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

Recording Information:

Davidson County DEEDWARR
Recvd: 11/04/16 13:45 8 pgs
Fees:43.00 Taxes:273.80
20161104-0117145

ADDRESS NEW OWNER:
Vilanda Merritt
4633 Woodview Circle
Old Hickory, TN 37138

SEND TAX BILL TO MORTGAGEE:
Quicken Loans
1050 Woodward Ave.
Detroit, Michigan 48226

MAP 64 4 50

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, **David Eugene Appleton, Executor of The Estate of Barbara S. Appleton,** hereinafter called the "GRANTOR", has bargained and sold, and by these presents, does transfer and convey unto **Vilanda Merritt,** an unmarried woman, hereinafter called the "GRANTEE", her heirs and assigns, a certain tract or parcel of land in Davidson County, State of Tennessee, described as follows, to-wit:

A certain tract or parcel of land in Davidson County, Tennessee, described as follows, to-wit:
Being Lot No. 18A on the Plan of Zone Lot Division, Lot No. 18, Lake Country of record in Plat Book 5800, page 304, amending Plat Book 5200, page 493, Register's Office for Davidson County, Tennessee, to which plat reference is hereby made for a more complete description.

Being the same property conveyed to Barbara S. Appleton, unmarried by deed from Nellie Jane Beasley, unmarried dated May 29, 1998, of record in Book 10954, page 683, Register's Office for Davidson County, Tennessee. Barbara S. Appleton having since died Testate, her Will being admitted to Probate in the Seventy Circuit Court for Davidson County, Tennessee at Nashville, Case No. 16P-1272. The "Order Declaring Estate Insolvent..." is attached as Exhibit "A". Certificate of Death of Barbara S. Appleton is attached as Exhibit "B". TennCare 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 restrictive covenants contained in an instrument of record in Trust Deed Book 6095, page 656; and Book 6198, page 498, said Register's Office, and to which instrument reference is here made for the complete and exact terms, details and requirements thereof.
Charter contained in an instrument of record in Book 7289, page 990, 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 covenants, subdivision restrictions, easements and other matters of record in Plat Book 5800, page 304, amending Book 5200, page 493, said Register's Office.
Subject to all of those facts, conditions and limitations shown on the Plat of record in Book 5800, page 304, amending Book 5200, page 493, 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 4633 Woodview Circle, Old Hickory, Tennessee 37138.

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", her heirs and assigns, forever, and,

GRANTOR does covenants with the said "GRANTEE" that he 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 himself, his heirs and assigns, to warrant and forever defend the title to the said land to the said "GRANTEE", and her 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 3rd day of November, 2016.

Executor

David Eugene Appleton, Executor of **The Estate of Barbara S. Appleton**

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned Notary Public in and for said County and State, David Eugene Appleton the bargainors, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he as the Executor of the **The Estate of Barbara S. Appleton,** 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 3rd day of November, 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 $74,000.00.

Yolanda Merritt
AFFIANT

Subscribed and sworn to before me on this 3rd day of November, 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.

Caitlin Smith

STATE OF TENNESSEE
COUNTY OF Davidson
On this 4 day of November, 2016, personally appeared before me, a notary public for this county and state, Caitlin Smith, 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

IN THE SEVENTH CIRCUIT COURT FOR DAVIDSON COUNTY, TENNESSEE
AT NASHVILLE

FILED
OCT 26 2016
D.C.

IN RE:	]	
	]	
PROBATE OF THE	]	
LAST WILL AND TESTAMENT OF	]	
BARBARA S. APPLETON, deceased.	]	NO: 16P-1272
	]	
DAVID EUGENE APPLETON, Executor.	]	

ORDER DECLARING ESTATE INSOLVENT, BRINGING REAL PROPERTY INTO ESTATE, AND GRANTING EXECUTOR AUTHORITY TO SELL REAL PROPERTY

This cause came on to be heard on the 26th day of October 2016, before the Honorable David R. Kennedy, Judge of the Seventh Circuit Court of Davidson County, Tennessee, Probate Division, upon the Petition filed by the Executor, DAVID EUGENE APPLETON, to declare the Estate insolvent and to sell the decedent's real Property. After considering the Petition, statements from counsel, and the record as a whole, the Court finds as follows:

1. All interested persons named in the decedent's Last Will & Testament received notice or service of process of this proceeding;

2. The Estate should be declared insolvent as the probate assets are insufficient to pay outstanding claims, court costs and administrative fees;

3. The decedent owned an interest in a parcel of real estate located at 4633 Woodview Circle, Old Hickory, Davidson County, Tennessee 37138-1939, which should be brought into the probate estate and sold to provide assets for the payment of outstanding claims, court costs and administrative fees;

4. The Executor, DAVID EUGENE APPLETON, should be given permission to list the decedent's real property for sale. He should further be given the authority to enter into a sales contract on behalf of the decedent's estate, sell the decedent's real property on such terms he deems

proper, and divest title of this real property out of the estate and vest title in a suitable buyer.

BASED ON THESE FINDINGS, IT IS

ORDERED, ADJUDGED, and **DECREED** that the probate estate of Barbara S. Appleton shall be declared insolvent as the probate assets are insufficient to pay outstanding claims, court costs and administrative fees. It is further

ORDERED, ADJUDGED, and **DECREED** that the decedent's parcel of real property located at 4633 Woodview Circle, Old Hickory, TN 37138-1939, Davidson County, Tennessee, shall be brought into the probate estate and sold to provide assets for the payment of outstanding claims, court costs and administrative fees. This real property is more particularly described as follows:

> BEING Lot No. 18A on the Plan of Zone Lot Division Lot No. 18, Lake Country, of record in Plat Book 5800, Page 304, amending Plat Book 5200, Page 493, Register's Office for Davidson County, Tennessee, to which plat reference is hereby made for a more complete description.
>
> BEING the same property conveyed to Barbara S. Appleton, unmarried, by warranty deed from Nellie Jane Beasley, unmarried, of record in Book 10954, Page 683, Register's Office for said County.
>
> It is further

ORDERED, ADJUDGED and **DECREED** that the Executor, DAVID EUGENE APPLETON, shall have permission to list the decedent's real property for sale. He shall further be given the authority to enter into a sales contract on behalf of the decedent's estate, sell the decedent's real property on such terms he deems proper, and divest title of this real property out of the estate and vest title in a suitable buyer.

ENTERED this 26th day of October 2016.

HON. DAVID R. KENNEDY, JUDGE

APPROVED FOR ENTRY:

LAURA TEK, #16523
Rivergate Park Office Building
1994 Gallatin Pike North, Suite 309
Madison, Tennessee 37115
615/851-2100
Counsel for Executor

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing was sent by regular U.S. Mail, postage prepaid, to:

David Eugene Appleton
3234 Pimlico Parkway
Lexington, KY 40517

William Daniel Appleton
1313 Grafton Drive
Lexington, KY 40515

Delores Diane Appleton
1313 Grafton Drive
Lexington, KY 40515

Letitia Lee Appleton
1900 Madison Street, Apt. A-3
Shelbyville, TN 37160

Amber Nicole Appleton
3761 Dicksonian Drive
Lexington, KY 40517

Sarah Michele Appleton
1424 Gatlinburg Court
Lexington, KY 40515

Dylan Lee LeFebvre
3214 Floration Road
Readyville, TN 37149

on this 26 day of OCT. 2016.

LAURA TEK

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT "B"

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH — STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Barbara Sue Appleton
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): May 27, 2016
4. TIME OF DEATH (Hour): 12:22 pm
5a. AGE-Last Birthday (Years): 78
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): [redacted]
7. BIRTHPLACE (City and State or Foreign Country): Unknown

PLACE IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: [X] 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: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: [ ] Married [ ] Married, but separated [ ] Widowed [X] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Secretary
11b. KIND OF BUSINESS/INDUSTRY: Ford Motor Company
12. SOCIAL SECURITY NUMBER: [redacted]-5335
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Old Hickory
13d. STREET AND NUMBER: 4633 Woodview Circle
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. Zip CODE: 37138
14. WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [X] 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)
[X] Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is of Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
[X] 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)
[X] 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

54.12
NAME OF DECEDENT (For Use by Physician or Institution)

PARENTS

18. FATHER'S NAME (First, Middle, Last): Unknown
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): [redacted]

DISPOSITION

20a. INFORMANT'S NAME: David Eugene Appleton
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 3234 Pimlico Parkway, Lexington Ky. 40517
21a. METHOD OF DISPOSITION: [ ] Burial [X] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Nashville Funeral and Cremation
21c. LOCATION - City or Town, and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: J. Scott Keene
22b. LICENSE NUMBER: 5939
22c. SIGNATURE OF EMBALMER:
22d. LICENSE NUMBER:
23a. NAME AND ADDRESS OF FUNERAL HOME: Nashville Funeral and Cremation 210 McMillin St., Nashville, TN 37203
23b. LICENSE NUMBER OF FUNERAL HOME: 1136

REGISTRAR

24. REGISTRAR'S SIGNATURE:
25. DATE FILED (Month, Day, Year): June 13, 2016

CERTIFIER

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

26. CERTIFIER (Check only one)
26a. [X] 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.
27a. SIGNATURE OF CERTIFIER:
27b. LICENSE NUMBER: 29668
27c. DATE SIGNED (Month, Day, Year): 6/8/16
27d. NAME AND ADDRESS: Libby Smith 5651 Frist Blvd Suite 300 Hermitage TN 37076

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. Pancreatic adenocarcinoma — 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. — Due to (or as a consequence of):
Approximate Interval: Onset to death

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

29a. WAS AN AUTOPSY PERFORMED? [ ] Yes [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [ ] No

30. MANNER OF DEATH: [X] Natural [ ] Homicide [ ] Accident [ ] Pending investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [X] No [ ] Unknown
32. IF FEMALE: [X] 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)

PH-1659 (Rev. 10/2011)
RDA 1269

8511586

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.

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

8511586
Date Issued: JUN 15 2016

CERTIFICATION OF VITAL RECORD

EXHIBIT "C"

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

8/31/2016

LAURA TEK
LEGALCOUNSEL
1994 GALLATIN NORTH STE 309
MADISON, TN 37115

RE: BARBARA APPLETON
Last Four Of SSN 5335

Dear LAURA TEK:

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,

Jangela J. Howard