This Instrument Prepared by:

FRANK E. MONDELLI, SR.
Attorney at Law
603 Woodland Street
Nashville, TN 37206-4211
(615) 259-1214

This firm did not conduct a title search, issue a title opinion letter, or issue the title insurance regarding the sale of this property.

EXECUTORS' DEED

ADDRESS OF NEW OWNER:
Charles D. Wiseman, Jr.
Charmaine O. Bell
Garold U. Wiseman
James A. Wiseman
Kevin T. Wiseman
c/o Charmaine O. Bell
1508 Norvel Ave.
Nashville, TN 37216

SEND TAX BILLS TO:
Same

MAP & PARCEL NO.
059 05 0 209.00

BILL GARRETT, Davidson County
Trans:T20170025143 DEEDWARR
Recvd: 03/24/17 13:37 5 pgs
Fees:27.00 Taxes:0.00
20170324-0029041

KNOW ALL MEN BY THESE PRESENTS:

WHEREAS, Charles D. Wiseman, Sr. died on July 17th, 2016 and his estate is being administered in the Seventh Circuit Court for Davidson County, Tennessee, Docket No: 16P-1332; and

WHEREAS, Charles D. Wiseman, Sr. died testate and Letters of Administration were issued to Charles D. Wiseman, Jr. and Charmaine O. Bell as administered under Docket No: 16P-1332 in the Seventh Circuit Court for Davidson County, Tennessee; and

WHEREAS, Charles D. Wiseman, Jr. and Charmaine O. Bell are the duly appointed and acting Co-Executors of the Estate of Charles D. Wiseman, Sr., deceased, under Letters of Administration issued August 25th, 2016; and

WHEREAS, the Last Will and Testament of Charles D. Wiseman, Sr. provided a life estate in Barbara Sue Smith; and

WHEREAS, the said Barbara Sue Smith died on January 28th, 2017 (see death certificate attached as Exhibit A); and

WHEREAS, the Last Will and Testament of Charles D. Wiseman, Sr. specifically states as follows:

SPECIAL DIRECTIVE:

I. I DIRECT AT MY DEMISE THAT MY COMPANION BARBARA SUE SMITH SHALL HAVE THE USUFRUCT OF THE PROPERTY LOCATED AT 513 BOB WHITE COURT FOR AS LONG AS SHE LIVES. AT THE TIME OF HER DEMISE, THE PROPERTY AND CONTENTS SHALL GO TO MY DESIGNATED BENEFICIARIES.

WHEREAS, the beneficiaries of the Last Will and Testament of Charles D. Wiseman, Sr. are Charles D. Wiseman, Jr., Charmaine O. Bell, Garold U. Wiseman, James A. Wiseman and Kevin T. Wiseman.

NOW, THEREFORE, for and in consideration of the foregoing and other good and valuable considerations, the receipt and adequacy of which are hereby acknowledged, and as evidence of the devise of and vesting the real property hereinafter described to Charles D. Wiseman. Sr,, the undersigned, Charles D. Wiseman, Jr. and Charmaine O. Bell, the Co-Executors of the Estate of Charles D. Wiseman, Sr., deceased, hereinafter referred to as the Grantors, do hereby transfer and convey to Charles D. Wiseman, Jr., Charmaine O. Bell, Garold U. Wiseman, James A. Wiseman and Kevin T. Wiseman, in equal shares, their heirs and assigns, herein referred as Grantees, that certain tract or parcel of land in Davidson County, Tennessee, described as follows:

> Land in Davidson County, Tennessee, being Lot No. 214 on the Plan of Buena Vista Estates, as of record in Book 4460, Page 22, Register's Office for said County, to which Plan reference is hereby made for a more complete and accurate legal description.
>
> Being the same property conveyed to Charles D. Wiseman, Sr., Trustee of the Charles D. Wiseman, Sr. Revocable Living Trust, by Warranty Deed from Charles D. Wiseman of record in Instrument No. 20121130-0110075, Register's Office for Davidson County, Tennessee.
>
> This is improved property known as 513 Bobwhite Court, Nashville, TN 37218.

TO HAVE AND TO HOLD said tract or parcel of land, with appurtenances, estate, title and interest thereto belonging to the said Grantees, Charles D. Wiseman, Jr., Charmaine O. Bell, Garold U. Wiseman, James A. Wiseman and Kevin T. Wiseman, their heirs, successors and

assigns, forever; and Grantors do covenant with the said Grantees that they are fully lawfully seized and possessed of said land in fee simple and has good right to convey it, and the same is unencumbered except as shown herein, Grantors do further covenant and bind themselves, their heirs and representatives to warrant and forever defend the title to said land to the said Grantees, their heirs and assigns, against the lawful claims of all persons whatsoever.

Grantors and Grantees are used for the singular or plural as context requires.

IN WITNESS WHEREOF, Grantors have executed this Executor's Deed on the 16th day of March, 2017.

CHARLES D. WISEMAN, JR., Co-Executor of the Estate of Charles D. Wiseman, Sr.

CHARMAINE O. BELL, Co-Executor of the Estate of Charles D. Wiseman, Sr.

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named Co-Executors, **CHARLES D. WISEMAN, JR. and CHARMAINE O. BELL**, with whom I am personally acquainted, or proved to me based upon satisfactory information, and who acknowledged that they are the Co-Executors of the Estate of Charles D. Wiseman, Sr. and that as such Co-Executors, they executed the within Quitclaim Deed for the purposes therein contained.

Witness my hand and official seal this 16th day of March, 2017.

FRANK E. MONDELLI, SR
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY

NOTARY PUBLIC
My Commission Expires: 8/20/19

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration or value, whichever is greater, for this transfer is $0.00.

AFFIANT

Sworn to and subscribed before me this 16th day of March, 2017.

NOTARY PUBLIC
My Commission Expires: 8/20/19

FRANK E. MONDELLI, SR
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Barbara Sue Smith
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): January 28, 2017
4. TIME OF DEATH (Approx.): 12:44
5a. AGE-Last Birthday (Years): 80
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): May 3, 1936
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

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): 4804 Peppertree Drive
8c. CITY OR TOWN: Antioch
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: ☐ Married ☐ Married, but separated ☐ Widowed ☒ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Postal Worker
11b. KIND OF BUSINESS/INDUSTRY: Clerk
12. SOCIAL SECURITY NUMBER: [redacted]5909
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Antioch
13d. STREET AND NUMBER: 4804 Peppertree Drive
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37013
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ 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)
☐ Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box 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): John L. Smith
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Colleen Boyd

DISPOSITION

20a. INFORMANT'S NAME: Sharon Hebb-Elkins
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 4804 Peppertree Drive, Antioch, TN 37013
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: ▶ Tonya Scales Haynes
22b. LICENSE NUMBER: 5681
22c. SIGNATURE OF EMBALMER: ▶
22d. LICENSE NUMBER:
23a. NAME AND ADDRESS OF FUNERAL HOME: New Generation Funeral Home, 2930 Murfreesboro Pike, Antioch, Tennessee 37013
23b. LICENSE NUMBER OF FUNERAL HOME: 1217

4:44 ID

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ W. Worm R. Hamlet DR
25. DATE FILED (Month, Day, Year): 2/1/2017

CERTIFIER

26. CERTIFIER (Check only one)
27a. ☒ PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.
27b. ☐ 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: 17891
27c. DATE SIGNED (Month, Day, Year): 1/31/17
27d. NAME AND ADDRESS: Robert Berkompas, M.D. 1718 Patterson Street, Nashville, TN 37203

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.

		Approximate Interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Esophageal Cancer	
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	Due to (or as a consequence of): b.	
	Due to (or as a consequence of): c.	
	Due to (or as a consequence of): d.	

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 ☒ No
29b. 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)

FH-1659 (Rev. 10/2011) RDA 1399

09024830

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.

FEB 01 2017

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 9 0 2 4 8 3 0
Date Issued

CERTIFICATION OF VITAL RECORD