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

Recording Information:

Karen Johnson Davidson County
Batch# 274761 DEEDWARR
08/21/2019 12:46:30 PM 3 pgs
Fees: $18.00 Taxes: $734.80
20190821-0084029

SEND TAX BILL TO:
NEW OWNER:
Lisa Pryor and Sydney Vestey
1110 Berwick Trail
Madison, TN 37115

MAP 052 11 0 057.00

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, **Sydney Vestey Jr.** hereinafter called the "GRANTOR", has bargained and sold, and by these presents, does transfer and convey unto **Lisa Pryor,** unmarried, and **Sydney Vestey Jr.,** unmarried, as joint tenants with right of survivorship, hereinafter called the "GRANTEES", their 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. 2 of the Resubdivision of Lot 4 of the Madison Heights, Section Three, on the Plan of record in Instrument No. 20040630-0077789, in the Register's Office for Davidson County, Tennessee, to which plat reference is hereby made for a more complete description.

Being the same property conveyed to Koren Vestey and Sydney Vestey Jr., wife and husband, by Deed dated November 24, 2015, from John Pratt and Ellie Pratt f/k/a Ellie Cunningham, husband and wife, of record in Instrument No. 20151201-0121061, Register's Office for Davidson County, Tennessee.

Koren Vestey died January 1, 2016, her Certificate of Death attached as Exhibit A, leaving Sydney Vestey, Jr. as surviving tenant by the entirety.

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 restrictive covenants contained in an instrument of record in Trust Deed Book 2241, page 209, said Register's Office, and to which instrument reference is here made for the complete and exact terms, details and requirements thereof.
Subject to an easement set forth in an instrument of record in 2247, page 31, said Register's Office, to which instrument reference is here made for the exact terms and details thereof.
Subject to all covenants, subdivision restrictions, easements and other matters, facts, conditions and limitations of record in Plat Instrument No. 20040630-0077789, said Register's Office.

This is improved property known as 1110 Berwick Trail, Madison, Tennessee 37115.

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 any 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 "GRANTEES", their heirs and assigns, forever, and,

GRANTOR does covenants with the said "GRANTEES" 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 "GRANTEES", and their 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 20th day of August, 2019.

Sydney Vestey Jr.

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned Notary Public in and for said County and State, **Sydney Vestey Jr.**, the bargain on, 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 20th day of August, 2019.

NOTARY PUBLIC
My Commission Expires:

REBECCA R. WAYNICK STATE OF TENNESSEE NOTARY PUBLIC WILSON COUNTY MY COMMISSION EXPIRES MAY 6, 2023

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The actual value or consideration, whichever is greater, for this transfer is $198,595.39.

AFFIANT

Subscribed and sworn to before me on this 20th day of August, 2019.

NOTARY PUBLIC
My Commission Expires:

REBECCA R. WAYNICK STATE OF TENNESSEE NOTARY PUBLIC WILSON COUNTY MY COMMISSION EXPIRES MAY 6, 2023

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 19th day of August, 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.

NOTARY: Caitlin Marie Smith

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

1600057

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Koren Vestey
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): January 1, 2016
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 46
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): 1969
7. BIRTHPLACE (City and State or Foreign Country): Palm Springs, CA

TYPE/PRINT IN PERMANENT BLACK INK

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 [ ] Decedent's home [ ] Other residence [ ] Other (Specify)

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

9. MARITAL STATUS: [X] Married [ ] Married, but separated [ ] Widowed [X] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Sydney Stead Vestey
11a. DECEDENT'S USUAL OCCUPATION: Pharmacist
11b. KIND OF BUSINESS/INDUSTRY: Healthcare

12. SOCIAL SECURITY NUMBER: [redacted]-2761
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Madison

13d. STREET AND NUMBER: 1110 Berwick Trail
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37115
14. WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [X] No

NAME OF DECEDENT (For use by Physician or Institution)

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)
[X] 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)
[X] Asian Indian
[ ] Chinese
[ ] Filipino
[ ] Japanese
[ ] Korean
[ ] Vietnamese
[ ] Other Asian (Specify)
[ ] Native Hawaiian
[ ] Guamanian or Chamorro
[ ] Samoan
[ ] Other Pacific Islander (Specify)
[ ] Other (Specify)
[ ] Unknown

10/1P

PARENTS

18. FATHER'S NAME (First, Middle, Last): Don Webber
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Rebecca Jane Ginther

DISPOSITION

20a. INFORMANT'S NAME: Sydney S. Vestey
20b. RELATIONSHIP TO DECEDENT: Husband
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1110 Berwick Trail, Madison, TN 37115
21a. METHOD OF DISPOSITION: [ ] Burial [X] Cremation [ ] Donation [ ] Entombment [X] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Music City Crematory Service
21c. LOCATION - City or Town and State: Nashville, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Tim Raley
22b. LICENSE NUMBER: 5958
22c. SIGNATURE OF EMBALMER: ▶ N/A
22d. LICENSE NUMBER: N/A
23a. NAME AND ADDRESS OF FUNERAL HOME: Music City Mortuary, 2405 Kline Avenue, Nashville, TN 37211
23b. LICENSE NUMBER OF FUNERAL HOME: 1105

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Patricia Pelin DR
25. DATE FILED (Month, Day, Year): Jan 7, 2016

CERTIFIER

25. CERTIFIER (Check only one):
25a. [X] PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.
25b. [ ] 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: ▶ Thomas F. Zimmerman
27b. LICENSE NUMBER: MD 010305
27c. DATE SIGNED (Month, Day, Year): 7 January 2016
27d. NAME AND ADDRESS

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 [ ] No

30. MANNER OF DEATH: [ ] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [X] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [ ] No [X] 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, State)

TN-1669 (Rev. 10/2011)

RDA 1299

8246043

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.

8246043

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued

CERTIFICATION OF VITAL RECORD

20190821008402 9