This Instrument Prepared By and Returned To:

Concord Title
3000 Meridian Blvd.
Ste. 140
Franklin, TN 37067
File No. 20181077

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 **$90,000.00** 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 30th day of August, 2018.

Notary Public
My Commission Expires: 5/6/19

Karen Y Johnson Davidson County
Batch# 135939 **DEEDWARR**
09/04/2018 10:58:17 AM 3 pgs
Fees: $18.00 Taxes: $333.00

20180904-0087149

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

WARRANTY DEED

THIS INDENTURE, made this 30th day of August, 2018, among:

MARSHALL LAPA

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. 32-B on the Plan of Zone Lot Division, Lot No. 32, Lakeshore Woods, Section 3, of record in Plat Book 6250, Page 536, in the Register's Office for Davidson County, Tennessee, to which Plan reference is hereby made for a more complete description of the property.

Said Lot No. 32-B fronts 29.72 feet on the Southerly side of Doriswood Court and extends back 85.38 feet on the Easterly line and 122.51 feet on the Westerly line to a dead line measuring 95.26 feet thereon.

Being the same property conveyed to Marshall Lapa and his wife, Tressia Gertrude Lapa by Warranty deed from James H. Nelson and his wife, Sheryll C. Nelson of record in Book 7535, page 342, Register's Office for Davidson County, Tennessee, dated April 30, 1988 and recorded on May 04, 1988. The said Tressia Gertrude Lapa having since died vesting fee simple title unto the husband, Marshall Lapa as surviving tenant by the entirety. (Value or consideration shown in aforementioned deed $58,052.79). Being also known as 3407 Doriswood Court Antioch, Tennessee 37013.

Marshall Lapa and his wife, Tressia Gertrude were married at the time they took title to the Premises and were never legally separated or divorced. Tressia Gertrude died on or about April 24, 201 leaving Marshall Lapa as the surviving tenant-by-the-entireties. Attached Death Certificate 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.

Marshall Lapa

Marshall Lapa

State of Tennessee
County of Williamson

Personally appeared before me, the undersigned authority, a Notary Public in and for said County and State aforesaid, Marshall Lapa, 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 30th day of August, 2018.

Angela G Batson

Notary Public
My Commission Expires: 9-7-21

ANGELA G. BATSON
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON
My Comm. Expires September 7, 2021

Owner Name & Property Address:

Name: Music City Holdings, LLC
Address: 3407 Doriswood Court
City, State, Zip: Antioch, TN 37013

Responsible Party For Taxes:

Name: Music City Holdings, LLC
Address: 3407 Doriswood Court
City, State, Zip: Antioch, TN 37013

Tax ID: 150-07-0-475.00

EXHIBIT "A"

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): TRESSIA GERTRUDE LAPA
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): APRIL 24, 2001
4. SOCIAL SECURITY NUMBER (of Deceased): 309-44-7315
5a. AGE-LAST BIRTHDAY (Years): 59
5b. UNDER 1 YEAR (Months, Days, Hours, Minutes)
5c. UNDER 1 DAY (Hours, Minutes)
6. DATE OF BIRTH (Month, Day, Year): JULY 24,1941
7. BIRTHPLACE (City and State or Foreign Country): WEST LOUISVILLE, KENTUCKY
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 XX No
9. PLACE OF DEATH (Check only one): 1 Inpatient 2 XX ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
9a. FACILITY NAME (If not institution, give street and number): HORIZON MEDICAL CENTER
9c. CITY, TOWN, OR LOCATION OF DEATH: DICKSON
9d. COUNTY OF DEATH: DICKSON
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): MARSHALL LAPA
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): CHEF
12b. KIND OF BUSINESS/INDUSTRY: COUNTRY CLUB
13a. RESIDENCE-STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: ANTIOCH
13d. STREET AND NUMBER OR RURAL LOCATION: 3407 DORISWOOD COURT
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 XX Yes 2 No
13f. ZIP CODE: 37013
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - if yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Yes 0 XX No
15. RACE-American Indian, Black, White, etc. (Specify): WHITE
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+)

PARENTS

17. FATHER'S NAME (First, Middle, Last): ALPHANSUS FENWICK
18. MOTHER'S NAME (First, Middle, Maiden Surname): ABBIE LEE HAYDEN

INFORMANT

19a. INFORMANT'S NAME (Type/Print): MARSHALL LAPA
19b. RELATIONSHIP TO DECEASED: HUSBAND
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3407 DORISWOOD COURT ANTIOCH, TENNESSEE 37013

DISPOSITION

20a. METHOD OF DISPOSITION: 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 XX Other (Specify): INTOMBMENT
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): WOODLAWN CROSS MAUSOLEUM
20c. LOCATION-City or Town, State: NASHVILLE, TENNESSEE
21a. SIGNATURE OF FUNERAL DIRECTOR: MIKE MORGAN
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5220
21c. SIGNATURE OF EMBALMER: RONNIE HARRELL
21d. LICENSE NUMBER OF EMBALMER: 5022
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODLAWN FUNERAL HOME, 660 THOMPSON LANE NASHVILLE, TENNESSEE 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR'S SIGNATURE: Judith A. Udd (OB)
24. DATE FILED (Month, Day, Year): May 11 2001

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: Matthew Meeker MD
25b. LICENSE NUMBER: MD 17415
25c. DATE SIGNED (Month, Day, Year): 5-1-01
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)

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): DR. WILLIAM MEEKER, HORIZON MEDICAL CENTER. EMERGENCY ROOM, 111HIGHWAY 70E.DICKSON,TN

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. Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Metastatic Cancer — DUE TO (OR AS A CONSEQUENCE OF): Years
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):
c. DUE TO (OR AS A CONSEQUENCE OF):
d.

SEE INSTRUCTIONS ON OTHER SIDE

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
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)

FH BIRTH NO.

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 Department of Health. Alteration or erasure voids this certification.

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

Paula Taylor
Paula Taylor
State Registrar

Date Issued MAY 11 2001

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

DEPARTMENT OF HEALTH AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD