This Instrument Prepared By and Returned To:

Concord Title
3000 Meridian Blvd.
Ste. 140
Franklin, TN 37067
File No. 20192030

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 **$595,000.00** 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 7th day of August, 2019.

Notary Public
My Commission Expires: 3-7-23

Karen Johnson Davidson County
Batch# 269716 DEEDWARR
08/12/2019 09:27:16 AM 4 pgs
Fees: $23.00 Taxes: $2,201.50

20190812-0079891

WARRANTY DEED

THIS INDENTURE, made this 7th day of August, 2019, among:

CAROLYN GUSTAFSON

of Davidson County, Tennessee, their trustees, executors, heirs, successors and/or assigns (the "**Grantor**")

AND

KEM INVESTMENTS, LLC
A Tennessee limited liability company

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".

Being land in the 7th Civil District of Davidson County, Tennessee and the City of Nashville, Tennessee, and being shown as Lot No. 511 of Final Plat of Resubdivision of Lot 9 Sherwood Forlst and Lot 511 Hillsboro Park, of record in Instrument No. 20150721-0071360, in the Register's Office of Davidson County, Tennessee.

Being a portion of the same property conveyed to Bernard Gustafson and wife, Carolyn Gustafson by Warranty deed from Fred M. Gregg, Jr., and wife, Mary Jo. Gregg of record in Book 4347, page 62 Register's Office for Davidson County, Tennessee, dated July 02, 1969 and recorded on July 02, 1969.

Bernard Gustafson and Carolyn Gustafson were married at the time they took title to the Premises and were never legally separated or divorced. Bernard Gustafson died on or about March 2, 2014 leaving Carolyn Gustafson as the surviving tenant-by-the-entireties. Death Certificate is attached is Exhibit 'A".

Being also known as 1804 Kingsbury Dr Nashville, TN 37215.

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.

Carolyn Gustafson

Carolyn Gustafson

State of Tennessee
County of Davidson

Personally appeared before me, the undersigned authority, a Notary Public in and for said County and State aforesaid, Carolyn Gustafson, 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 7th day of August, 2019.

Adrienne P. Bowling

Notary Public
My Commission Expires: 07-03-2023

Owner Name & Property Address:

Name: KEM Investments, LLC
Address: 1804 Kingsbury Dr
City, State, Zip: Nashville, TN 37215

Responsible Party For Taxes:

Attn Isaiah Mills -
Name: KEM Investments, LLC
Address: 450 St Andrews Dr
City, State, Zip: Murfreesboro TN 37128

Tax ID: 158-08-0-005.00

ADRIENNE P. BOWLING
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON

ADRIENNE P. BOWLING
NOTARY PUBLIC
STATE OF TENNESSEE
DAVIDSON COUNTY

STATE OF TENNESSEE
Office of Vital Records

1401382

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)	CARL BERNARD GUSTAFSON
2. SEX	Male
3. DATE OF DEATH (Month, Day, Year)	March 2, 2014
4. TIME OF DEATH	8:40 am
5. IF UNDER AGE 1 YEAR: Age-Last Birthday (Years)	84
5a. If under 1 year: Months	
5b. If under 1 year: Days	
5c. If under 1 day: Hours	
5d. If under 1 day: Minutes	
6. DATE OF BIRTH (Month, Day, Year)	January 20, 1930
7. BIRTHPLACE (City and State or Foreign Country)	Nashville, Tennessee
8. 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)
8a. FACILITY NAME (If not institution, give street and number)	1804 Kingsbury Drive
8b. CITY OR TOWN (Death)	Nashville
8c. COUNTY OF DEATH	Davidson
9. MARITAL STATUS	☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)	Era Carolyn Partridge
11a. DECEDENT'S USUAL OCCUPATION	Engineer
11b. KIND OF BUSINESS/INDUSTRY	Avco
12. SOCIAL SECURITY NUMBER	-6253
13a. RESIDENCE-STATE OR FOREIGN COUNTRY	Tennessee
13b. COUNTY	Davidson
13c. CITY OR TOWN	Nashville
13d. STREET AND NUMBER	1804 Kingsbury Drive
13e. INSIDE CITY LIMITS	☒ Yes ☐ No
13f. ZIP CODE	37215
14. WAS DECEDENT EVER IN U.S. ARMED FORCES?	☒ Yes ☐ No
15. DECEDENT'S EDUCATION (Check the one 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 of Hispanic origin.)	☒ 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; ☐ Native Hawaiian; ☐ Guamanian or Chamorro; ☐ Samoan; ☐ Other Pacific Islander (Specify); ☐ Other (Specify); ☐ Unknown
18. FATHER'S NAME (First, Middle, Last)	Carl Gustafson
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)	Elizabeth Rhea
20a. INFORMANT'S NAME	Carolyn P. Gustafson
20b. RELATIONSHIP TO DECEDENT	Spouse
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code)	1804 Kingsbury Drive Nashville, TN. 37215
21a. METHOD OF DISPOSITION	☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	Crawford Mortuary & Crematory
21c. LOCATION - City or Town and State	Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR	Roger B Crawford
22b. LICENSE NUMBER	4114
22c. SIGNATURE OF EMBALMER	
22d. LICENSE NUMBER	
23a. NAME AND ADDRESS OF FUNERAL HOME	Crawford Mortuary & Crematory 2714 Grandview Avenue Nashville, Tennessee 37211
23b. LICENSE NUMBER OF FUNERAL HOME	713
24. REGISTRAR'S SIGNATURE	Deidra Rhea
25. DATE FILED (Month, Day, Year)	March 6, 2014
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
27a. SIGNATURE OF CERTIFIER	
27b. LICENSE NUMBER	3829
27c. DATE SIGNED (Month, Day, Year)	3-11-14
27d. NAME AND ADDRESS	S. Parisi 1718 Patterson Street, Nashville, TN 37203
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.	IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Pancreatic adenocarcinoma; Due to (or as a consequence of): b.; Due to (or as a consequence of): c.; Due to (or as a consequence of): d.
Approximate Interval: Onset to death	a. ?; b.; c.; 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 ☒ 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. WAS 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)	

HS-1488 (Rev. 10/2011) NCHA 1998

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.

6432356

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

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

6432356

Date Issued MAR 06 2014

CERTIFICATION OF VITAL RECORD