Karen Y Johnson Davidson County
Batch# 183547 DEEDWARR
01/14/2019 10:48:30 AM 8 pgs
Fees: $43.00 Taxes: $795.50
20190114-0003537

This instrument prepared by Vidmar & Hardesty, Ltd., John Vidmar (TN Bar#032525), P.O. Box 211031, Columbus, Ohio 43221

Record and Return to: Amrock, 662 Woodward Avenue, Detroit, MI 48226

Order Number: 65131522

65131622-4795015

GENERAL WARRANTY DEED

KNOW ALL MEN BY THESE PRESENTS, that the Grantor(s) **Terry Allen Posey, a single man, and Michael Wayne Posey, married to Debbie Posey**, for Two Hundred Fifteen Thousand and No/100 Dollars ($215,000.00) and other valuable consideration paid, warrants the title against all person whomsoever and do hereby conveys unto the Grantee(s), **John Posey, an unmarried man**, whose address is 4510 Charlotte Avenue, Apt. 339, Nashville, Tennessee 37209, the following described real property located in the County of Davidson, State of Tennessee and further described as follows:

A certain tract or parcel of land in Davidson County, State of Tennessee, described as follows to wit:

Being Lot No. 502 on the Plan of Sunset View, Section VI, as of record in Book 2900, Pages 54 and 55, Register's Office for said County.

Said Lot No. 502 fronts 95 feet on the North side of Kimberly Road, and extends back 251.9 feet on the Easterly line and 171.09 feet on the Westerly line, to a dead line in the rear, on which it measures 166.87 feet, and said dead line being a broken line.

This conveyance is made subject to the restrictions recorded in Book 29995, Page 413; and to the easements and limitations shown on the Map of Record in Book 2900, Pages 54 and 55, said Register's Office.

Be the same more or less, but subject to all legal highways.

This description is the same as the description contained in the prior deed referenced herein.

The Grantor(s) do hereby covenant with the Grantee(s) that they are lawfully seized of the above described real estate, that they have good right to sell and convey the said real property and that the property is unencumbered except as to:

Easements and restrictions of record, zoning ordinances, real estate taxes and assessments, if any, prorated to the date of this deed.

County Parcel Number: 07303008700
Street address of property: 2304 Kimberly Drive, Nashville, Tennessee 37214
Prior Instrument Reference by which Grantor(s) acquired title: Book 3372, Page 187 in the Recorder's Office, Davidson County, Tennessee.
John Posey
Mail Tax Statements to: 4510 Charlotte Avenue, Apt. 339, Nashville, Tennessee 37209

WHEREAS, Carl S. Posey and wife, Robbie Lee Posey, held title to the property as tenants by the entirety. Carl S. Posey, aka Carl Smith Posey, died on March 2, 2003, as evidenced by a Death Certificate attached hereto, thereby vesting fee simple title to the above described premises in Robbie Lee Posey by operation of law as the surviving tenant by the entirety.

WHEREAS, the said Robbie Lee Posey a/k/a Robbie Lee Badgett Posey, died testate on March 21, 2004, as evidenced by a Death Certificate attached hereto, devising her interest in the property described herein to Terry Allen Posey and Michael Wayne Posey.

WHEREAS, Letters Testamentary were granted on May 4, 2004, appointing Terry Allen Posey as Executor of the Estate of Robbie Lee Posey, Estate No. 04P791 in Davidson County, Tennessee.

[SPACE INTENTIONALLY LEFT BLANK]

Attached to and becoming a part of Deed between Terry Allen Posey, a single man, and Michael Wayne Posey, a married man, joined by his spouse Debbie Posey, as Grantor(s), and John Posey, an unmarried man, as Grantee(s).

Signed this 21 day of December, 2018.

Signatures of Grantors:

Terry Allen Posey

Michael Wayne Posey

Debbie Posey

STATE OF Tennessee, COUNTY OF Davidson, SS:

BE IT REMEMBERED That on this 21 day of Dec., 2018 before me, the subscriber, a Notary Public in and for said state, duly commissioned and qualified, personally came Terry Allen Posey, Michael Wayne Posey, and Terry Allen Posey, Michael Wayne Posey, Debbie Posey, known to me, or proved to me on the basis of satisfactory evidence, to be the Grantor(s) in the foregoing deed, and acknowledged by the signing thereof to be their free and voluntary act and deed.

In testimony whereof, I have hereunto subscribed my name and affixed my official seal on the day and year last aforesaid.

Notary Public

CAROL DIGIORE
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON

My Commission Expires
May 2, 2022

Attached to and becoming a part of Deed between Terry Allen Posey, a single man, and Michael Wayne Posey, a married man, joined by his spouse Debbie Posey, as Grantor(s), and John Posey, an unmarried man, as Grantee(s).

Property Address: 2304 Kimberly Drive, Nashville, Tennessee 37214
Tax Parcel: 07303008700

Oath of Consideration

I or (we), Terry Allen Posey, the Affiant(s), herby swear or affirm that to the best of my/our knowledge, information and belief, that the actual consideration for this transfer or the value of the property transferred, whichever is greater, is $215,000.00 which amount is equal to or greater than the amount which the property transferred would command at a fair and voluntary sale.

Signed this 21 day of December, 2018.

Signatures of Affiant(s): Terry Allen Posey

Michael Wayne Posey

Debbie Posey

Sworn and subscribed before me this 21 day of Dec, 2015

Carol DiGiore
Notary Public

CAROL DIGIORE
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON
My Commission Expires May 2, 2022

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0301670

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPEWRITE IN PERMANENT BLACK INK — FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Carl Smith Posey
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): March 2, 2003
4. SOCIAL SECURITY NUMBER (of Deceased): 9647
5. AGE - LAST BIRTHDAY (Years): 83
6. DATE OF BIRTH (Month, Day, Year): Aug 18, 1919
7. BIRTHPLACE (City and State or Foreign Country): Watertown, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9. PLACE OF DEATH (Check only one): 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
10a. FACILITY NAME (If not institution, give street and number): 2304 Kimberly Drive
10c. CITY, TOWN, OR LOCATION OF DEATH: Donelson
10d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Robbie Lee Badgett
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Salesman
12b. KIND OF BUSINESS/INDUSTRY: Auto Parts
13a. RESIDENCE — STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Donelson
13d. STREET AND NUMBER OR RURAL LOCATION: 2304 Kimberly Drive
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37214
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+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): John Posey
18. MOTHER'S NAME (First, Middle, Maiden Surname): Nell Johnson

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Robbie Lee Posey
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2304 Kimberly Drive, Donelson, TN 37214

DISPOSITION

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): Jones Hill Cemetery
20c. LOCATION — City or Town, State: Watertown, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Jerry Briggs
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4179
21c. SIGNATURE OF EMBALMER: Edward Abercrombie
21d. LICENSE NUMBER OF EMBALMER: 5387
22a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Company, 2707 Gallatin Road, Nashville, TN 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 331

REGISTRAR

23. REGISTRAR'S SIGNATURE: Robert W. Rhodes Jr
24. DATE FILED (Month, Day, Year): March 13, 2003

CERTIFIER

25a. PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
1 [ ] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: MD10651
25c. DATE SIGNED (Month, Day, Year): 3/6/03
26a. MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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)

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN AT DEATH CERTIFICATION WITHIN 48 HOURS

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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Metastatic prostate cancer
DUE TO (OR AS A CONSEQUENCE OF): b. 3/13/03
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: DUE TO (OR AS A CONSEQUENCE OF): c.
DUE TO (OR AS A CONSEQUENCE OF): d.
Approximate Interval: Between Onset and Death:

SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Prostate cancer w/ bone mets
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):

PH-1659
REV 2-93

BIRTH NO.

RDA 1309

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.

[redacted]

Tonya Y. Rutter
Local Registrar

Date Issued MAR 13 2003

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

METROPOLITAN GOVERNMENT

CERTIFICATION OF VITAL RECORD

20130114000337

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0401513

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): Robbie Lee Posey
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): 03/21/2004
4. SOCIAL SECURITY NUMBER: -9651
5a. AGE-LAST BIRTHDAY (Years): 84
6. DATE OF BIRTH (Month, Day, Year): Jan 29, 1920
7. BIRTHPLACE (City and State or Foreign Country): Watertown, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9. PLACE OF DEATH (Check only one): 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9a. FACILITY NAME (If not institution, give street and number): 2304 Kimberly Drive
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Domestic
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2304 Kimberly Drive
CENSUS TRACT: 3
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37214
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+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Virgil Badgett
18. MOTHER'S NAME (First, Middle, Maiden Surname): Kate Simpson

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Terry Posey
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2032 Franklin Limestone Ct, Nashville, TN 37217

DISPOSITION

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): Jones Hill Cemetery
20c. LOCATION (City or Town, State): Watertown, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Dale Cameron
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5456
21c. SIGNATURE OF EMBALMER: ▶ George Dobbs
21d. LICENSE NUMBER OF EMBALMER: 4337
22a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Company, 2707 Gallatin Road, Nashville, TN 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 331

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Robert W. Rhodes Jr
24. DATE FILED (Month, Day, Year): March 23, 2004

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
25b. LICENSE NUMBER
25c. DATE SIGNED (Month, Day, Year)

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 [X] SIGNATURE AND TITLE OF MEDICAL EXAMINER: ▶ Thomas Deering MD
26b. LICENSE NUMBER: 28369.
26c. DATE SIGNED (Month, Day, Year): 03/22/2004

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): Thomas Deering, M.D.; 850 R.S. Gass Blvd., Nashville, TN 37216; MEC04-0962

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 head failure. List only one cause on each line.
Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. pending further studies
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.
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 [ ] No

30. MANNER OF DEATH: 1 [ ] Natural 5 [X] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide
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-1859 (REV. 6/93)
BATCH 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 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.

MAR 23 2004

Tonya Y Ruttlen
Tonya Y Ruttlen
Local Registrar

Date Issued

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

CERTIFICATION OF VITAL RECORD

201901140003537

SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE

LETTERS TESTAMENTARY

04P791

To TERRY ALLEN POSEY :

It appearing to the Court that ROBBIE LEE BADGETT POSEY has died leaving a written will, in which you are appointed Executor; which has been duly approved in open Court; and you having been qualified according to law, and it having been ordered by said Court that Letters Testamentary issue to you.

These are, therefore, to empower you, the said TERRY ALLEN POSEY to enter upon the execution of said will, and take into your possession all of the property, and to make, within sixty days from this date, a perfect inventory thereof, and make due collection for all debts, and after paying all the just demands against the Testator, and settling up the business according to law, you will pay over and deliver the property and effects that may remain in your hands, and do all other things that may be required, according to the provisions of the said will and the laws of the land.

Witness, Richard R. Rooker, Clerk of the Probate Court, at office, this May 04, 2004 and 225th year of American Independence.

Richard R. Rooker, Clerk

RICHARD R. ROOKER CIRCUIT COURT CLERK

STATE OF TENNESSEE
DAVIDSON COUNTY

True Copy Certification

I, Betsy Lanzotti, do hereby make oath that I am a licensed attorney and/or the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

Signature

State of Michigan

County of Wayne

Personally appeared before me, Jessica N Johnson, a notary public for this county and state, Betsy Lanzotti who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Notary Signature
Jessica N Johnson

My Commission Expires: April 25, 2022
Notary' Seal (if on paper)

JESSICA N. JOHNSON
Notary Public, State of Michigan
County of Wayne
My Commission Expires Apr. 25, 2022
Acting in the County of Wayne