This Instrument Prepared By:
BROKERS ESCROW SERVICES, INC.
200 Nashboro Blvd., PO Box 17116
Nashville, Tennessee 37217

Recording Information:

SEND TAX BILL TO:
ADDRESS NEW OWNER:
Mark Ross
4018 Moss Rose Drive
Nashville, TN 37216

MORTGAGEE:
Renasant Bank
2200 Abott Martin Road Suite 103
Nashville, TN 37215

Karen Johnson Davidson County
Batch# 237327 DEEDWARR
05/31/2019 12:10:30 PM 3 pgs
Fees: $18.00 Taxes: $841.75
20190531-0051918

MAP 06116015700

WARRANTY DEED

FOR AND IN CONSIDERATION of the sum of Ten ($10.00) Dollars, cash in hand paid by the hereinafter named "GRANTEES", and other good and valuable considerations, the receipt and sufficiency of which are hereby acknowledged, **Corul D. Pate, unmarried** hereinafter called the "GRANTOR", has bargained and sold, and by these presents, does transfer and convey unto **Mark Ross** , a married man, hereinafter called the "GRANTEE", his heirs and assigns, a certain tract or parcel of land in Davidson County, State of Tennessee, described as follows, to-wit:

LAND in Davidson County, Tennessee, being Lot No. 16 and the westerly 25 feet of Lots Nos. 31 and 32, and the westerly 25 feet of the northerly 30 feet of Lot No. 33 of Block "C" on the map of Greenland Estates, as of record in Book 974, page 13, Registers Office for said County, described together as follows:
Beginning at an iron pin on the southwesterly margin of Cardinal Drive at the corner of lots Nos. 15 and 16; thence with the line between said lots 15 and 16 southwestwardly 175 feet to the corner of lots nos. 15 and 16, 29 and 30; thence with the line between said lots 16 and 30 southeastwardly 50 feet to a point in the line between lot nos. 16 and 34; thence with the line between lot no 16 and lots nos. 33 and 34 northeastwardly 45 feet; thence southeastwardly 25 feet; thence northeastwardly 130 feet to an iron pin on the southwesterly margin of said drive; thence with the same northwestwardly 75 feet to the beginning.

Being the same property conveyed to Corul D. Pate by deed, of record as Book 3615, Page 377, Register's Office for Davidson County, Tennessee. And further, to create a "Tenacy by the Entireties" with wife, Gaydell C. Pate, a Special Deed was executed, dated March 5, 1980 of record in Book 5575, page 936, Register's Office for Davidson County, Tennessee.
Gaydell C. Pate having since died June 16, 2013, her Death Certificate attached as Exhibit A, leaving Corul D. Pate as surviving tenant by the entirety. Gaydell C. Pate and Freda Gaydell Pate are one and the same person.

Taxes for the current year have been settled between the parties. Said property is transferred 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 all covenants, conditions, subdivision restrictions, easements and other matters of record in Plat Book 974, page 13, said Register's Office.
Subject to all of those facts, conditions and limitations shown on the Plat of record in Book 974, page 13, 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.
Subject to restrictive covenants contained in an instrument of record in Trust Deed Book 1454, page 24 for Lot 16; Book 1290, page 501 for Lot 33 and Book 2922, page 60 for Lots 31, 32, 33, said Register's Office, and to which instruments reference is here made for the complete and exact terms, details and requirements thereof.

This is improved property known as 1366 Cardinal Ave., Nashville, Tennessee 37216.

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, includingany 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 any 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 he 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 himself, his heirs and assigns, to warrant and forever defend the title to the said land to the said "GRANTEE", and his heirs and assigns, against the lawful claims of all persons whomsoever. Wherever used, the singular number shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

WITNESS my hand this the 31th day of May, 2019.

Corul D. Pate

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

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

WITNESS my hand and official seal at office this 31th day of May, 2019.

NOTARY PUBLIC
My Commission Expires: .

REBECCA R. WAYNICK 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 $227,500.00.

AFFIANT

Subscribed and sworn to before me on this 31th day of May, 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 31st day of May , 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.

Toni Rutgerson
My Commission Expires:

TONI RUTGERSON STATE OF TENNESSEE NOTARY PUBLIC COUNTY OF WILSON
MY COMMISSION EXPIRES: MAY 26, 2020

201905310051918

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT A

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Freda Gaydell Pate
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): June 16, 2013
4. TIME OF DEATH (Approx.): 1:48 PM
5a. AGE-Last Birthday (Years): 92
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): June 1921
7. BIRTHPLACE (City and State or Foreign Country): Smith County, TN

TYPE/PRINT IN PERMANENT BLACK INK

NAME OF DECEDENT (For use by Physician or Institution)

8a. PLACE OF DEATH (Check only one)

IF DEATH OCCURRED IN A HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA

IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: [ ] Hospice facility [ ] Nursing home/Long term care facility [X] Decedent's home [ ] Other residence [ ] Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): Hendersonville Medical Center
8c. CITY OR TOWN: Hendersonville
8d. COUNTY OF DEATH: Sumner

9. MARITAL STATUS: [X] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Coruil D. Pate
11a. DECEDENT'S USUAL OCCUPATION: Bookkeeper
11b. KIND OF BUSINESS/INDUSTRY: Washington Manufacturing Co.

12. SOCIAL SECURITY NUMBER: ***-**-3058
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville

13d. STREET AND NUMBER: 1366 Cardinal Ave.
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37216
14. WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [X] No

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
[X] 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)
[X] 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)
[X] 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): Elster Sircy
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Florence Carter

DISPOSITION

20a. INFORMANT'S NAME: Coruil D. Pate
20b. RELATIONSHIP TO DECEDENT: Husband
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1366 Cardinal Ave. Nashville, TN 37216

21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Spring Hill Cemetery
21c. LOCATION – City or Town and State: Nashville, TN

22a. SIGNATURE OF FUNERAL DIRECTOR ▶
22b. LICENSE NUMBER: 6054
22c. SIGNATURE OF EMBALMER ▶
22d. LICENSE NUMBER

23a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Funeral Home, 2707 Gallatin Road, Nashville, Tennessee 37216
23b. LICENSE NUMBER OF FUNERAL HOME: 331

REGISTRAR

24. REGISTRAR'S SIGNATURE ▶
25. DATE FILED (Month, Day, Year): June 18, 2013

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS

26. CERTIFIER (Check only one):
26a. [X] 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.

27a. SIGNATURE OF CERTIFIER ▶
27b. LICENSE NUMBER: 12396
27c. DATE SIGNED (Month, Day, Year): 6-18-13
27d. NAME AND ADDRESS: William Bobo 355 New Shackle Island Rd

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.	
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. 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? [ ] Yes [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [X] No

30. MANNER OF DEATH: [ ] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [X] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [X] 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 [X] 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, State)

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VH-1659 (Rev. 10/2011) RDA 1399

6091040

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

6091040

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued JUN 18 2013

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

20190531005191 8