Davidson County DEEDWARR
Recvd: 07/26/16 16:38 5 pgs
Fees:28.00 Taxes:21090.00
20160726-0076987

NEW OWNER:
HCA HEALTH SERVICES OF
TENNESSEE, INC.
One Park Plaza
Nashville, TN 37203
Attn: Real Estate Department

THIS INSTRUMENT PREPARED BY:

Rochelle, McCulloch & Aulds, P.L.L.C.
Attorneys at Law
109 Castle Heights Ave. North
Lebanon, TN 37087

FILENO: BMG

SEND TAX BILLS TO:
NEW OWNER
One Park Plaza
Nashville, TN 37203
Attn: Real Estate Department

Map and Parcel id no.: 08600033300

D E E D

FOR AND IN CONSIDERATION of the sum of FIVE MILLION, SEVEN HUNDRED DOLLARS ($5,700,000.00) cash in hand paid, the receipt of which is hereby acknowledged, **SUMMIT MEDICAL MANAGEMENT, GP, a Tennessee general partnership** ("Grantor") have this day bargained and sold and by these presents do hereby transfer and convey unto **HCA HEALTH SERVICES OF TENNESSEE, INC., a Tennessee corporation** ("Grantee"), its successors and assigns, forever, the following tract or parcel of land, situated and lying in the **DAVIDSON** County, Tennessee, bound and described as follows, to-wit:

BEING LOT NO. 2 ON THE PLAN OF DONELSON FAMILY PRACTICE OF RECORD IN BOOK 7900, PAGE 744, IN THE REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE, TO WHICH PLAN REFERERNCE IS HEREBY MADE FOR A MORE COMPLETE LEGAL DESCRIPTION.

TOGETHER WITH AN EASEMENT OVER THE 40-FOOT PUBLIC UTILITY, DRAINAGE AND JOINT ACCESS EASEMENT AS SHOWN ON THE PLAN OF DONELSON FAMILY PRACTICE OF RECORD IN BOOK 7900, PAGE 744, IN THE REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE, TO WHICH PLAN REFERERNCE IS HEREBY MADE FOR A MORE COMPLETE LEGAL DESCRIPTION.

BEING THE SAME PROPERTY CONVEYED TO **SUMMIT MEDICAL MANAGEMENT, LLC** OF RECORD IN INSTRUMENT NO. 201302270019397, REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE. SUMMIT MEDICAL MANAGEMENT, LLC CONVERTED TO A TENNESSEE GENERAL PARTNERSHIP KNOWN AS SUMMIT MEDICAL MANAGEMENT BY CERTIFICATE OF CONVERSION FILED AT THE OFFICE OF THE SECRETARY OF STATE OF TENNESSEE ON NOVEMBER 10, 2015.

This description is the same as in the prior deed.

This is not the principal residence of the Grantor.

THIS IS IMPROVED PROPERTY, with an address of
3939 CENTRAL PIKE, HERMITAGE, TN 37076.

TO HAVE AND TO HOLD said property, together with any and all appurtenances and improvements thereunto, belonging to the said Grantee, its successors and assigns, in fee simple, forever.

GRANTOR covenants with said Grantee that Grantor is lawfully seized and possessed of said property; that Grantor has a good and lawful right to make this conveyance; that the same is free, clear and unencumbered, except as noted herein; and Grantor will forever warrant and defend the title thereto against the lawful claims of all persons whomsoever.

THIS CONVEYANCE is made subject to all visible easements, rights-of-way and matters shown on the plat of record at Plat Book 7900, Page 744, and any and all restrictions, existing roadways, easements and rights-of-way of record ("Permitted Exceptions") as shown on Exhibit "A" attached hereto and incorporated herein.

POSSESSION shall be given with date of deed.

PROPERTY TAXES for the current year shall be prorated as of date of deed.

IN WITNESS WHEREOF, the undersigned have executed or caused this instrument to be executed by their duly authorized representative, this the 25th day of July, 2016.

SUMMIT MEDICAL MANAGEMENT, GP
a Tennessee general partnership

by: _____
WILLIAM DUGAN, Managing Partner

STATE OF TENNESSEE
COUNTY OF Wilson

Personally appeared before me, the undersigned authority, a notary public in and for the state and county aforesaid, **WILLIAM DUGAN**, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), who acknowledged that he is **Managing Partner** of **SUMMIT MEDICAL MANAGEMENT, GP**, the within-named bargainor, and as such authorized partner, being given the authority to so do, executed the within instrument on behalf of the partnership by signing its name as such authorized partner.

WITNESS my hand and official seal at office, this 26th day of July, 2016.

NOTARY PUBLIC

My commission expires: 10/29/19

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The actual consideration or value, whichever is greater, for this transfer is **$ 5,700,000.00 .**

AFFIANT

Sworn to and subscribed to before me this the 26 day of July, 2016.

NOTARY PUBLIC

My commission expires: 5/6/19

4842-2332-0373.2

EXHIBIT "A"
Permitted Exceptions

1. Taxes and assessments for the year 2016 and subsequent years, not yet due and payable. Taxes for the year 2016 have been prorated and assumed by the Grantee.

2. All matters as shown on that certain plat of record in Plat Book 7900, Page 744, in the Register's Office of Davidson County, Tennessee.

3. Declaration of Covenants and Restrictions of record in Instrument No. 200007240073102; as amended by Amendment to Declaration of Covenants and Restrictions of record in Instrument No. 200310080149343; as further amended by Amended and Restated Declaration of Covenants and Restrictions of record in Instrument No. 200410010118653; as further amended by Second Amendment to Declaration of Covenants, Restrictions and Easements of record in Instrument No. 200506280074444, Register's Office for Davidson County, Tennessee.

4. Stormwater Detention Agreement of record in Book 9378, page 470, Register's Office for Davidson County, Tennessee.

5. Grant of Easement of record in Book 8728, page 467, Register's Office for Davidson County, Tennessee.

6. Rights of parties in possession, as tenants only, not shown by the public record.

7. Any facts, rights, interests or claims that may exist or arise by reason of the following matters disclosed by an ALTA/NSPS survey made by Douglas Chandler, RLS, Ragan Smith Associates, Inc.on April 5, 2016 , designated Job Number 16-061.

8. Overhead Line Easement of record in Book 5684, page 984, Register's Office for Davidson County, Tennessee.

9. Memorandum of Lease by and between Summit Primary Care, PLLC and HCA Health Services of Tennessee, Inc. dated July __, 2016, of record as Instrument No. _____, Register's Office for Davidson County, Tennessee.

True Copy Certification

I, Jay H. Smith, 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 therewith and that this is a true and correct copy of the original documents executed and authenticated according to law.

Signature

State of Tennessee

County of Davidson

Personally appeared before me, Jodean M. King, a notary public for this county and state, Jay H. Smith who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Notary's Signature

JODEAN M. KING
STATE OF TENNESSEE NOTARY PUBLIC
ROBERTSON COUNTY

My Commission Expires: 6/20/2017

Notary Seal: