Bill Garrett Davidson County
Batch# 41453 DEEDWARR
12/27/2017 11:05:40 AM 3 pgs
Fees: $18.00 Taxes: $703.00
20171227-0131114

This Instrument Prepared By and Returned To:

Concord Title
3000 Meridian Blvd.
Ste. 140
Franklin, TN 37067
File No. 20170436

After Recording Return To The Above.

I hereby swear or affirm that the actual consideration for this transfer, or the value of the Premises, whichever is greater, is **$190,000.00** which is equal to or greater than the amount the Premises would command at a fair and voluntary sale.

Affiant

Sworn to and subscribed before me this 22nd day of December, 2017.

Notary Public
My Commission Expires: 5/4/19

T. P. BOSHEARS STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

WARRANTY DEED

THIS INDENTURE, made this 22nd day of December, 2017, among:

JEROME E MCSWEENEY, SR (DECEASED) AND

JANICE MCSWEENEY

of Davidson County, Tennessee, their trustees, executors, heirs, successors and/or assigns (the "**Grantor**")

AND

MUSIC CITY HOLDINGS, LLC

of Davidson County, Tennessee, their trustees, executors, heirs, successors and/or assigns (the "**Grantee**").

WITNESSETH:

THAT the Grantor, for and in consideration of $10.00 Dollars and other good and valuable consideration, paid in hand, the receipt and sufficiency of which is hereby acknowledged, does grant, bargain, sell, transfer, convey and set over unto Grantee the following described real property hereinafter referred to as the "Premises".

Land in Davidson County, Tennessee, being Lot No. 10 on the Plan of Hill-N-Dale Acres of record in Plat Book 2900, Page (s) 33 and 34, in the Register's Office for Davidson County, Tennessee, to which Plan reference is hereby made for a more complete description of the property.

Being the same property conveyed to Jerome E. McSweeney, Sr. and Janice McSweeney, husband and wife by Warranty Deed from Deborah A. Stephens, unmarried of record in Instrument No. 20050210-0015497 Register's Office for Davidson County, Tennessee, dated January 27, 2005 and recorded on February 10, 2005. (Value of consideration shown in aforementioned deed $174,200.00.) Being also known as 400 Hollydale Drive Nashville, Tennessee 37217.

Jerome E. McSweeney, Sr. and Janice McSweeney were married at the time they took title to the Premises and were never legally separated or divorced. Jerome E. McSweeney, Sr died on or about date of death August 30,2013 leaving Janice McSweeney as the surviving tenant-by-the-entireties. Attached Exhibit "A' death certificate

TOGETHER WITH AND SUBJECT TO all hereditaments and appurtenances deriving therefrom or appertaining thereto including, without limitation, matters filed for record with the aforesaid Register's Office and/or shown on plats or maps of same, if any; further releasing all claims to homestead and dower therein. TO HAVE AND TO HOLD THE Premises by the Grantee, their heirs and assigns forever.

SUBJECT TO all applicable restrictions, easements, agreements, notations, setback lines and/or matters affecting the Premises filed for record in the aforesaid Register's Office.

FURTHERMORE, the Grantor hereby covenants with Grantee that they are lawfully seized in "fee simple" of the Premises, have full power, authority and right to convey the same; that the Premises are free from all liens, other than those described above and property taxes for the current year, which shall be prorated between the parties on the date title to the Premises is transferred to Grantee, the payment of which shall be the responsibility of Grantee; and that Grantor will forever warrant and defend the Premises and title thereto against lawful claims of **ALL PERSONS WHOMSOEVER.**

THE SOURCE of the above description is derived from the previous deed of record, no boundary survey having been made at the time of this conveyance.

WHENEVER in this instrument a pronoun is used it shall be construed to represent either singular or plural, as the case may demand.

IN WITNESS WHEREOF the undersigned have executed this instrument on the date first above written.

Janice McSweeney

State of Tennessee
County of Williamson

Personally appeared before me, the undersigned authority, a Notary Public in and for said County and State aforesaid, Janice McSweeney, the within named bargainor(s), with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he/she/they executed the within instrument for the purposes therein contained.

Witness my hand and official seal this 22nd day of December, 2017.

Notary Public
My Commission Expires: 5/16/19

T. P. BOSHEARS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Owner Name & Property Address:

Name: Music City Holdings, LLC
Address: 400 Hollydale Drive
City, State, Zip: Nashville, TN 37217

Responsible Party For Taxes:

Name: Music City Holdings, LLC
Address: 400 Hollydale Drive
City, State, Zip: Nashville, TN 37217

Tax ID: 106-16-0-035-00

EXHIBIT "A"

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Jerome Ellis McSweeney,Sr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): August 30, 2013
4. TIME OF DEATH: 5:09 am
5a. AGE-Last Birthday (Years): 63
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): October 24, 1949
7. BIRTHPLACE (City and State or Foreign Country): Richmond Va.

TYPE/PRINT IN PERMANENT BLACK INK

9a. PLACE OF DEATH (Check only one):
If Inpatient ☒ ER/Outpatient ☐ DOA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other residence ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number): Southern Hills Medical Center
9c. CITY OR TOWN: Nashville
9d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (To be completed 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): Janice Burton
11a. DECEDENT'S USUAL OCCUPATION: Fixer
11b. KIND OF BUSINESS/INDUSTRY: Philip Morris Co.
12. SOCIAL SECURITY NUMBER: 3598
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 400 Holly Dale Dr.
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37217
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

18. FATHER'S NAME (First, Middle, Last): Joseph McSweeney, Sr.
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Mary Coley

20a. INFORMANT'S NAME: Janice McSweeney
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 400 Holly Dale Dr. Nashville,Tn.37217

21a. METHOD OF DISPOSITION: ☐ Burial ☐ Cremation ☐ Donation ☐ Entombment ☒ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Riverview Cemetery
21c. LOCATION - City or Town and State: Richmond,Va.

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Wendy Hellum
22b. LICENSE NUMBER: 3548
22c. SIGNATURE OF EMBALMER: ▶ Patrick Tucker
22d. LICENSE NUMBER: 5072

23a. NAME AND ADDRESS OF FUNERAL HOME: Hellum Funeral Home,Inc. 611 South Highland Ave. Murfreesboro,Tn.37130
23b. LICENSE NUMBER OF FUNERAL HOME: 909

24. REGISTRAR'S SIGNATURE: ▶ Judith A. Kidd (DR.)
25. DATE FILED (Month, Day, Year): September 12, 2013

26. CERTIFIER (Check only one):
☒ 26a. 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.

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

27a. SIGNATURE OF CERTIFIER: ▶
27b. LICENSE NUMBER: TN43397
27c. DATE SIGNED (Month, Day, Year): 9/9/13
27d. NAME AND ADDRESS: Robert Hamilton 200 Physicians Pl. Nashville TN 37203

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. Congestive Heart Failure — 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. Cardiac Dysrhythmia — Due to (or as a consequence of):
c. Hypertension — Due to (or as a consequence of):
d.

4 yrs
3 yrs
3 yrs

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

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)

TN-1659 (Rev. 10/2011)
RDA 1299

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.

6126467

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

SEP 12 2013
6126467
Date Issued

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

CERTIFICATION OF VITAL RECORD