This Instrument Prepared By:
BROKERS ESCROW SERVICES, INC.
200 Nashboro Blvd., PO Box 17116
Nashville, Tennessee 37217
615-885-0223

Recording Information:

Davidson County DEEDWARR
Recvd: 05/27/16 08:02 8 pgs
Fees:43.00 Taxes:351.50
20160527-0053390

SEND TAX BILL TO:
ADDRESS NEW OWNER:
Kinetic Properties, & Associates, LLC
415 Church Street, Apt 1101
Nashville, TN 37219-1830

MAP/ PARCEL: 15007049100

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, Marsha K. Sauriol, Executrix, and Marsha K. Sauriol, Michael A. Parks and Robert E. Parks, being all the beneficiaries of the **Estate of Rita P Goins**, hereinafter called the "GRANTORS", have bargained and sold, and by these presents, do transfer and convey unto **Kinetic Properties, & Associates, LLC**, a Tennessee limited liability company, 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, being all of Lot No. 531, on the plan of Section Five, Towne Village of the Country, of record in Plat Book 6250, page 783-784, said Register's Office for Davidson County, Tennessee, to which plat reference is hereby made for a more complete and accurate description of said lot.

Being the same property conveyed to Rita P. Goins, a single woman, by Deed dated November 30, 2009, from Jeanie L. Masten, of record in Instrument No. 20091202-0110230 Register's Office for Davidson County, Tennessee. The said Rita P. Goins having since died testate on October 9, 2015, (Certificate of Death attached as Exhibit A) her Will devising subject property to Marsha K. Sauriol, Michael A. Parks and Robert E. Parks, her estate being administered in the Probate Court for Davidson County, Tennessee as Case No. 15P-1741. TennCare Clearance is attached as Exhibit B, Tennessee Inheritance Tax Clearance is attached as Exhibit C.

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 an easement for Sanitary sewer and /or storm drainage easement , set forth in an instrument of record in Book 7477, page 753, said Register's Office, to which instrument reference is here made for the exact terms and details thereof.
Subject to an easement for Water line, set forth in an instrument of record in Book 7477, page 782, said Register's Office, to which instrument reference is here made for the exact terms and details thereof.

Subject to restrictive covenants contained in an instrument of record in Trust Deed Book 6767, page 456, said Register's Office, and to which instrument reference is here made for the complete and exact terms, details and requirements thereof.
Subject to all of those facts, conditions and limitations shown on the Plat of record in Book 6250, page 783-784, 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.
Subject to all covenants, subdivision restrictions, easements and other matters of record in Plat Book 6250, page 783-784, said Register's Office.

This is improved property known as 3425 Towne Village Road, Antioch, Tennessee 37013.

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.

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)
The actual value or consideration, whichever is greater, for this transfer is $95,000.00.

AFFIANT

Subscribed and sworn to before me on this 16th day of May, 2016.

NOTARY PUBLIC
My Commission Expires:

SUSAN TAYLOR NOTARY # 03007836 EXP. 06/12/19 PUBLIC STATE OF OKLAHOMA

WITNESS my hand this the 25th day of May, 2016 .

Marsha K. Sauriol

Marsha K. Sauriol

Marsha K. Sauriol, Executrix

Marsha K. Sauriol, Executrix

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned Notary Public in and for said County and State, **Marsha K. Sauriol,** the bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that she executed the within Warranty Deed for the purposes therein contained.

WITNESS my hand and official seal at office this 25 day of May, 2016.

NOTARY PUBLIC
My Commission Expires:

TONI RUTGERSON STATE OF TENNESSEE NOTARY PUBLIC WILSON COUNTY My Comm. Expires June 1, 2016

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned Notary Public in and for said County and State, **Marsha K. Sauriol,** the bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged she, as Executrix of the **Estate of Rita P Goins,** with the authority to do so, executed the within Warranty Deed for the purposes therein contained.

WITNESS my hand and official seal at office this 25 day of May, 2016.

NOTARY PUBLIC
My Commission Expires:

TONI RUTGERSON STATE OF TENNESSEE NOTARY PUBLIC WILSON COUNTY My Comm. Expires June 1, 2016

Michael A. Parks

STATE OF New Jersey)
COUNTY OF Cumberland)

Personally appeared before me, the undersigned Notary Public in and for said County and State, **Michael A. Parks**, the 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 Warranty Deed for the purposes therein contained.

WITNESS my hand and official seal at office this 10th day of May, 2016.

NOTARY PUBLIC
My Commission Expires:

LENNITA PORTER-LINEN
Notary Public
State of New Jersey
My Commission Expires Oct 31, 2017

LENNITA C. PORTER-LINEN NOTARY PUBLIC NEW JERSEY

Robert E. Parks

STATE OF OKLAHOMA)
COUNTY OF PAYNE)

Personally appeared before me, the undersigned Notary Public in and for said County and State, **Robert E. Parks**, the 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 Warranty Deed for the purposes therein contained.

WITNESS my hand and official seal at office this 16th day of May, 2016 .

SUSAN TAYLOR NOTARY # 03007836 EXP. 06/12/19 PUBLIC STATE OF OKLAHOMA

NOTARY PUBLIC
My Commission Expires:

STATE OF TENNESSEE
COUNTY OF WILSON
On this 25th day of May, 20 16, personally appeared before me, a notary public for this 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 H. 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
Office of Vital Records

EXHIBIT A

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Rita Parks Goins
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): October 9, 2015
4. TIME OF DEATH (Military): 6:59 pm
5a. AGE-Last Birthday (Years): 68
5b. UNDER 1 DAY: Months / Days / Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): September 3, 1947
7. BIRTHPLACE (City and State or Foreign Country): Talladega, Alabama

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): Summit Medical Center
8c. CITY OR TOWN: Hermitage
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: ☐ Married ☐ Married, but separated ☐ Widowed ☒ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11. DECEDENT'S USUAL OCCUPATION: Receptionist
11b. KIND OF BUSINESS/INDUSTRY: Manufacturing

12. SOCIAL SECURITY NUMBER: [redacted]9280
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Antioch
13d. STREET AND NUMBER: 3425 Towne Village Road
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 37013
14. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

NAME OF DECEDENT (Continued) (If needed, enter in Remarks)

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 of Hispanic origin) (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

PARENTS

18. FATHER'S NAME (First, Middle, Last): Joseph D. Parks
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Pearle Lacy

DISPOSITION

20a. INFORMANT'S NAME: Marsha K. Sauriol
20b. RELATIONSHIP TO DECEDENT: Sister
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 191 Burdock Dr, Jefferson, Georgia 30549
21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Middle TN Cremation Center
21c. LOCATION - City or Town, and State: Mt. Juliet, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: Blake Bond
22b. LICENSE NUMBER: 3930
22c. SIGNATURE OF EMBALMER
22d. LICENSE NUMBER
23a. NAME AND ADDRESS OF FUNERAL HOME: Bond Memorial Chapel - 1098 Weston Drive, Mt. Juliet, Tennessee 37122
23b. LICENSE NUMBER OF FUNERAL HOME: 1041

REGISTRAR

24. REGISTRAR'S SIGNATURE: Derek Rivers, CDS
25. DATE FILED (Month, Day, Year): October 13, 2015

CERTIFIER

29. CERTIFIER (Check only one)
29a. ☒ PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.
29b. ☐ 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: [signature]
27b. LICENSE NUMBER: 45903
27c. DATE SIGNED (Month, Day, Year): 10/13/15
27d. NAME AND ADDRESS: Rachel Monroe 5051 East Blvd Suite 113 Hermitage, TN

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. Stroke — Due to (or as a consequence of):
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): c. — Due to (or as a consequence of): d.

Approximate Interval: Onset to death: hours

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I: AML, hypertension, atrial fibrillation

28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
28b. 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 – 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)

TN-1001A (Rev. 10/2011) ADA 12/12

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.

8235083

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

8235083

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued: OCT 13 2015

CERTIFICATION OF VITAL RECORD

EXHIBIT B

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

3/14/2016

TONI RUTGERSON
LEGAL COUNSEL
PO BOX 17116
NASHVILLE, TN 37217

RE: RITA GOINS
Last Four Of SSN 9286

Dear TONI RUTGERSON:

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

N0018901 6837534160404

EXHIBIT C

TENNESSEE DEPARTMENT OF REVENUE

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

April 7, 2016

ESTATE OF RITA P GOINS
ATTN: TONI W RUTGERSON
PO BOX 17116
NASHVILLE TN 37217-0116

Account Type:	INHERIT TX
Account No.:	442140005
Date of Death:	October 9, 2015
County:	DAVIDSON
SSN:	XXX-XX-9286

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 RITA P GOINS
ATTN: TONI W RUTGERSON
PO BOX 17116
NASHVILLE, TN 37217-0116

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Total:	$0.00