This Instrument Prepared By and Returned To:

Concord Title
3000 Meridian Blvd.
Ste. 140
Franklin, TN 37067
File No. 20181032

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 **$188,600.00** 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 6th day of September, 2018.

Notary Public
My Commission Expires: 5/6/19

Karen Y Johnson Davidson County
Batch# 149781 **DEEDWARR**
10/08/2018 10:17:34 AM 3 pgs
Fees: $18.00 Taxes: $697.82

20181008-0099504

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

WARRANTY DEED

THIS INDENTURE, made this 6th day of September, 2018, among:

RANDY COWAN

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. 105 on the Plan of Riverside Drive Subdivision of record in Plat Book 974, Page (s) 60 and 61, 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 Randy Cowan and wife Teresa Cowan by Warranty deed from Terry L. Stewart and wife Debra K. Stewart of record in Instrument No. 20010719-0076651 Register's Office for Davidson County, Tennessee, dated April 16, 2001 and recorded on July 19, 2001. (Value of consideration shown in aforementioned deed $86,500.00.)

Randy Cowan and Teresa Cowan were married at the time they took title to the Premises and were never legally separated or divorced. Teresa Cowan died on or about May 21, 2005 leaving Randy Cowan as the surviving tenant-by-the-entireties. Dead Certificate attached as Exhibit "A"

Being also known as 1708 Litton Avenue Nashville, Tennessee 37216.

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.

Randy Cowan

Randy Cowan

State of Tennessee
County of Williamson

Personally appeared before me, the undersigned authority, a Notary Public in and for said County and State aforesaid, Randy Cowan, 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 6th day of September, 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: 1708 Litton Avenue
City, State, Zip: Nashville, TN 37216

Responsible Party For Taxes:

Name: Music City Holdings, LLC
Address: 1708 Litton Avenue
City, State, Zip: Nashville, TN 37216

Tax ID: 072-12-0-212.00

EXHIBIT "A"

NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0502869

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last): TERESA ANN COWAN
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): May,21,2005
4. SOCIAL SECURITY NUMBER: 410-29-2006
5a. AGE-LAST BIRTHDAY (Years): 42
6. DATE OF BIRTH (Month, Day, Year): JAN.12,1963
7. BIRTHPLACE (City and State or Foreign Country): Dekalb Co.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 No
9. MARITAL STATUS: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Summit 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): RandyChild
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Child Care
12b. KIND OF BUSINESS/INDUSTRY: Child Care
13a. RESIDENCE-STATE: TN.
13b. COUNTY: Wilson
13c. CITY, TOWN OR LOCATION: Watertown
13d. STREET AND NUMBER OR RURAL LOCATION: 109 Phillips Ave
13e. INSIDE CITY LIMITS? X Yes
13f. ZIP CODE: 37184
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes 0 X No
15. RACE-American Indian, Black, White, etc (Specify): White
16. DECEDENT'S EDUCATION: (Specify only highest grade completed) Elementary/Secondary (0-12): 12 College (1-4 or 5+)
17. FATHER'S NAME (First, Middle, Last): FOREST YOUNG
18. MOTHER'S NAME (First, Middle, Maiden Surname): NETTIE VAN HOOSIER
19a. INFORMANT'S NAME (Type/Print): RANDY COWAN
19b. RELATIONSHIP TO DECEASED: HUSBAND
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 109 PHILLIPS AVE Watertown TN 37184
20a. METHOD OF DISPOSITION: 2 Burial X Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Crossville Memorial F.H. And Crematory
20c. LOCATION-City or Town, State: Crossville TN.
21a. SIGNATURE OF FUNERAL DIRECTOR: JAMES T. HARRIS
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5574
21c. SIGNATURE OF EMBALMER
21d. LICENSE NUMBER OF EMBALMER
22a. NAME AND ADDRESS OF FUNERAL HOME: COOKEVILLE FUNERAL HOME 695 BUFFALO VALLEY RD. COOKEVILLE TN 38501
22b. LICENSE NUMBER OF FUNERAL HOME: 1103
23. REGISTRAR'S SIGNATURE: Tonya W. Ruttlen
24. DATE FILED (Month, Day, Year): May 25, 2005
25. CERTIFICATION: To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.
1 X SIGNATURE AND TITLE OF PHYSICIAN: Aaron M. Esbenshade Jr. MD
25b. LICENSE NUMBER: MD 11346
25c. DATE SIGNED (Month, Day, Year): 5/25/2005
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
26b. LICENSE NUMBER
26c. DATE SIGNED (Month, Day, Year)
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Aaron M. Esbenshade Jr. M.D. 665 Trr. 7 13/4 Suite 4a
28. PART I. Enter the disease, 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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Respiratory Failure DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: b. Sepsis DUE TO (OR AS A CONSEQUENCE OF): c. End Stage DM I due Complications DUE TO (OR AS A CONSEQUENCE OF): d.
Approximate interval: Between Onset and Death
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
CHF, Autonomic neuropathy Renal insufficiency
29a. WAS AN AUTOPSY PERFORMED? 1 Yes 2 X No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No
30. MANNER OF DEATH: 1 X 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)

PH-1059 (REV. 5/99)
BIRTH NO.
RDA 1392

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.

Tonya W Ruttlen
Tonya W Ruttlen
Local Registrar

Date Issued: MAY 25 2005

CERTIFICATION OF VITAL RECORD