This Instrument Prepared By:
Brokers Escrow Services, Inc.
200 Nashboro Blvd., PO Box 17116
Nashville, Tennessee 37217

Send Tax Bill to
ADDRESS NEW OWNER:
Amy Douglas-McVay
1150 Fairways
Lebanon, TN 37087

Davidson County DEEDWARR
Recvd: 07/25/17 08:24 4 pgs
Fees:23.00 Taxes:1480.00
20170725-0074834

MAP 11507005600

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 of which is hereby acknowledged, **Mary Louise Douglas, a widow** hereinafter called the GRANTOR, has bargained and sold, and by these presents, does transfer and convey unto **Amy Douglas-McVay**, unmarried, hereinafter called the GRANTEE, her heirs and assigns, that certain tract or parcel of land located in Davidson County, State of Tennessee, described as follows, to-wit:

Land in Davidson County, Tennessee being Lot No. 319 on the Map of West Meade Farms, Inc., Section "N", as shown of record in Book 2133, page 94, Register's Office for said County.

Said Lot No. 319 fronts 139 feet on the westerly side of Brook Hollow Road and runs back 315.5 feet on the northerly line and 315.6 feet on the southerly line, to a dead line, measuring 139 feet thereon.

Being the same property conveyed to N. James Douglas and wife, Mary Louise Douglas by Deed dated January 20, 1956, of record in Book 2490, page 207, Register's Office for Davidson County, Tennessee. N. James Douglas having since died his Certificate of Death attached as Exhibit "A", leaving Mary Louise Douglas as surviving tenant by the entirety.

This is improved property known as 645 Brook Hollow Rd., Nashville, Tennessee 37205.

Taxes for the current year have been settled between the parties. This conveyance is also made 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.
Any lien or right to a lien, for labor, services or materials imposed by law and not shown by the public records.
Subject to all covenants, subdivision restrictions, easements and other matters of record in Plat Book 2133, page 94, said Register's Office.

Subject to all of those facts, conditions and limitations shown on the Plat of record in Book 2133, page 94, 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.

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 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 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 representatives, to warrant and forever defend the title to the said land to the said GRANTEE, her successors and assigns, against the lawful claims of all persons whomsoever.

WITNESS my hand this the 21st day of July, 2017.

Mary Louise Douglas

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned Notary Public in and for said County and State, **Mary Louise Douglas, a widow**, 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 Warranty Deed for the purposes therein contained.

WITNESS my hand and official seal at office this 21st day of July, 2017.

NOTARY PUBLIC

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 $400,000.00.

AFFIANT

Subscribed and sworn to before me on this 21st day of July, 2017.

NOTARY PUBLIC

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

MY COMMISSION EXPIRES: JUNE 25, 2019

STATE OF TENNESSEE
COUNTY OF Davidson
On this 24 day of July, 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.

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

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

MY COMMISSION EXPIRES: JUNE 25, 2019

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

EXHIBIT A

STATE FILE NUMBER 080121 6

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Nicholas James Douglas
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): February 20, 2008
4. SOCIAL SECURITY NUMBER: 9231
5a. AGE-LAST BIRTHDAY (Years): 83
5b. UNDER 1 YEAR – MOS. / DAYS
5c. UNDER 1 DAY – HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 11-11-1924
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Centennial Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Mary L. Cathc
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Stock Broker
12b. KIND OF BUSINESS/INDUSTRY: Investments
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 645 Brook Hollow Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37205
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): 4; College (1-4 or 5+):

NAME OF DECEDENT For use by physician or medical examiner

PARENTS

17. FATHER'S NAME (First, Middle, Last): James N. Douglas
18. MOTHER'S NAME (First, Middle, Maiden Surname): Rachel Page

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Mary Louise Douglas
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 645 Brook Hollow Road Nashville, TN 37205

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [X] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Vanderbilt School of Medicine
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR
21b. LICENSE NUMBER OF FUNERAL DIRECTOR
21c. SIGNATURE OF EMBALMER
21d. LICENSE NUMBER OF EMBALMER
22a. NAME AND ADDRESS OF FUNERAL HOME
22b. LICENSE NUMBER OF FUNERAL HOME

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda R. Bowers, DR
24. DATE FILED (Month, Day, Year): March 03, 2008

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
25c. DATE SIGNED (Month, Day, Year)
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: John Anderson MD
26b. LICENSE NUMBER: MD018613
26c. DATE SIGNED (Month, Day, Year): 2/26/08

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

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): John E. Anderson, M.D. 2400 Patterson Street, Suite 400, 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. (SEE INSTRUCTIONS ON OTHER SIDE.)

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	ARREST	10 MINUTES
DUE TO (OR AS A CONSEQUENCE OF):		2 Hours
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):	N/A	24 Hours
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? 1 [✓] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [✓] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [ ] 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)

BIRTH NO.

PH-1659 (REV. 9/99) RDA 1399

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 Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

[redacted]
Local Registrar

Tonya Y. Foreman
Local Registrar

Date Issued: MAR 03 2008

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

CERTIFICATION OF VITAL RECORD