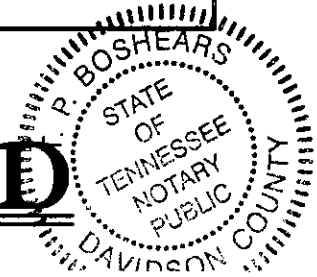
This Instrument Prepared By and Returned To: Concord Title 3000 Meridian Blvd. Ste. 140 Franklin, TN 37067 File No. 20180728 **After Recording Return To The Above.**	I hereby swear or affirm that the actual consideration for this transfer, or the value of the Premises, whichever is greater, is **$180,000.00** 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 14th day of May, 2018 Notary Public My Commission Expires: 5/6/19



WARRANTY DEED

Bill Garrett Davidson County
Batch# 97692 **DEEDWARR**
05/29/2018 02:19:12 PM 4 pgs
Fees: $23.00 Taxes: $666.00

20180529-0051029

THIS INDENTURE, made this 14th day of May, 2018, among:

RALPH NEVELS

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. 131, as shown on the map entitled Benedict Land Company's Subdivision of the Lindsley Tract, of record in

Book 332, Page 40, Register's Office for Davidson County, Tennessee, to which plan reference is hereby made for a more complete description.

Being the same property conveyed to Ralph Nevels, an unmarried person and Ralph Eugene Bentley, an unmarried person by Warranty deed from Clayton Gholson and wife, Martha Gholson of record in Instrument No. 20060705-0080493 Register's Office for Davidson County, Tennessee, dated June 30, 2006 and recorded on July 5, 2006. (Value of consideration shown in aforementioned deed $68,900.00.) Being also known as 1213 Stockell Street Nashville, Tennessee 37207.

Ralph Eugene Bentley died on or about October 4, 2015 leaving Ralph Nevels as the surviving tenant-by-the-entireties. A copy of the death certificate is attached as exhibit A.

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.

Ralph Nevels

State of Tennessee
County of Williamson

Personally appeared before me, the undersigned authority, a Notary Public in and for said County and State aforesaid, Ralph Nevels, 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 14th day of May, 2018.

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

Notary Public
My Commission Expires: 5/6/19

Owner Name & Property Address:

Name: Music City Holdings, LLC
Address: 1213 Stockell Street
City, State, Zip: Nashville, TN 37207

Responsible Party For Taxes:

Name: Music City Holdings, LLC
Address: 1213 Stockell Street
City, State, Zip: Nashville, TN 37207

Tax ID: 071-15-0-367.00

Exhibit H

STATE OF TENNESSEE
Office of Vital Records

TS 006

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2015 053906

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Ralph Eugene Bentley
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): October 4, 2015
4. TIME OF DEATH (Spell): 5:16 am
5a. AGE-Last Birthday (Years): 32
5b. UNDER 1 DAY: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): December 10, 1982
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN

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): Vanderbilt Medical Center 081
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: [ ] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [X] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Culinary Arts
11b. KIND OF BUSINESS/INDUSTRY: Sisters of Mercy Convent
12. SOCIAL SECURITY NUMBER: 414-43-2112
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TN
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 1213 Stockell St.
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37207
14. WAS DECEDENT EVER IN U.S. 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
[X] 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)
[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)
[ ] White
[X] 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): Ralph Nevels
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Abigail Yvonne Bentley
20a. INFORMANT'S NAME: Ralph Nevels
20b. RELATIONSHIP TO DECEDENT: Father
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1213 Stockell St., Nashville, TN 37207
21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Greenwood Cemetery West
21c. LOCATION - City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: Reed R
22b. LICENSE NUMBER: 4452
22c. SIGNATURE OF EMBALMER: Reed R
22d. LICENSE NUMBER: 4475
23a. NAME AND ADDRESS OF FUNERAL HOME: Madison Funeral Home, 219 East Old Hickory Blvd., Madison, TN 37115
23b. LICENSE NUMBER OF FUNERAL HOME: 690
24. REGISTRAR'S SIGNATURE: Patricia Perkins DR
25. DATE FILED (Month, Day, Year): Oct 20, 2015

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 RECORDING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS

27a. SIGNATURE OF CERTIFIER: Nirmala Rao MD
27b. LICENSE NUMBER: TN 36370
27c. DATE SIGNED (Month, Day, Year): 10/19/15
27d. NAME AND ADDRESS: NICHOLAS O. MARKHAM, MD, MD 1213 21ST AVE S, 1ST FLOOR NASHVILLE TN 37232

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. Stroke — 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. Sickle Cell Anemia — Due to (or as a consequence of):
c. — Due to (or as a consequence of):
d. —

29. 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: [ ] 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)

TR-1530 (Rev. 9/2011)
RDA 1989

09835222

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.

MAR 08 2018

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

Edward G. Bishop III
State Registrar

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

0 9 8 3 5 2 2 2
Date Issued

CERTIFICATION OF VITAL RECORD