plan reference is hereby made for a more complete description of the property.

Being the same property conveyed to James E. Mimms and wife, Doris E. Mimms by warranty deed from W. F. Taylor and wife, Margaret H. Taylor of record in Book 6703, page 488, Register's Office for Davidson County, Tennessee, dated 11/05/1985 and recorded on 11/06/1985.

The said James E. Mimms and wife, Doris E. Mimms are now deceased, James E. Mimms having predeceased Doris E. Mimms, and by her will of record in case no. 14P-1645 of the Probate Court for Davidson County, Tennessee, Doris E. Mimms devised this property to Randall W. Mimms, Tina M. Martin and Suzetta Seymour.

This property is improved property known as **5808 Robertson Avenue, Nashville, TN, 37209-1851.**

This conveyance is subject to all matters shown on the Plan of record in Plat Book 332, Page 41, and Book 161, Page 135, Register's Office for Davidson County, Tennessee.

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(s), their heirs and assigns, forever. Grantors covenant with Grantee(s) that Grantor(s) are lawfully seized and possessed of said land in fee simple, has a good right to convey it, and the same is unencumbered, unless otherwise herein set out. Grantor(s) do further covenant and bind themselves, their heirs, assigns and representatives, to warrant and forever defend the title to said land to said Grantee(s), their heirs 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 my hand this the 13th day of January, 2016.

Randall W. Mimms

Tina Martin

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named **Randall W. Mimms, Tina Martin,** the bargainor(s), with whom I am personally acquainted or proved to me on the basis of satisfactory evidence and who acknowledged that they executed the within instrument for the purposes therein contained.

Witness my hand and official seal at this the 13th day of January, 2016.

Notary Public

JONATHAN TRISTON JACOBS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON CO.

My Commission expires 3-8-16

WITNESS my hand this the 13 day of January, 2016.

Suzetta Seymour

STATE OF Alabama

COUNTY OF Baldwin

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named **Suzetta Seymour, now known as Suzetta Mimms,** the bargainor(s), with whom I am personally acquainted or proved to me on the basis of satisfactory evidence and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at this the 13th day of January, 2016.

Notary Public

ALABAMA STATE AT LARGE NOTARY PUBLIC

My Commission expires: 22Oct2018
FILE NO: 2016014128

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0403606

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): James H. Mimms
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): July 04, 2004
4. SOCIAL SECURITY NUMBER: [redacted]-0164
5a. AGE-LAST BIRTHDAY (Years): 77
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Min.
6. DATE OF BIRTH (Month, Day, Year): Dec. 18, 1926
7. BIRTHPLACE (City and State or Foreign Country): Davidson County, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 5806 Robertson Road
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): Doris Smith
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Printer
12b. KIND OF BUSINESS/INDUSTRY: Dixie Graphic
13a. RESIDENCE STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 5806 Robertson Road
CENSUS TRACT: 1 3YA
13e. INSIDE CITY LIMITS? [X] Yes [ ] No
13f. ZIP CODE: 37209
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): 7 — College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): J.D. Mimms
18. MOTHER'S NAME (First, Middle, Maiden Surname): Thelma Mayo

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Doris E. Mimms
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 5806 Robertson Road Nashville, Tennessee 37209

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): Harpeth Hills Memory Gardens
20c. LOCATION (City or Town, State): Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Denny Shepard
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4995
21c. SIGNATURE OF EMBALMER: Michelle Petrino
21d. LICENSE NUMBER OF EMBALMER: 4188
22a. NAME AND ADDRESS OF FUNERAL HOME: West Harpeth Funeral Home & Crematory 6962 Charlotte Pike Nashville, Tennessee 37209
22b. LICENSE NUMBER OF FUNERAL HOME: 1016

REGISTRAR

23. REGISTRAR'S SIGNATURE: [signature]
24. DATE FILED (Month, Day, Year): July 8, 2004

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 [ ] SIGNATURE AND TITLE OF PHYSICIAN: [signature]
25b. LICENSE NUMBER: 30403
25c. DATE SIGNED (Month, Day, Year): 7/8/2004
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. Natalie Dickson 4230 Harding Road Suite #523 Nashville, Tennessee 37205

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
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Metastatic Bladder cancer
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.
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 [X] Natural 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide
31b. DATE OF INJURY (Month, Day, Year):
31c. 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):

Printed: RDA 1399

PH-1659 (REV. 6/99)

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
Local Registrar

JUL 8 2004
Date Issued

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

1404109

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Doris Estelle Mimms
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): June 26, 2014
4. TIME OF DEATH (Approx.): 1:15 pm
5a. AGE-Last Birthday (Years): 83
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): February 21, 1931
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

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): 5806 Robertson Road
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (Type by Typewriter or Ink Blocks)

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: School Patrol Supervisor
11b. KIND OF BUSINESS/INDUSTRY: Metro Police
12. SOCIAL SECURITY NUMBER: [redacted]-5675
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 5806 Robertson Road
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37209
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

10

PARENTS

18. FATHER'S NAME (First, Middle, Last): Jesse Smith
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Bessie Covell

DISPOSITION

20a. INFORMANT'S NAME: Randy Mimms
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 246 New Sawyer Brown Road, Nashville, TN 37221
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Harpeth Hills Memory Gardens
21c. LOCATION - City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Donnel Bullard
22b. LICENSE NUMBER: 6350
22c. SIGNATURE OF EMBALMER: ▶ Michael P. Illobre
22d. LICENSE NUMBER: 5353
23a. NAME AND ADDRESS OF FUNERAL HOME: West Harpeth Funeral Home, 6962 Charlotte Pike, Nashville, TN 37209
23b. LICENSE NUMBER OF FUNERAL HOME: 1016

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Michael Edwards OR
25. DATE FILED (Month, Day, Year): July 2, 2014

CERTIFIER

26. CERTIFIER (Check only one)
26a. ☒ 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.

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

27a. SIGNATURE OF CERTIFIER: ▶ Richard W Gorman
27b. LICENSE NUMBER: MD 013402
27c. DATE SIGNED (Month, Day, Year): 7/1/14
27d. NAME AND ADDRESS: Richard Gorman 300 20th Ave North Nashville TENN 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Coronary artery disease
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

Approximate interval: Onset to death

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

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 - a) 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. 8/2011)

RDA 1399

6738750

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.

6738750

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued: JUL 07 2014

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

CERTIFICATION OF VITAL RECORD

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

11/24/2014

DAVID A. CHILDREN
LEGAL COUNSEL
102 WOODMONT BLVD. STE 102
NASHVILLE, TN 37205

RE: DORIS MIMMS
Last Four Of SSN: 5675

Dear DAVID A. CHILDREN:

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,

Tangela J. Howard

N0019001 8500170150205

TENNESSEE DEPARTMENT OF REVENUE

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

February 8, 2015

ESTATE OF DORIS E MIMMS
ATTN: DAVID A CHILDRESS
102 WOODMONT BLVD STE 200
NASHVILLE TN 37205-2216

Account Type:	INHERIT TX
Account No.:	442013125
Date of Death:	June 26, 2014
County:	DAVIDSON
SSN:	XXX-XX-5675

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 RETAIN FOR YOUR RECORDS

TENNESSEE DEPARTMENT OF REVENUE

ESTATE OF DORIS E MIMMS
ATTN: DAVID A CHILDRESS
102 WOODMONT BLVD STE 200
NASHVILLE, TN 37205-2216

February 8, 2015	
Account Type:	INHERIT TX
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Inheritance Tax:	$0.00
Estate Tax:	$0.00
Interest:	$0.00
Penalty:	$0.00
Total:	$0.00

I, Thomas N. Jones, do hereby make oath that I am a licensed attorney and/or 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.

THOMAS N. JONES

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

Personally appeared before me, Leigh Anne Sailors, a notary public for this county and state, Thomas N. Jones, who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

NOTARY PUBLIC

My Commission Expires: 8-11-18

