This Instrument Prepared by:

DOMINIC J. LEONARDO
Attorney at Law
603 Woodland Street
Nashville, TN 37206-4211
(615) 259-1214

This firm did not conduct a title search, issue a title opinion letter, or issue the title insurance regarding the sale of this property.

QUIT CLAIM DEED

ADDRESS OF NEW OWNER:	SEND TAX BILLS TO:	MAP & PARCEL NO.
Vincent T. Scalf PO Box 96 Whites Creek, TN 37189	Same	02800013600

KNOW ALL MEN BY THESE PRESENTS:

WHEREAS, Thomas Alvine Dozier, Sr. died on August 2, 2011, (*see attached death certificate as Exhibit A*) and his entire estate was left to his surviving spouse Pauline J. Dozier; and

WHEREAS, Pauline J. Dozier died testate on July 24, 2015. (*see attached death certificate as Exhibit B*) Letters Testamentary were issued to Thomas A. Dozier, Jr. on September 9th 2015, under Docket No: P8161 in the Chancery Court for Williamson County, Tennessee(*see attached Order as Exhibit C*); and

WHEREAS, Janice Dozier Ray, Thomas A. Dozier, Jr., and Steve R. Dozier are the children and sole heirs at law to the Estate of Pauline J. Dozier Docket No. P8161; and

WHEREAS, the Last Will and Testament of Pauline J. Dozier (*see attached will as Exhibit D*) provided as follows in Item 3:

RESIDUARY ESTATE:

I. IF MY SPOUSE DOES NOT SURVIVE ME, I DEVISE AND BEQUEATH ALL THE REST OF THE PROPERTY THAT I OWN AT MY DEATH TO MY CHILDREN IN EQUAL SHARES.....

Karen Y Johnson Davidson County
Batch# 179030 DEEDQC
12/31/2018 09:37:35 AM 16 pgs
Fees: $83.00 Taxes: $8.32
20181231-0126127

WHEREAS, the sole beneficiaries of the Last Will and Testament of Pauline J. Dozier were Janice Dozier Ray, Thomas A. Dozier, Jr., and Steve R. Dozier all of whom are still living; and

NOW, THEREFORE, for and in consideration of the foregoing and other good and valuable considerations, the receipt and adequacy of which are hereby acknowledged, and as evidence of the devise of and vesting the real property hereinafter described to Thomas Alvine Dozier, Sr., deceased; Pauline J. Dozier, deceased; and the sole beneficiaries and remaining heirs at law, Janice Dozier Ray, Thomas A. Dozier, Jr., and Steve R. Dozier hereinafter referred to as the Grantors, do hereby transfer and convey to Vincent T. Scalf his heirs and assigns, herein referred as Grantee, that certain tract or parcel of land in Davidson County, Tennessee, described as follows:

> Land in Davidson County, Tennessee, bounded on the easterly side by a certain tract owned by Rose Garrett in Instrument No. 20140515-0041632, bounded on the westerly side by Little Marrowbone Lake Road, Being a portion of the same property represented in the plat of R.G. Bracy Subdivision, Book 4681, Page 387 Register's Office for said County, to which Plan reference is hereby made for a more complete and accurate legal description.
>
> Being the same property conveyed to Thomas A. Dozier, Sr, by Final Decree from Davidson County Chancery Court (tax sale) from "Unknown Owner" of record in Instrument No. DB-00085310000438, Book 8531, Page 438 Register's Office for Davidson County, Tennessee.
>
> This unimproved property is known as 0 Marrowbone Lake Rd., Nashville, TN 37218.

D.S.V TO ~~HAVE AND TO HOLD said tract or parcel of land, with appurtenances~~, estate, title and interest thereto belonging to the said Grantee, Vincent T. Scalf ~~his~~ heirs, ~~successors and assigns, forever~~.

Grantors and Grantees are used for the singular or plural as context requires.

IN WITNESS WHEREOF, Grantors have executed this Quit Claim Deed on the 17th day of December, 2018.

Thomas A. Dozier

THOMAS A. DOZIER, JR.

Steve R. Dozier

STEVE R. DOZIER

Janice Dozier Ray

JANICE DOZIER RAY

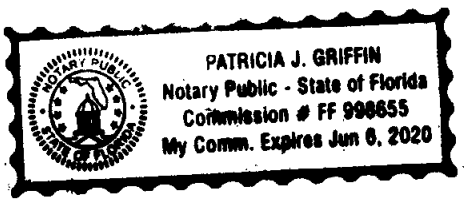
STATE OF FLORIDA
COUNTY OF Leon

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named Grantor, **JANICE DOZIER RAY** with whom I am personally acquainted, or proved to me based upon satisfactory information, and who acknowledged that she was an heirs at law of the estate of Pauline J. Dozier, and has executed the Quitclaim Deed for the purposes therein contained.

Witness my hand and official seal this 17th day of December, 2018.

Patricia J. Griffin

NOTARY PUBLIC
My Commission Expires: 6/6/20



STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within Grantors, **STEVE R. DOZIER and THOMAS A. DOZIER, JR.** with whom I am personally acquainted, or proved to me based upon satisfactory information, and who acknowledged that they are the heirs at law of the estate of Pauline J. Dozier, and they executed the Quitclaim Deed for the purposes therein contained.

Witness my hand and official seal this 18 day of December, 2018.

Sandy Williams
NOTARY PUBLIC
My Commission Expires: 5-2-22

SANDY WILLIAMS NOTARY PUBLIC DAVIDSON COUNTY EXPIRES TENNESSEE May 2, 2022

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration or value whichever is greater for this transfer is $2,250.00

Thomas A. Dozier
AFFIANT

Sworn to and subscribed before me this 18 day of Dec., 2018.

Sandy Williams
NOTARY PUBLIC
My Commission Expires: 5-2-22

SANDY WILLIAMS NOTARY PUBLIC DAVIDSON COUNTY EXPIRES TENNESSEE May 2, 2022

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): Thomas Alvine Dozier, Sr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): August 02, 2011
4. SOCIAL SECURITY NUMBER (or Delinquent): -5612
5a. AGE-LAST BIRTHDAY (Years): 81
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): July 05, 1930
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
8a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not Institution, give street and number): 6051 Sunrise Circle
9c. CITY, TOWN, OR LOCATION OF DEATH: Franklin
9d. COUNTY OF DEATH: Williamson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Pauline Jones
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Law Enforcement
12b. KIND OF BUSINESS/INDUSTRY: Metropolitan Nashville Police Department
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Williamson
13c. CITY, TOWN OR LOCATION: Franklin
13d. STREET AND NUMBER OR RURAL LOCATION: 6051 Sunrise Circle
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37067
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [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+): 2

NAME OF DECEDENT: For use by Physician or Medical Examiner

PARENTS

17. FATHER'S NAME (First, Middle, Last): Paul T. Dozier
18. MOTHER'S NAME (First, Middle, Maiden Surname): Katherine Tanley

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Pauline J. Dozier
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 6051 Sunrise Circle Franklin, TN 37067

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Woodlawn Memorial Park
20c. LOCATION-City or Town, State: Nashville, Tennessee

FUNERAL DIRECTOR

21a. SIGNATURE OF FUNERAL DIRECTOR: Billy Orange
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5846
21c. SIGNATURE OF EMBALMER: Dawn Renee' Everett
21d. LICENSE NUMBER OF EMBALMER: 6024
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn-Roesch-Patton Funeral Home & Memorial Park 660 Thompson Lane, Nashville, TN 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR'S SIGNATURE: Oletha J. Boyd LSR
24. DATE FILED (Month, Day, Year): August 12, 2011

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner(s) stated.
1 [X] SIGNATURE AND TITLE OF PHYSICIAN: [signature]
25b. LICENSE NUMBER: 42577
25c. DATE SIGNED (Month, Day, Year): 8/11/11
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)

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): David B. Tribble, M.D. 1718 Patterson Street, Nashville, TN 37203 Sharon F. Green MD

CAUSE OF DEATH

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. (Approximate Interval Between Onset and Death)
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. bladder cancer DUE TO (OR AS A CONSEQUENCE OF):
SEE INSTRUCTIONS ON OTHER SIDE
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.

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 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [X] 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)

BIRTH NO.

TH-1659 (REV. 6/99)

4927779

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.

Teresa S. Hendricks
STATE REGISTRAR

Oletha J. Boyd, Local Registrar
Williamson County

Date Issued: AUG 12 2011

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Pauline J. Dozier
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): July 24, 2015
4. TIME OF DEATH: 4:05PM
5a. AGE-Last Birthday (Years): 85
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): September 11, 1929
7. BIRTHPLACE (City and State or Foreign Country): Martin, TN

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: ☐ 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): Alive Hospice - Residence
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use 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)
11a. DECEDENT'S USUAL OCCUPATION: Homemaker
11b. KIND OF BUSINESS/INDUSTRY: Domestic
12. SOCIAL SECURITY NUMBER: -9135
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Williamson
13c. CITY OR TOWN: Franklin
13d. STREET AND NUMBER: 6051 Sunrise Circle
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37067
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

PARENTS

18. FATHER'S NAME (First, Middle, Last): Felix Jones
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Bessie Davis

DISPOSITION

20a. INFORMANT'S NAME: Thomas A. Dozier, Jr.
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 6484 Drumwright Road, College Grove, TN 37046
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Woodlawn Memorial Park
21c. LOCATION - City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Blake Carroll
22b. LICENSE NUMBER: 6660
22c. SIGNATURE OF EMBALMER: ▶ Trena J. Mueller
22d. LICENSE NUMBER: 6643
23a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn-Roesch-Patton Funeral Home 660 Thompson Lane, Nashville TN 37204
23b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Andrea Bowler, DR
25. DATE FILED (Month, Day, Year): July 27, 2015

CERTIFIER

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: ▶ [signature]
27b. LICENSE NUMBER: 48448
27c. DATE SIGNED (Month, Day, Year): 7/27/15
27d. NAME AND ADDRESS: Laura Tharpe, M.D. 1718 Patterson Street, Nashville, TN 37203

MEDICAL CERTIFICATION

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):
b. Atherosclerotic Cardiovascular Disease
Due to (or as a consequence of):
c.
Due to (or as a consequence of):
d.

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

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
Mitral valve regurgitation

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)

PH-1859 (Rev. 10/2011)

I hereby certify the above to be a true and correct representation of the record or document on file i department. This certified copy is valid only when printed on security paper showing the red embossed of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction o document is prohibited.

8059802

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

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

8059802
Date Issued: JUL 27 2015

CERTIFICATION OF VITAL RECORD

FILED
WILLIAMSON COUNTY
CLERK & MASTER
2015 SEP 16 AM 10:59

IN THE CHANCERY COURT FOR WILLIAMSON COUNTY, TENNESSEE

PROBATE DIVISION

IN RE:)
)
PROBATE OF THE WILL OF PAULINE J. DOZIER, DECEASED) **No. P8161**
)

ENTERED 9.16.15

ORDER TO PROBATE COPY OF LOST WILL

This cause came on to be heard on the 9th day of September, 2015, Elaine B. Beeler, Clerk and Master, upon the Petition of Thomas A. Dozier, Jr. that a paper writing purporting to be a copy of the Will of Pauline J. Dozier, deceased, be admitted to probate, and that Letters Testamentary be issued to the Petitioner.

Whereupon, the Petitioner produced a paper writing purporting to be a copy of the Will of Pauline J. Dozier, said paper writing bearing date of June 10, 2003, having the name Pauline J. Dozier signed thereto as testatrix, subscribed by Jeffrey Mobley and Hunter R. Mobley as attesting witnesses, naming Thomas A. Dozier, Jr. as Executor, and waiving any bond of said Executor in ITEM 4 on page 2 of said Will.

And, it appearing from the testimony of the aforesaid Jeffrey Mobley and Hunter R. Mobley, taken upon affidavit as authorized by and in accordance with Tennessee Code Annotated Section 32-2-110, that: each of them did subscribe his respective name as an attesting witness to said paper writing; that said paper writing was written in the lifetime of Pauline J. Dozier, and published, signed and subscribed by Pauline J. Dozier in the presence of the attesting witnesses; that Pauline J. Dozier was then of sound mind; that Pauline J. Dozier was then of eighteen (18) years of age or older; and that, at Pauline J. Dozier's request, said attesting witnesses signed said paper writing in Pauline J. Dozier's presence and in the presence of each other on June 10, 2003.

[redacted]

STATE OF TENNESSEE
WILLIAMSON COUNTY
I, THE UNDERSIGNED CLERK & MASTER, DO HEREBY CERTIFY THIS TO BE A TRUE COPY OF THE ORIGINAL OF THIS INSTRUMENT FILED IN THIS CAUSE.
ELAINE B. BEELER, Clerk & Master

THE CHANCERY COURT SEAL WILLIAMSON CO. TN

And, it further appearing from said Will that the requirement of filing any inventory or making any accounting to the Court is waived in ITEM 4 on page 2 of said Will.

And, it further appearing that: said paper writing bears the true signature of Pauline J. Dozier; that Pauline J. Dozier's usual place of domicile and residence at the time of Pauline J. Dozier's death was Williamson County, Tennessee; and that Pauline J. Dozier died in Nashville, Tennessee, on July 24, 2015, at the age of eighty-five (85) years.

And, it further appearing from the testimony under oath of Thomas A. Dozier, Jr., at the hearing of the Petition that Pauline J. Dozier kept a photocopy of the Will among her valuable papers, that Pauline J. Dozier never consulted another attorney for estate planning advice, and Pauline J. Dozier never indicated any displeasure with the Will or any reason to change or revoke the Will, all of which overcomes the presumption that the original of the Will cannot be found because it was destroyed for purposes of revocation.

And, it further appearing that all the heirs-at-law and the beneficiaries of the Will have signed a Consent approving the probate of the photocopy of the Will being offered for probate.

And, it further appearing that the Court finds that the original of the Will was simply lost or misplaced, and not revoked, and therefore the photocopy of the Will should be admitted to probate as a lost will.

It is, therefore, **ORDERED, ADJUDGED AND DECREED** that said paper writing is the true and whole Will of Pauline J. Dozier, deceased; that the same is hereby admitted to probate as such; and that the Clerk is directed to file and record the same and to issue Letters Testamentary to Thomas A. Dozier, Jr., without bond, and without the necessity of filing any accounting or inventory as waived in the Will.

THE CHANCERY COURT SEAL WILLIAMSON CO. TN

ENTER:

Elaine B. Beeler, Clerk and Master

APPROVED FOR ENTRY:

Jeffrey Mobley, attorney

Howard Mobley Hayes & Gontarek, PLLC
2319 Crestmoor Road
Nashville, Tennessee 37215
(615) 627-4444
(615) 627-4448 fax
jeff@howardmobley.com
Tennessee Supreme Court Reg. No. 10064

Attorney for Petitioner

THE CHANCERY COURT TN WILLIAMSON CO. SEAL

FILED
WILLIAMSON COUNTY
CLERK & MASTER

2015 SEP -9 AM 10: 53

ENTERED 9-16-15

WILL p8161

OF

PAULINE J. DOZIER

[redacted]

p8 8

WILL

OF

PAULINE J. DOZIER

I, Pauline J. Dozier, currently residing in Franklin, Tennessee, Tennessee, and a citizen of the United States of America, make and declare this document as my Will. I revoke all former wills and codicils.

ITEM 1
FAMILY

A. Spouse. I am married to Thomas A. Dozier, Sr., who is referred to in this Will as my husband or as my spouse. If my spouse and I die under such circumstances that there is not sufficient evidence to determine the order of our deaths, then it shall be presumed that my spouse predeceased me, and my estate shall be administered and distributed in accordance with such presumption.

B. Children. My children are Janice Dozier Ray, Thomas A. Dozier, Jr., and Steve R. Dozier, and I shall refer to them in this Will as my child or children.

ITEM 2
TANGIBLE PERSONAL PROPERTY

I bequeath to my spouse, if my spouse survives me, all of my clothing, jewelry, personal effects, automobiles and all of my other tangible personal property used by me, except for any personal property specifically bequeathed to another in any document described below in this Item, (my "personal property").

If my spouse does not survive me, I bequeath my personal property to my children that survive me, to be divided by them as they may agree, but if they cannot agree, my Executor, exercising an absolute and unlimited discretion, shall distribute my personal property to my children in as fair yet practical manner as is appropriate under the circumstances.

After I sign this Will, I may leave a letter or other written document either in my own handwriting or signed by me or both addressing the distribution of certain items of my tangible personal property. If I prepare this document, I will keep it with my Will. If my Executor finds this document, it is my desire that the wishes expressed in such document be carried out.

All bequests under this Item or any document described above in this Item are contingent upon my owning the item or items bequeathed at my death and upon the recipient surviving me, unless I expressly provide otherwise.

PJD

ITEM 3
RESIDUARY ESTATE

I devise and bequeath all the rest of the property that I own at my death to my spouse, if my spouse survives me, outright and free of trust.

If my spouse does not survive me, I devise and bequeath all the rest of the property that I own at my death to my children in equal shares. If a child does not survive me and leaves descendants, those descendants will receive the deceased child's share. If a child does not survive me and leaves no descendants, the deceased child's share shall be distributed to my children who survive me (or to the descendants of any other child that is also then-deceased but leaves descendants).

Each person taking a share of my residuary estate shall receive such share outright and free of trust, unless such person is under age 25, in which event such person's share of my residuary estate shall be distributed by my Executor to an adult selected by my Executor (including my Executor) to hold as custodian for such person under the Tennessee Uniform Transfers to Minors Act to administer for such person until such person is age 25.

ITEM 4
EXECUTOR

I nominate the following persons to serve as the Executor of this Will, with such persons to act successively, in the order named:

1. My spouse, Thomas A. Dozier, Sr.

2. My son, Thomas A. Dozier, Jr.

3. My other children, Janice Dozier Ray and Steve R. Dozier, acting jointly, but if either one of them is unable to serve as Executor for any reason, then the other one of the two of them shall serve alone as Executor.

To the extent permitted by applicable law, no Executor shall be required to furnish bond, file any inventory or file any accountings with respect to the performance of the Executor's duties.

ITEM 5
ADMINISTRATIVE PROVISIONS

A. Payment of Debts, Administration Expenses and Taxes. All of my legally enforceable debts (except secured debts, which may be paid or retained in the discretion of the Executor, and if paid shall be without right of contribution from my spouse), my funeral expenses and the expenses of administration of my estate, both domiciliary and ancillary, shall be paid by my Executor as soon as practicable after my death. My Executor shall pay out of my

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residuary estate all estate, inheritance and other death taxes which shall become payable by reason of my death, whether in respect of property passing under this Will or otherwise, as an expense of administration, without apportionment.

B. Life Insurance. The proceeds of any life insurance payable to my Executor or my estate are to be free from the claims of creditors, and are to be held and distributed as provided by the terms of this Will. My Executor may use (but shall not be required to use) any portion of such proceeds as my Executor deems advisable, exercising a reasonable discretion, for the payment of debts, expenses and taxes, but only if my Executor deems such use of the proceeds to be in the best interests of my legatees and beneficiaries hereunder.

C. Real Property. Any real property I own at my death is to be administered as a part of my probate estate subject to the control of the Executor for purposes of administration, as authorized by Tennessee Code Annotated Section 31-2-103. So long as the Executor serves, the Executor shall have the same power over the title to real property as an absolute owner would have, including but not limited to the power to sell, mortgage, lease or otherwise convey any interest in any real estate without the signature, consent or approval of any heir, legatee, beneficiary, court or other person, provided that in exercising such power the Executor shall be acting in a fiduciary, not an individual, capacity.

D. Powers of Executor. In addition to any powers and other related administrative provisions granted or contained elsewhere in this Will, if any, my Executor, in the exercise of a reasonable discretion with respect to all property, real and personal, at any time forming a part of my estate, may exercise any and all of the powers set forth in Tennessee Code Annotated Section 35-50-110, to the extent applicable, all of which provisions and powers are incorporated herein by reference (as set out in this statute on the date I sign this Will), even if this statute is amended or repealed hereafter and even if my estate is administered in a state other than Tennessee. I grant to my Executor the power and authority to appoint a resident Co-Executor to serve with my Executor if applicable law so requires.

E. References to Fiduciaries. For convenience, the fiduciaries named in this Will (including any alternates or successors) are sometimes referred to in the singular person and masculine gender, regardless of the number or gender of those actually named herein.

F. Distribution to Descendants. Unless specifically provided otherwise herein, references to descendants shall include natural-born and adopted descendants and shall only refer to then-living descendants. Distribution to the descendants of any deceased person under this Will shall be per stirpes.

G. Captions. The captions and headings of this Will are for convenience only and shall not define or limit the provisions contained herein.

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IN WITNESS WHEREOF, I sign this Will in the presence of the persons witnessing it, at my request, on this the 10th day of June, 2003.

Pauline J. Dozier

Pauline J. Dozier

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Signed and declared by Pauline J. Dozier, to be such person's Will in the presence of all of us at one and the same time, and we, at such person's request and in such person's presence and in the presence of each other, have subscribed our names as witnesses, and we do hereby attest to the sound and disposing mind of Pauline J. Dozier and to the performance of the aforesaid act of execution on the date set out above.

WITNESSES:

Jeffrey Mobley
Signature **Print or Type Name**

Nashville, Tenn.
Address

Hunter R. Mobley
Signature **Print or Type Name**

Nashville, Tenn.
Address

THIS DOCUMENT PREPARED BY:

JEFFREY MOBLEY
One Belle Meade Place
4400 Harding Road, Suite 204
Nashville, Tennessee 37205
(615) 777-5400

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AFFIDAVIT

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The undersigned persons, after first being duly sworn according to law, depose and say:

1. They witnessed the execution of the Will of Pauline J. Dozier, dated the 10th day of June, 2003, to which this Affidavit is attached, and that this Affidavit is being made at the request of such person and in accordance with the provisions of Tennessee Code Annotated, Section 32-2-110.

2. Their signatures are affixed to the Will, they signed the Will at the request of such person, and in the presence of such person, and in the presence of each other witness, on the date recited in said Will.

3. Pauline J. Dozier signed said paper writing as and for his or her Will in their sight and presence.

4. At the time they witnessed the Will, Pauline J. Dozier was, in their opinion, of sound mind.

Witness

Witness

Sworn to and subscribed before me by the two (2) persons whose signatures are affixed hereto on this 10 day of June, 2003.

Notary Public

MARTHA LITTLEFIELD
NOTARY PUBLIC AT LARGE
DAVIDSON COUNTY, TENN.

My Commission Expires: 7/24/04

My Commission Expires JULY 24, 2004

STATE OF TENNESSEE
WILLIAMSON COUNTY
I, THE UNDERSIGNED CLERK & MASTER, DO HEREBY CERTIFY THIS TO BE A TRUE COPY OF THE ORIGINAL OF THIS INSTRUMENT FILED IN THIS CAUSE.
ELAINE B. BEELER, Clerk & Master

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