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

Recording Information:

SEND TAX BILL TO:
ADDRESS NEW OWNER:
Jessica Richards
3740 Turley Dr A
Nashville, TN 37211

Davidson County DEEDWARR
Recvd: 08/26/16 15:03 14 pgs
Fees:73.00 Taxes:270.10
20160826-0089729

MAP 043
GROUP 13
PARCEL 194.00

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, **Betty K. Stone, Administratrix/ Administrator of The Estate of Thomas Warren Stone** hereinafter called the "GRANTOR", has bargained and sold, and by these presents, does transfer and convey unto **Jessica Richards**, unmarried, hereinafter called the "GRANTEE", her 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 Lot No. 5 of Block G on the Plan of Forest Park Subdivision, of record in Book 843, page 44, Register's Office for Davidson County, Tennessee, to which plan reference is hereby made for a more complete description.

Being the same property devised by Will from Warren Osborne Stone (Death Certificate attached as Exhibit "A") to Thomas Warren Stone, with a life estate to Paul Edward Stone (having since died March 2, 2011 , his death certificate attached as Exhibit "B") Probate No. 00P-718, Probate Court for Davidson County, TN of record in Instrument No. 20061114-0141280, Register's Office for Davidson County, Tennessee.

Thomas Warren Stone having since died on July 8, 2012, his Estate being administered in the Seventh Circuit Court of Davidson County, Tennessee at Nashville, Case No. 12P1223, his death certificate attached as Exhibit "C", TennCare Release is attached as Exhibit "D", Affidavit Waiving Tennessee Inheritance Tax Return is attached as Exhibit "E", and Agreed Order to Sale Real Property is attached as Exhibit "F".

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 843, page 44, said Register's Office.

Subject to all of those facts, conditions and limitations shown on the Plat of record in Book 843, page 44, 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 318 Maple Street, Madison, Tennessee 37115.

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, includingany 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", her successors and assigns, forever, and,

GRANTOR does covenants with the said "GRANTEE" that she is lawfully seized and possessed of said land in fee simple, has a good right to convey it, and warrants that the same is unencumbered, unless otherwise herein set out; and,

GRANTOR, does further covenant and bind herself, her heirs and assigns, to warrant and forever defend the title to the said land to the said "GRANTEE", and her 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 my hand this the 22nd day of August, 2016.

Betty K Stone. Administratrix

Betty K. Stone, Administratrix/Administrator of the Estate of Thomas Warren Stone

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned Notary Public in and for said County and State, **Betty K. Stone**, the bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that she as **Administratix/ Administrator of The Estate of Thomas Warren Stone,** 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 22nd day of August, 2016.

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

NOTARY PUBLIC
My Commission Expires: MY COMMISSION EXPIRES: JUNE 25, 2019

STATE OF TENNESSEE)
COUNTY OF DAVIDSON

The actual value or consideration, whichever is greater, for this transfer is $73,000.00.

Jessica Richards

AFFIANT

Subscribed and sworn to before me on this 22nd day of August, 2016.

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

NOTARY PUBLIC
My Commission Expires: MY COMMISSION EXPIRES: JUNE 25, 2019

STATE OF TENNESSEE
COUNTY OF WILSON
On this 25th day of August, 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 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.

EXHIBIT A

Metropolitan Government of Nashville and Davidson County

Bill Purcell, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

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.

00 1 16

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): Warren Osborne Stone
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): March 3, 2000
4. SOCIAL SECURITY NUMBER: -0605
5a. AGE-LAST BIRTHDAY: 77
6. DATE OF BIRTH (Month, Day, Year): Oct 30, 1922
7. BIRTHPLACE (City and State or Foreign Country): Parkersburg, WV
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): 1 [ ] Inpatient 2 [X] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Nashville Memorial Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Madison
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.): Mechanic
12b. KIND OF BUSINESS/INDUSTRY: Metro Public School
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN, OR LOCATION: Madison
13d. STREET AND NUMBER OR RURAL LOCATION: 318 Maple Street
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37115
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - If Yes, specify Cuban, Mexican, Puerto Rican, etc.): Yes [ ] No [X]
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+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): John C Stone
18. MOTHER'S NAME (First, Middle, Maiden Surname): Cora Clark

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Paul Stone
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street or RFD Number or Rural Route Number, City or Town, State, Zip Code): 318 Maple Street, Madison, TN 37115

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): Rockland Cemetary
20c. LOCATION-City or Town, State: Belpre OH
21a. SIGNATURE OF FUNERAL DIRECTOR: Arch Bond CFSP
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3949
21c. SIGNATURE OF EMBALMER: Marty Bond CFSP
21d. LICENSE NUMBER OF EMBALMER: 4072
22a. NAME AND ADDRESS OF FUNERAL HOME: Bond Memorial Chapel 1098 Weston Drive, Mt. Juliet, TN 37122-3400
22b. LICENSE NUMBER OF FUNERAL HOME: 1041

REGISTRAR

23. REGISTRAR'S SIGNATURE:
24. DATE FILED (Month, Day, Year): March 13, 2000

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
1 [X] SIGNATURE AND TITLE OF PHYSICIAN: William H Pattus MD
25b. LICENSE NUMBER: MD 18685
25c. DATE SIGNED (Month, Day, Year): 3/10/00
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 SIGNING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): William H. Pattus, M.D. 2021 Church Street Suite 305 Nashville, TN 37203

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. Sudden cardiac death
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. Atherosclerotic Cardiovascular Disease
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: Diabetes mellitus and Stage Kidney Disease
29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [X] No

30. MANNER OF DEATH: 1 [X] 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):

BATCH NO.

PH-1559
REV. 2-98

RDA 1993

EXHIBIT B

STATE OF TENNESSEE
Office of Vital Records

T101305

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): Paul Edward Stone
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): March 2, 2011
4. SOCIAL SECURITY NUMBER: 5597
5. AGE-LAST BIRTHDAY (Years): 54
6. DATE OF BIRTH (Month, Day, Year): Dec 16, 1955
7. BIRTHPLACE (City and State or Foreign Country): Kenova, WV
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 No
9. PLACE OF DEATH: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
10a. FACILITY NAME (If not institution, give street and number): Alive Hospice Residence
10b. CITY, TOWN, OR LOCATION OF DEATH: Nashville
10c. 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.): Caregiver
12b. KIND OF BUSINESS/INDUSTRY: Health
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Madison
13d. STREET AND NUMBER OR RURAL LOCATION: 318 Maple St
13e. INSIDE CITY LIMITS? Yes
13f. ZIP CODE: 37115
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) No
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+)

PARENTAGE

17. FATHER'S NAME (First, Middle, Last): Warren Stone
18. MOTHER'S NAME (First, Middle, Maiden Surname): Ann Pride

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Thomas Stone
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 318 Maple St Madison, TN 37115

DISPOSITION

20a. METHOD OF DISPOSITION: 2 Cremation
20b. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or Other Place): Music City Crematory
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Gary Roberts
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4807
21c. SIGNATURE OF EMBALMER
21d. LICENSE NUMBER OF EMBALMER
22a. NAME AND ADDRESS OF FUNERAL HOME: Nashville Funeral and Cremation Service 210 McMillan St. Nashville, TN 37203
22b. LICENSE NUMBER OF FUNERAL HOME: 1136

REGISTRAR

23. REGISTRAR'S SIGNATURE
24. DATE FILED (Month, Day, Year): March 9, 2011

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
25b. LICENSE NUMBER: 42486
25c. DATE SIGNED (Month, Day, Year): 3-08-2011
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

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

CAUSE OF DEATH

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. Non small cell Lung 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.
Approximate Interval Between Onset and Death

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

28a. WAS AN AUTOPSY PERFORMED? Yes No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Yes No

29. MANNER OF DEATH: 1 Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation 6 Could not be determined
30. DATE OF INJURY (Month, Day, Year)
31. TIME OF INJURY
32. INJURY AT WORK? 1 Yes 2 No
33. DESCRIBE HOW INJURY OCCURRED
34. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) (Specify)
35. LOCATION (Street and Number or Rural Route Number, City or Town, State)

TN-ES-10 (REV. 6/10)

STATE FILE NO.

RDA 1339

4628594

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.

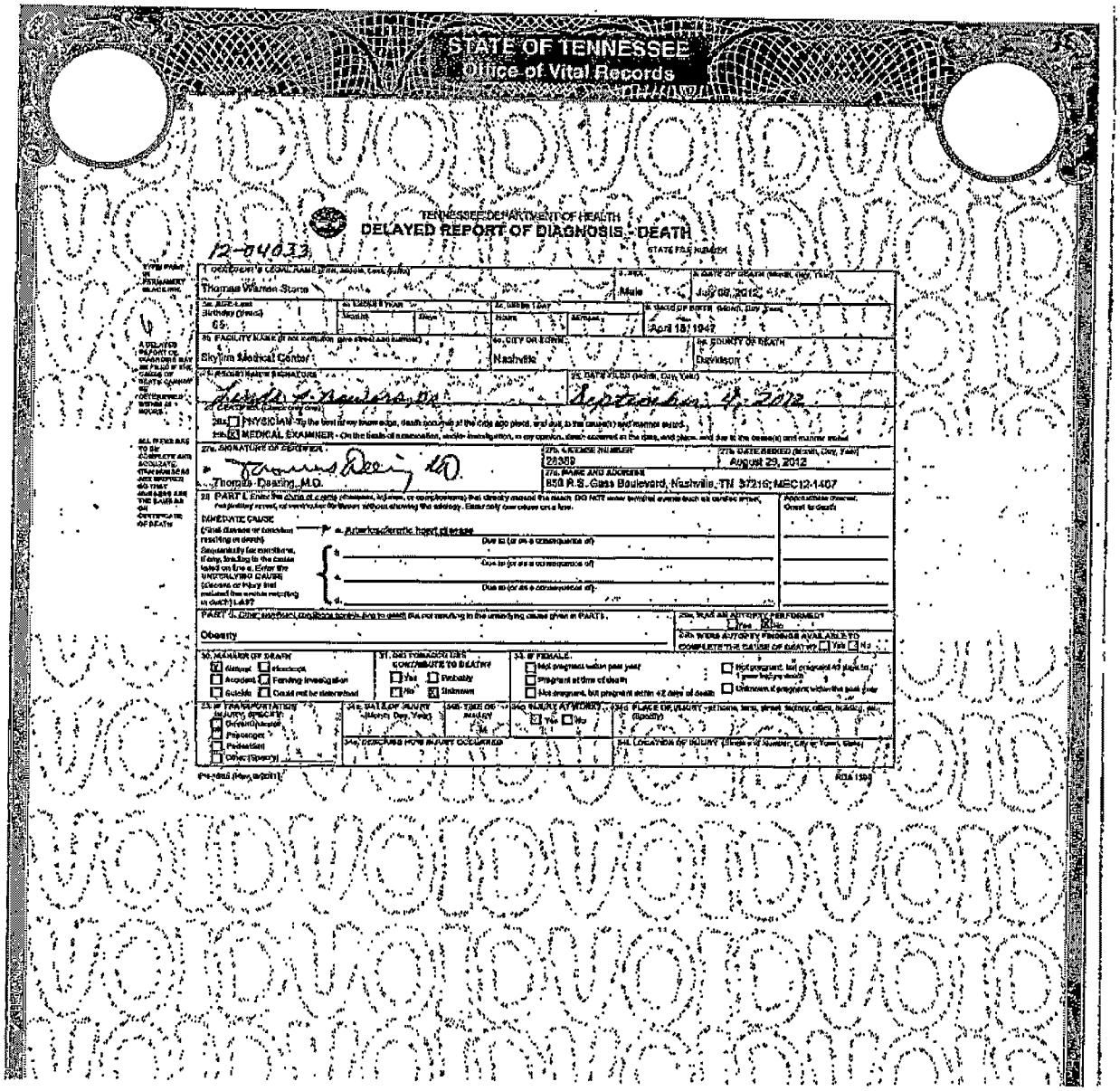
Teresa S. Hendricks
STATE REGISTRAR

Tonya T. Swanson, Local Registrar
Davidson County, Tennessee

Date Issued

CERTIFICATION OF VITAL RECORD

EXHIBIT C



STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
DELAYED REPORT OF DIAGNOSIS - DEATH

12-04033

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Thomas Warren Storie
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): July 08, 2012
3a. AGE-Last Birthday (Years): 65
3b. UNDER 1 YEAR (Months / Days)
3c. UNDER 1 DAY (Hours / Minutes)
4. DATE OF BIRTH (Month, Day, Year): April 18, 1947
5a. FACILITY NAME (If not institution, give street and number): Skyline Medical Center
5b. CITY OR TOWN: Nashville
5c. COUNTY OF DEATH: Davidson
6. PERSON'S NAME/SIGNATURE: Thomas Deering, DO
6. CERTIFIER (Check only one)
6a. ☐ PHYSICIAN - To the best of my knowledge, death occurred at the time and date stated, and due to the cause(s) and manner stated.
6b. ☒ MEDICAL EXAMINER - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner stated.
6c. DATE SIGNED (Month, Day, Year): September 4, 2012
27a. SIGNATURE OF CERTIFIER: Thomas Deering, M.D.
27b. LICENSE NUMBER: 28389
27c. DATE ASSESSED (Month, Day, Year): August 29, 2012
27d. NAME AND ADDRESS: 850 R.S. Gass Boulevard, Nashville, TN 37216; MEC12-1407

29. 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. Arteriosclerotic heart 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.
Approximate Interval: Onset to Death

30. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
Obesity
30a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
30b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

31. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
32. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☒ Unknown
33. 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

35. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
36. DATE OF INJURY (Month, Day, Year)
36a. TIME OF INJURY
36b. INJURY AT WORK? ☐ Yes ☐ No
36d. PLACE OF INJURY - (at home, farm, street, factory, office building, etc.) (Specify)
36e. DESCRIBE HOW INJURY OCCURRED
36f. LOCATION OF INJURY (Street or R.F.D. Number, City or Town, State)

DOH-1350 (Rev. 8/2011)
RDA 1990

EXHIBIT D

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

9/24/2012

BETTY K. STONE
EXECUTOR
210 CLEARLAKE DR.
LAVERGNE, TN 37086

RE: THOMAS W. STONE
Last Four Of SSN 6790

Dear BETTY K. STONE:

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,

EXHIBIT E

In the Seventh Circuit Court of Davidson County, Tennessee
(Probate Division)

FILED
Facsimile Rec'd 11/7/12 @ 10:06 AM

IN THE ESTATE OF:

NOV -7 2012

Thomas W. Stone, Clerk No. 12P1223
Deceased. By _____ Deputy

AFFIDAVIT WAIVING TENNESSEE INHERITANCE TAX RETURN

Pursuant to T.C.A. §67-8-409(g), the undersigned, being duly sworn, deposes and states the following:

1. I am the personal representative of this Estate;

2. The decedent made no gifts during his/her life in excess of the maximum single exemption allowable free of tax under T.C.A. §67-8-104. (If the decedent made one or more gifts during his/her life in excess of the maximum exemption allowable free of tax under T.C.A. §67-8-104, the Court may not waive the requirement of an inheritance tax return);

3. The decedent's gross estate for Tennessee Inheritance tax purposes is valued at $ $81,011.00 consisting of the following assets (must be less than $100,000.00):

Asset:	Value:
Property - 318 Maple St. Madison, TN	$ 70,000
Household Furnishings	$ 500.00
Vehicle - 1993 Nissan Quest	$ 500.00
Life Ins	$ 10,000.00
Cash on hand	$ 11.00
Total Gross Estate:	$ 81,011.00

4. Under penalty of perjury, I declare the facts stated in this Affidavit are true, correct and complete to the best of my knowledge.

This 4th day of September, 2012.

Betty Stone
Personal Representative

Sworn to and subscribed before me, this 4th day of September, 2012.

Renee A. Lewis
Notary Public

RENEE A. LEWIS
STATE OF TENNESSEE NOTARY PUBLIC
RUTHERFORD COUNTY, TN

Commission expiration date: 1-24-2013

EXHIBIT F

IN THE SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE
PROBATE DIVISION

2016 AUG 15 AM 10: 22

RICHARD ROOKER, CLERK

IN RE:

ESTATE OF THOMAS WARREN STONE,
Deceased.

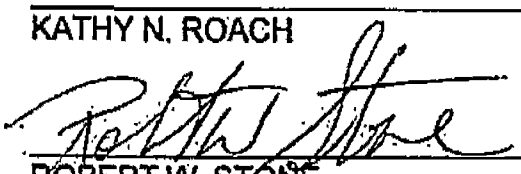
NO. 12P-1223 D.G.

AGREED ORDER TO SELL REAL PROPERTY

This cause came on to be heard by agreement of the heirs at law of Thomas Warren Stone as evidenced by the signatures of all heirs at law and the Administrator to sell the real estate owned by the decedent known as 318 Maple Street, Madison, TN, 37115. It appearing to the Court that all interested parties are in agreement as evidenced by the signatures of all heirs and the Administrator below, that the estate is insolvent, having more debt than assets, thus, the estate is insolvent and the real estate owned by the decedent known as 318 Maple Street, Madison, TN, 37115 should be treated as probate property and sold by the Administrator in accordance with a contract offer of Family Trust Services, LLC, and used to pay the claims of the estate. It is therefore,

ORDERED, ADJUDGED, and DECREED that the estate is insolvent, having more debt than assets, thus, the real estate shall be treated as property of the probate estate and the real estate owned by the decedent known as 318 Maple Street, Madison, TN, 37115 shall be sold by the Administrator in accordance with a contract offer of Family Trust Services, LLC for $73,000, being a commercially reasonable price. The Administrator shall have the authority to divest title out of the decedent's estate and to vest title in the buyer. The net proceeds therefrom shall be held by the Administrator as probate assets.

KATHY N. ROACH



ROBERT W. STONE

ERIC S. STONE

LORI STONE

MARK H. STONE

ENTERED THIS _____ DAY OF _____, 2016.

_____
DAVID R. KENNEDY, JUDGE

APPROVED FOR ENTRY:

_____
PEGGY D. MATHES #5741
Attorney for the Administrator
20 Academy Place
Nashville, TN 37210
(615) 251-6968

_____
BETTY K. STONE

_____
VICKI LEGG

_____
JOHN R. STONE

_____
CAROL A. STONE

_____
KATHY N. ROACH

_____
ROBERT W. STONE

_____
ERIC S. STONE

_____
LORI STONE

_____
MARK H. STONE

ENTERED THIS _____ DAY OF _____, 2016.

_____
DAVID R. KENNEDY, JUDGE

APPROVED FOR ENTRY:

_____
PEGGY D. MATHES # 5741
Attorney for the Administrator
20 Academy Place
Nashville, TN 37210
(615) 251-6968

_____
BETTY K. STONE

_____
VICKI LEGG

_____
JOHN R. STONE

_____
CAROL A. STONE

Kathy N. Roach
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KATHY N. ROACH

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ROBERT W. STONE

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ERIC S. STONE

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LORI STONE

_____
MARK H. STONE

ENTERED THIS _____ DAY OF _____, 2016.

_____
DAVID R. KENNEDY, JUDGE

APPROVED FOR ENTRY:

_____
PEGGY D. MATHES # 5741
Attorney for the Administrator
20 Academy Place
Nashville, TN 37210
(615) 251-6968

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BETTY K. STONE

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VICKI LEGG

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JOHN R. STONE

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CAROL A. STONE

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KATHY N. ROACH

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ROBERT W. STONE

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ERIC S. STONE

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LORI STONE

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MARK H. STONE

ENTERED THIS _____ DAY OF _____, 2016.

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LORI STONE

_____
MARK H. STONE

ENTERED THIS 15 DAY OF May, 2016.

DAVID R. KENNEDY, JUDGE

APPROVED FOR ENTRY:

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