This Instrument Prepared By:
Brokers Escrow Services, Inc.
200 Nashboro Blvd., PO Box 17116
Nashville, Tennessee 37217

SEND TAX BILL TO:
Address of New Owner:
Johnny Ellis
3312A Nolensville Rd.
Nashville, TN 37211

Karen Johnson Davidson County
Batch# 194185 DEEDWARR
02/11/2019 03:51:30 PM 4 pgs
Fees: $23.00 Taxes: $740.00
20190211-0012847

MAP: 12005014300

WARRANTY DEED

FOR AND IN CONSIDERATION of the sum of Ten ($10.00) Dollars, cash in hand paid by the hereinafter named GRANTEE, and other good and valuable considerations, the receipt of which is hereby acknowledged, **Anita L Swift, a widow** hereinafter called the GRANTOR, has bargained and sold, and by these presents, does transfer and convey unto **Johnny Bryce Ellis, Sr. and Johnny Bryce Ellis, Jr. , as joint tenants with right of survivorship** , hereinafter called the GRANTEES, their heirs and assigns, that certain tract or parcel of land located in Davidson County, State of Tennessee, described as follows, to-wit:

A certain tract or parcel of land in Davidson County, Tennessee, described as follows to-wit:
Being Lot No. 445 on the Plan of Glengarry Park, Section IV, of recotrd in Plat Book 2900, page 72, Register's office for Davidson County, Tennessee, to which plan reference is made for a more complete description.

Being the same property conveyed to Ralph S. Swift and wife, Anita L. Swift by Deed dated June 30, 1989, from Paul A. Dunlap and wife, Margie S. Dunlap, of record in Book 7880, page 557 Register's Office for Davidson County, Tennessee. Ralph S. Swift having died January 23, 2018, State of Tennessee Death Certificate attached as Exhibit "A", TennCare Release is attached as Exhibit "B". Anita L. Swift is surviving tenant by the entirety.

This is improved property known as 513 McDonald Drive, Nashville, Tennessee 37217.

Taxes for the current year have been settled between the parties. This conveyance is also made subject to the following matters:
Subject to all applicable zoning and planning restrictions, and all health department rules and regulations that may affect the premises.
Subject to restrictive covenants contained in an instrument of record in Trust Deed Book 2743, page 231 and Book 3031, page 42, said Register's Office, and to which instrument reference is here made for the complete and exact terms, details and requirements thereof.
Subject to all covenants, subdivision restrictions, easements and other matters of record in Plat Book 2900, page 72, said Register's Office.
Subject to all of those facts, conditions and limitations shown on the Plat of record in Book 2900, page 72, Register's Office for Davidson County, Tennessee. Reference is here made to said Plat for a more complete depiction of the terms and details thereupon.

GRANTOR makes no representation or warranty, express or implied, as to the exact amount of acreage or square footage in the property, or as to the ownership of the minerals located on, under or within the property. Grantor makes no representations or warranties, express or implied, with respect to the condition of the property conveyed hereby, including improvements located thereon, including, without limitation, the habitability, condition or fitness thereof for any particular use or purpose. Grantee agrees that the property conveyed hereby, including improvements located thereon,

is conveyed by Grantor and accepted by Grantee in an "as is, where is" and "with all faults" condition.

THIS conveyance is made expressly subject to all covenants, conditions, restrictions, and reservations contained in former deeds and other instruments of record applicable to said property, insofar as same are presently binding thereon, and to any easements apparent from an inspection of said property.

TO HAVE AND TO HOLD the said tract or parcel of land, with the appurtenances, estate, title and interest thereto belonging to the said GRANTEE, his heirs and assigns, forever; and,

GRANTOR does covenants with the said GRANTEE that she is lawfully seized and possessed of said land in fee simple, has a good right to convey it, and warrants that the same is unencumbered unless otherwise herein set out; and,

GRANTOR, does further covenant and bind herself, her heirs and representatives, to warrant and forever defend the title to the said land to the said GRANTEE, his heirs and assigns, against the lawful claims of all persons whomsoever.

WITNESS MY hand this the 8th day of February, 2019.

Anita L. Swift

Anita L Swift

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned Notary Public in and for said County and State, **Anita L Swift, a widow**, the bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that she executed the within Warranty Deed for the purposes therein contained.

WITNESS my hand and official seal at office this 8th day of February, 2019.

NOTARY PUBLIC
My Commission Expires:

STATE OF TENNESSEE NOTARY PUBLIC COUNTY OF WILSON
MY COMMISSION EXPIRES: JUNE 25, 2019

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)
The actual value or consideration, whichever is greater, for this transfer is $200,000.00.

AFFIANT

Subscribed and sworn to before me on this 8th day of February, 2019.

NOTARY PUBLIC
My Commission Expires:

REBECCA R. WAYNICK STATE OF TENNESSEE NOTARY PUBLIC COUNTY OF WILSON
MY COMMISSION EXPIRES: JUNE 25, 2019

CERTIFICATION
I, Rebecca Waynick, do hereby make oath that I am 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.

Rebecca Waynick

State of Tennessee; County of Davidson
On this day of February, 2019, personally appeared before me, a notary public for this county and state, Rebecca Waynick, who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Caitlin Marie Smith
My Commission Expires:

CAITLIN MARIE SMITH STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY MY COMMISSION EXPIRES SEPTEMBER 7, 2021

STATE OF TENNESSEE
Office of Vital Records

Exhibit A

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 2018 006536

DECEDENT

1. DECEDENT'S LEGAL NAME: RALPH SAMMY SWIFT
2. SEX: MALE
3. DATE OF DEATH: 01/23/2018
4. TIME OF DEATH (Approx.): 12:15 AM
5a. AGE: 75
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH: 02/[redacted]/1942
7. BIRTHPLACE: COOKEVILLE, TENNESSEE
8a. PLACE OF DEATH: NURSING HOME/LONG TERM CARE
8b. FACILITY NAME: LIFE CARE CENTER OF OLD HICKORY VILLAGE
8c. CITY OR TOWN: OLD HICKORY
8d. COUNTY OF DEATH: DAVIDSON
9. MARITAL STATUS: MARRIED
10. SURVIVING SPOUSE (name prior to first marriage): ANITA LORENE PARIS
11a. DECEDENT'S USUAL OCCUPATION: STATE TROOPER
11b. KIND OF BUSINESS/INDUSTRY: LAW ENFORCEMENT
12. SOCIAL SECURITY NUMBER: [redacted]-0203
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY OR TOWN: NASHVILLE
13d. STREET AND NUMBER: 513 MCDONALD DRIVE
13e. INSIDE CITY LIMITS?: YES
13f. ZIP CODE: 37217
14. WAS DECEDENT EVER IN US ARMED FORCES?: NO
15. DECEDENT'S EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO
17. DECEDENT'S RACE: WHITE

PARENTS

18. FATHER'S NAME: WYLIE SWIFT
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: ALINE BULLINGTON

DISPOSITION

20a. INFORMANT'S NAME: SAM SWIFT
20b. RELATIONSHIP TO DECEDENT: SON
20c. MAILING ADDRESS: 7057 COTTON BLOSSOM LANE, NASHVILLE, TENNESSEE 37221
21a. METHOD OF DISPOSITION: BURIAL
21b. PLACE OF DISPOSITION: NETHERLAND CEMETERY
21c. LOCATION: COOKEVILLE, TENNESSEE
22a. SIGNATURE OF FUNERAL DIRECTOR: /e/ BRYANT K. PRESLEY
22b. LICENSE NUMBER: 4658
22c. SIGNATURE OF EMBALMER: /e/ Billy K Davies
22d. LICENSE NUMBER: 4582
23a. NAME AND ADDRESS OF FUNERAL HOME: PRESLEY FUNERAL HOME, 695 BUFFALO VALLEY RD, COOKEVILLE, TENNESSEE, 38501
23b. LICENSE NUMBER: 1103

REGISTRAR

24. REGISTRAR'S SIGNATURE: /e/ EDWARD G. BISHOP III
25. DATE FILED: 02/01/2018

CERTIFIER

26. CERTIFIER
26a. ☒ PHYSICIAN – TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, 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, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.
27a. CERTIFIER: /s/ FAIZA REHMAN
27b. LICENSE NUMBER: 038709
27c. DATE SIGNED: 02/01/2018
27d. NAME AND ADDRESS: FAIZA REHMAN 1105 ROLLING CREEK DRIVE, BRENTWOOD, TENNESSEE 37027

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. RENAL CELL CA- METASTATIC TO LIVER LUNG AND BONES	MONTHS
	DUE TO (OR 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. CH. DIASTOLIC CHF	YEARS
	DUE TO (OR A CONSEQUENCE OF)	
	c. AFIB	YEARS
	DUE TO (OR A CONSEQUENCE OF)	
	d. HTN	YEARS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I

29a. WAS AN AUTOPSY PERFORMED?: NO
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?

30. MANNER OF DEATH: NATURAL
31. DID TOBACCO USE CONTRIBUTE TO DEATH?: NO
32. IF FEMALE: N/A
33. IF TRANSPORTATION INJURY, SPECIFY:
34a. DATE OF INJURY
34b. TIME OF INJURY
34c. INJURY AT WORK?
34d. PLACE OF INJURY
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY

TYPE OR PRINT IN PERMANENT BLACK INK

PHI1650 (Rev. 4/2017)

RDA 10112

09908137

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.

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 9 0 8 1 3 7

Date Issued: 2/8/2018

CERTIFICATION OF VITAL RECORD

201902110012847

Exhibit B

State of Tennessee
Department of Finance and Administration
Bureau of TennCare
Third Party Liability Division
310 Great Circle Road, 4th Floor
Nashville, Tennessee 37243
Toll Free: 866-389-8444 • FAX: 615-413-1941

Bill Haslam
Governor

Larry B. Martin
Commissioner

4/19/2018

WILLIAM R ROBERSON JR
LEGAL COUNSEL
320 EAST BROAD ST
COOKEVILLE, TN 38501

RE: RALPH SWIFT
Last Four Of SSN 0203

Dear WILLIAM R ROBERSON JR:

The Division of TennCare releases its claim against the probate estate of the above decedent for the marked reason:

X T.C.A. §71-5-116(c) (2) - Based upon a review of the information you provided, we do not find long-term TennCare benefits paid by the State of Tennessee on behalf of the decedent

____ T.C.A. §71-5-116(c) - The decedent is survived by a spouse; therefore, the claim is deferred. TennCare reserves the right to assert a claim upon the death of the surviving spouse.

____ T.C.A. §71-5-116(c) - The decedent was under the age of fifty-five at the time of death; therefore, the estate recovery claim is waived.

If there are questions, you may contact the Estate Recovery Unit at (866) 389-8444.

Note this release only applies to decedent's probate estate and does not apply to trusts or any assets held in trust. For trust inquiros, please contact us by phone for referral to TennCare's Office of the General Counsel.

Sincerely,

Pamela J. Howard