This Instrument Prepared By:
BROKERS ESCROW SERVICES, INC.
200 Nashboro Blvd
Nashville, TN 37217
615(885-0223)

ADDRESS OF NEW OWNER AND
SEND TAX BILL TO:
Jennie Ellen Couch
2815 Emery Dr
Nashville, TN 37214

Davidson County DEEDQC
Recvd: 01/26/17 12:47 11 pgs
Fees:57.00 Taxes:0.00
20170126-0008627

MAP & PARCEL : 09609016700

QUITCLAIM DEED

PREPARED BY INFORMATION PROVIDED BY THE PARTIES HERETO WITHOUT BENEFIT OF A TITLE EXAMINATION.

FOR AND IN CONSIDERATION of no monetary consideration, Nettie Rose Flippen, John Morgan Gossett, and Deborah Flippen Sawyers, hereinafter called the "GRANTORS", have bargained and sold , and by these presents, do transfer and convey all right, title and interest that they may have in and to the following described real property unto Jennie Ellen Couch, 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. 11 on the Plan of Twin Lawn S/D as of record in Book 2331, page 9, Register's Office for Davidson County, Tennessee.

Said Lot No. 11 fronts 75 feet on the southerly margin of Emery Drive and runs back between lines measuring 231.7 feet on the westerly line and 110.3 feet on the easterly line to a broken line in the rear measuring 162.6 feet thereon.

Being the same property conveyed to Bernie M. Couch and wife, Jennie Ellen Couch and W.W. Flippen by Deed dated June 2, 1967, from Century Home Equity Corporation, Inc. of record in Book 4138, page 574 in the Register's Office for Davidson County, Tennessee.

Bernie M. Couch having since died, his Death Certificate attached as Exhibit "A", his interest vested to Jennie Ellen Couch, as surviving spouse. W.W. Flippen having since died, his Death Certificate attached as Exhibit "B". The unprobated Last Will and Testament of W.W.Flippen, is attached as Exhibit "C", and names his Beneficiaries as: Nettie Rose Flippen (wife), John Morgan Gossett (Stepson), and Deborah Flippen (Turman) now, Sawyers (Daughter). W.W. Flippen's Heirs at Law are Nettie Rose Flippen (wife) and Deborah Flippen Turman (daughter). All the aforementioned join in this conveyance to convey any and all interest they may have in the subject property.

This conveyance is made subject to all restrictions, easements, zoning and planning ordinances, and health department regulations that may affect the premises.

This conveyance is further made subject to real property taxes for 2017 and subsequent years.

This is improved property known as 2815 Emery Drive, Nashville, Tennessee 37214.

GRANTORS make 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. Grantors make no representations or warranties, express or implied, with respect to the condition of the property conveyed hereby, including 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 improvements located thereon, is conveyed by Grantors 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. Whereever 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 $0.00.

AFFIANT

Subscribed and sworn to before me on this 24 day of January, 2017.

Notary Public

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

MY COMMISSION EXPIRES:
JUNE 25, 2019

WITNESS my hand this the 24th day of January , 2017 .

Nettie R Flippen

Nettie Rose Flippen

State of Tennessee ;
County of Davidson

Personally appeared before me, the undersigned Notary Public in and for said County and State, Nettie Rose Flippen, 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 Deed for the purposes therein contained.

WITNESS my hand and official seal this 24th day of January, 2017 .

NOTARY PUBLIC
My Commission Expires:

TONI RUTGERSON
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF WILSON

MY COMMISSION EXPIRES
MAY 26, 2020

WITNESS my hand this the 24th day of January , 2017 .

John M Gossett

John Morgan Gossett

State of Tennessee;
County of Davidson

Personally appeared before me, the undersigned Notary Public in and for said County and State, John Morgan Gossett, 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 Deed for the purposes therein contained.

WITNESS my hand and official seal this 24th day of January, 2017 .

NOTARY PUBLIC
MyCommissionExpires:

NONI AUTGERSON
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF WILSON

MY COMMISSION EXPIRES:
MAY 26, 2020

WITNESS my hand this the 24th day of January , 2017 .

Deborah Flippen Sawyers

Deborah Flippen (Turman) Sawyers

State of Tennessee;
County of Davidson

Personally appeared before me, the undersigned Notary Public in and for said County and State, Deborah Flippen (Turman) Sawyers, 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 Deed for the purposes therein contained.

WITNESS my hand and official seal this 24th day of January, 2017 .

NOTARY PUBLIC
MyCommissionExpires:

TONI RUTGERSON
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF WILSON
MY COMMISSION EXPIRES MAY 26, 2020

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 25th day of January, 2017, 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.

TONI RUTGERSON
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF WILSON
MY COMMISSION EXPIRES MAY 26, 2020

Exhibit A

STATE OF TENNESSEE
Office of Vital Records

8205666

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

19094
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19094-

CERTIFICATE OF DEATH
TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

BIRTH NO. _____ STATE FILE NO. 82 039192

DECEASED

1. DECEASED—NAME (First, Middle, Last): Bernice Melvin Couch, Jr.				2. DATE OF DEATH (Month, Day, Year): 12-23-82	
3a. AGE—Last Birthday (Years): 56	3b. Under 1 Year: Mos. / Days	3c. Under 1 Day: Hours / Min.	4. DATE OF BIRTH (Month, Day, Year): 12-4-26	5a. RACE—White, Black, American Indian, Etc. (Specify): W	5b. Hispanic Origin or Descent—Italian, Mexican, German, Etc. (Specify): 99	6. SEX: M
7a. COUNTY OF DEATH: Davidson	7b. CITY, TOWN OR LOCATION: Nashville	7c. INSIDE CITY LIMITS (Specify Yes or No): Yes	7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, specify private residence, business, street, etc.): Vanderbilt Hospital	7e. If Hosp. or Inst., Inpatient or Outpatient (Specify): In-Patient	
8. STATE OF BIRTH (If not in U.S.A., name country): Tenn 43	9. CITIZEN OF WHAT COUNTRY: USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	11. SURVIVING SPOUSE (If wife, give maiden name): Ruth Walrond		
12. SOCIAL SECURITY NUMBER: [redacted]3496	12a. SERVICE, IN ARMED FORCES (Specify war or dates of service): WWII ARMY	13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postal Worker	13b. KIND OF BUSINESS OR INDUSTRY		
14a. RESIDENCE—STATE: Tenn	14b. COUNTY: Davidson	14c. CITY, TOWN, OR LOCATION: Madison	14d. STREET AND NUMBER: 105 Port Dr.	14e. Inside City Limits (Specify Yes or No): Yes	14f. CENSUS TRACT NO.

PARENTS AND INFORMANT

15. FATHER—NAME: Bernice M. Couch Sr.	16. MOTHER—MAIDEN NAME: Mardell Nallie Capps Agnes Capps Potts	17. INFORMANT—NAME AND MAILING ADDRESS: Annette Sims, Same

DISPOSITION

18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial	18b. DATE (Month, Day, Year): 12-27-82	18c. CEMETERY OR CREMATORY—NAME: Spring Hill	18d. LOCATION—CITY OR TOWN, STATE: Nashville, Tenn	
19a. FUNERAL DIRECTOR (Signature): Maude M. Robinson	19b. LICENSE NO.: 348	19c. EMBALMER (Signature): Kenyon B. Gibbs	19d. LICENSE NO.: 3247	
20. FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip): Phillips-Robinson Co., Nashville, Tn		21a. REGISTRAR—SIGNATURE: Esther D. Groft	21b. DATE RECEIVED BY LOCAL REGISTRAR: 1-12-83	

CERTIFIER

22a. PHYSICIAN—I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE: George R. Avant	DEGREE: M.D.	22b. DATE SIGNED (Month, Day, Year): 1-31-83	
23a. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE	TITLE	23b. DATE SIGNED (Month, Day, Year)	
24a. CERTIFIER—NAME (Type or Print): George R. AVANT, MD	24b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): VANDERBILT University Nashville TN 37232		

IF NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE. ANY PHYSICIAN OR MEDICAL EX

FTC# 0391922182

08998650

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.

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Lori B. Ferranti, PhD, MSN, MBA, RN
State Registrar/Asst. Commissioner

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued Jan-24-2017

CERTIFICATION OF VITAL RECORD

COPYRIGHT SAFEGUARDS ARE USED FOR PROTECTION

Exhibit B

STATE OF TENNESSEE
Office of Vital Records

C 300518

2003 002238

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1 DECEDENT'S NAME (First Middle Last): William Wade Flippen	2 SEX: Male	3 DATE OF DEATH (Month Day Year): February 1, 2003	
4 SOCIAL SECURITY NUMBER (of Decedent): [redacted]0174	5a AGE LAST BIRTHDAY (Years): 86	5b UNDER 1 YEAR: MOS. DAYS	5c UNDER 1 DAY: HOURS MIN.
6 DATE OF BIRTH (Month Day Year): 10-4-1916	7 BIRTHPLACE (City and State or Foreign Country): Nashville,TN		
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No	8a PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)		
8b FACILITY NAME (If not institution give street and number): 200 Blue Hills Drive 910	9c CITY TOWN OR LOCATION OF DEATH: Nashville 094	9d COUNTY OF DEATH: Davidson 19	
10 MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Married	11 SURVIVING SPOUSE (If wife give maiden name): Nettie Rose Hunt	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Circulation	12b KIND OF BUSINESS/INDUSTRY: Newspaper Company
13a RESIDENCE-STATE: Tennessee	13b COUNTY: Davidson	13c CITY TOWN OR LOCATION: Nashville	13d STREET AND NUMBER OR RURAL LOCATION: 200 Blue Hills Drive
13e INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No	13f ZIP CODE: 37214	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): 11	College (1-4 or 5+):		
17 FATHER'S NAME (First Middle Last): William Wade Flippen	18 MOTHER'S NAME (First Middle Maiden Surname): Frances White		
19a INFORMANT'S NAME (Type/Print): Nettie Rose Flippen	19b RELATIONSHIP TO DECEASED: Wife	19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 200 Blue Hills Drive Nashville,TN 37214	
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): Mt. Olivet Cemetery	20c LOCATION City or Town, State: Nashville,TN	
21a SIGNATURE OF FUNERAL DIRECTOR: ▶ Tod Biddle	21b LICENSE NUMBER OF FUNERAL DIRECTOR: 5162	21c SIGNATURE OF EMBALMER: ▶ Justin Willis	21d LICENSE NUMBER OF EMBALMER: 5307
22a NAME AND ADDRESS OF FUNERAL HOME: Hibbett & Hailey Funeral Home, 429 Donelson Pike Nashville,TN 37214	22b LICENSE NUMBER OF FUNERAL HOME: 492		
23 REGISTRAR'S SIGNATURE: ▶ Robert W. Rhoderick	24 DATE FILED (Month Day Year): February 04, 2003		
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 [X] SIGNATURE AND TITLE OF PHYSICIAN: ▶	25b LICENSE NUMBER: 11439	25c DATE SIGNED (Month Day Year): 2/4/03	
25a 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: ▶	25b LICENSE NUMBER:	25c DATE SIGNED (Month Day Year):	
27 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr. Mitchell Toomey, 5653 Frist Blvd. #434 Hermitage,TN 37076			

08998648

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.

Lori B. Ferranti, PhD, MSN, MBA, RN
State Registrar/Asst. Commissioner

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

0 8 9 9 8 6 4 8

Date Issued: Jan-24-2017

GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

LAST WILL AND TESTAMENT

OF

WILLIAM WADE FLIPPEN

oooOooo

I, WILLIAM WADE FLIPPEN, a resident of Nashville, Davidson County, Tennessee, being of sound mind and disposing memory, do hereby make and declare this to be my Last Will and Testament, and hereby revoke any and all other wills and codicils heretofore made by me.

ITEM I: I direct that my Executrix pay all of my just debts, including the expenses of my last illness and funeral and the costs of administering my estate out of my general estate as soon as practical after my death. I direct that my Executrix shall, insofar as possible, pay out of that portion of my estate which does not qualify for the marital deduction, all estate, inheritance, succession and other taxes assessed by reason of my death.

ITEM II: I hereby give and bequeath all of my personal effects, clothing, automobiles, household furnishings, and other tangible personal property to my wife, NETTIE ROSE FLIPPEN, provided she survives me. In the event that my wife fails to survive me, then all of such items shall be divided equally between my daughter, DEBORAH FLIPPEN TURMAN, and my stepson, JOHN MORGAN GOSSETT.

ITEM III: All of the rest and residue of my property, of whatever nature and wherever located, including the proceeds of any policies of insurance on my life subject to the provisions of my Will, I hereby give, devise and bequeath as follows:

(1) To my wife, NETTIE ROSE FLIPPEN, provided she survives me.

PAGE ONE OF MY WILL: William Wade Flippen

(2) If my wife fails to survive me, to my daughter, DEBORAH FLIPPEN TURMAN, and my stepson, JOHN MORGAN GOSSETT, in equal shares.

(3) If either Deborah Flippen Turman or John Morgan Gossett fail to survive me and also fail to leave a child or children surviving, then the survivor of my daughter or my stepson shall receive the deceased beneficiary's share.

(4) If either Deborah Flippen Turman or John Morgan Gossett fail to survive me and also leaves issue surviving, then the deceased beneficiary's share shall be held in trust for the use and benefit of such issue, equally, by the surviving natural parent of such issue, or if none, by their legal custodian, as trustee, without bond, for the use and benefit of such issue until the youngest reaches the age of twenty-one (21) years, at which time all remaining assets of the trust shall be distributed to the then living issue of Deborah Flippen Turman or John Morgan Gossett, equally, and the trust shall terminate.

(5) Any trustee created herein shall have full power and authority, in his sole discretion, without court approval, to encroach upon the corpus of any trust for the benefit of any beneficiary while such beneficiary is entitled to the benefit therefrom, whenever in the judgment of the trustee unusual circumstances, emergency conditions, or reasonable requirements for the education, support or maintenance of said beneficiary justifies such an invasion.

(6) The income and other beneficial interests under the trust created by this Will in the various beneficiaries shall not be liable for their debts, and shall not be assigned, anticipated, encumbered or otherwise disposed of by such beneficiaries and shall not be taken on execution, reached by creditors' bill, garnishment or in any other manner at law or in equity by persons having claims against them.

ITEM IV: I hereby appoint my wife, NETTIE ROSE FLIPPEN, as Executrix of this my Last Will and Testament, without bond. If for any reason my wife is unable to serve as Executrix, then I appoint RAMONA O. GOSSETT as Executrix, also without bond. In the event Ramona O. Gossett is unable or unwilling to serve as Executrix, I then nominate and appoint JOHN MORGAN GOSSETT to serve as Executor of this my Last Will and Testament, also without bond.

ITEM V: My Executrix (or Executor, as the case may be) and any trustee shall have all of the powers enumerated in Tennessee Code Annotated, Section 35-618, as it is now written and such additional powers as hereafter may be incorporated therein, and all powers, duties and discretions now or hereafter conferred by law.

IN WITNESS WHEREOF, I have hereunto set my hand to this my Last Will and Testament, consisting of three (3) pages, each of which is identified by my signature thereon, this 16 day of March, 1984, in the presence of each and all of the subscribing witnesses, whom I have requested to act as such by signing the attestation clause set forth hereinbelow.

William Wade Flippen
WILLIAM WADE FLIPPEN

Signed by the said WILLIAM WADE FLIPPEN as and for his Last Will and Testament, in the presence of us, the undersigned, who at his request and in his sight and presence, and in the sight and presence of each other, have subscribed our names hereto as attesting witnesses, on the day and date above written.

Carolyn Hawn Flippen (WITNESS)

J C Flippen Jr (WITNESS)

AFFIDAVIT

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

We, the undersigned, being first duly sworn, do hereby make oath that WILLIAM WADE FLIPPEN, on the 16 day of March, 1984, declared to us that the foregoing instrument dated 3-16-84, 1984, was his Last Will and Testament; that he then signed the said instrument in our sight and presence; that we, at his request and in his sight and presence, and in the sight and presence of each other, subscribed our names to such instrument as attesting witnesses; that at the time of execution, the said WILLIAM WADE FLIPPEN was of sound mind and disposing memory, and did not appear to be under any undue influence; and the undersigned make oath that they are more than eighteen (18) years of age.

Carolyn Dawn Flippen

J C Flippen Jr

Sworn to and subscribed before me,
this 16th day of March, 1984.

John M. Gonce
Notary Public

My Commission Expires: 10/19/86