This Instrument Prepared By and Returned To:

Concord Title
3000 Meridian Blvd.
Ste. 140
Franklin, TN 37067
File No. 20192085

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 **$138,737.00** which is equal to or greater than the amount the Premises would command at a fair and voluntary sale.

Ruthie Mullinicks
Affiant

Sworn to and subscribed before me this 29th day of August, 2019.

Notary Public
My Commission Expires: 3-7-23

Karen Johnson Davidson County
Batch# 278330 **DEEDWARR**
09/03/2019 10:36:48 AM 5 pgs
Fees: $28.00 Taxes: $513.33

20190903-0088324

P. BOSHEARS NOTARY PUBLIC STATE OF TENNESSEE DAVIDSON COUNTY

WARRANTY DEED

THIS INDENTURE, made this 29th day of August, 2019, among:

RUTHIE MULLINICKS AND MICKEY STEWART AND NATHAN STEWART AND ERIC STEWART

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

AND

MUSIC CITY HOLDINGS, LLC
A Texas 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".

Land in Davidson County, Tennessee, being Lot No. 11 on the Plan of Re-Subdivision of Lot No. 3, West Nashville Annex of record in Plat Book 4175, Page 112, in the Register's Office for Davidson County, Tennessee, to which Plan reference is hereby made for a more complete description of the property.

Being the same property conveyed to Alice Stewart by Warranty deed from Rasheed Ali and Shawbo Oader, husband and wife of record in Instrument No. 20010606-0059354 Register's Office for Davidson County, Tennessee, dated May 31, 2001 and recorded on June 06, 2001.
Alice Stewart having died on February 18, 2019 testate leaving Ruthie Mullinicks, Mickey Stewart and Donald Wayne Stewart. Donald Wayne Stewart having died on March 12, 2019 leaving Nathan Stewart and Eric Stewart. Death certificate attached as Exhibit A and B.

Being also known as 709 Park St Nashville, Tennessee 37209.

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.

Ruthie Mullinicks

Mickey Stewart

Nathan Stewart

Eric Stewart

State of Tennessee
County of Williamson

Personally appeared before me, the undersigned authority, a Notary Public in and for said County and State aforesaid, Ruthie Mullinicks, Mickey Stewart, Nathan Stewart, and Eric Stewart, 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 29th day of August, 2019.

T. P. BOSHEARS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Notary Public
My Commission Expires: 3-7-23

Owner Name & Property Address:

Name: Music City Holdings, LLC
Address: 709 Park St
City, State, Zip: Nashville, TN 37209

Responsible Party For Taxes:

Name: Music City Holdings, LLC
Address: 709 Park St
City, State, Zip: Nashville, TN 37209

Tax ID: 091-01-0-076.00

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 009248

DECEDENT

1. DECEDENT'S LEGAL NAME: ALICE MAYDELL STEWART
2. SEX: FEMALE
3. DATE OF DEATH: 02/10/2019
4. TIME OF DEATH (Approx.): 05:15 PM
5a. AGE: 84
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH: 05/19/1934
7. BIRTHPLACE: CHARLOTTE, TN
8a. PLACE OF DEATH: NURSING HOME/LONG TERM CARE
8b. FACILITY NAME: NHC HEALTHCARE, DICKSON
8c. CITY OR TOWN: DICKSON
8d. COUNTY OF DEATH: DICKSON
9. MARITAL STATUS: WIDOWED
10. SURVIVING SPOUSE (name prior to first marriage):
11a. DECEDENT'S USUAL OCCUPATION: COOK SUPERVISOR
11b. KIND OF BUSINESS/INDUSTRY: STATE OF TENNESSEE
12. SOCIAL SECURITY NUMBER: -9842
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY OR TOWN: NASHVILLE
13d. STREET AND NUMBER: 709, PARK ST
13e. INSIDE CITY LIMITS?: YES
13f. ZIP CODE: 37209
14. WAS DECEDENT EVER IN US ARMED FORCES?: NO
15. DECEDENT'S EDUCATION: 8TH GRADE OR LESS
16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO
17. DECEDENT'S RACE: WHITE

PARENTS

18. FATHER'S NAME: HUGH SENSING
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: DORA SPANN

20a. INFORMANT'S NAME: RUTHIE MULLINICKS
20b. RELATIONSHIP TO DECEDENT: DAUGHTER
20c. MAILING ADDRESS: 914 PRUETT SPRINGS RD, DICKSON, TN 37055

DISPOSITION

21a. METHOD OF DISPOSITION: CREMATION
21b. PLACE OF DISPOSITION: MEMORIAL CREMATORY, LLC
21c. LOCATION: BURNS TN
22a. SIGNATURE OF FUNERAL DIRECTOR: /s/ JAMES W NOLAND
22b. LICENSE NUMBER: 3162
22c. SIGNATURE OF EMBALMER:
22d. LICENSE NUMBER:
23a. NAME AND ADDRESS OF FUNERAL HOME: TAYLOR FUNERAL HOME, INC., 214 NORTH MAIN ST, DICKSON, TN 37055
23b. LICENSE NUMBER: 009

REGISTRAR

24. REGISTRAR'S SIGNATURE: /s/ EDWARD G. BISHOP III
25. DATE FILED: 02/21/2019

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/ JOHN R SALYER
27b. LICENSE NUMBER: 010040
27c. DATE SIGNED: 02/21/2019
27d. NAME AND ADDRESS: JOHN R SALYER 127 CRESTVIEW PARK DRIVE, DICKSON, TN 37055

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

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. ATHEROSCLEROTIC CARDIOVASCULAR DISEASE	
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 A CONSEQUENCE OF)	
	c. DUE TO (OR A CONSEQUENCE OF)	
	d. DUE TO (OR A CONSEQUENCE OF)	

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?: UNKNOWN
32. IF FEMALE: NOT PREGNANT WITHIN PAST YEAR
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:

PH- (L59 (Rev. 6-2017) RDA 10112

10870732

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
Edward G. Bishop III
State Registrar

1 0 8 7 0 7 3 2

Date Issued FEB 21 2019

CERTIFICATION OF VITAL RECORD

Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 013846

DECEDENT

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEDENT'S LEGAL NAME	2. SEX	3. DATE OF DEATH
DONALD WAYNE STEWART	MALE	03/12/2019

4. TIME OF DEATH (Apply a)	5a. AGE	5b. UNDER 1 YEAR Months	Days	5c. UNDER 1 DAY Hours	Minutes	6. DATE OF BIRTH	7. BIRTHPLACE
05:15 AM	65					01/14/1954	DICKSON, TN

8a. PLACE OF DEATH: NURSING HOME/LONG TERM CARE

8b. FACILITY NAME	8c. CITY OR TOWN	8d. COUNTY OF DEATH
NHC HEALTHCARE, DICKSON	DICKSON	DICKSON

9. MARITAL STATUS	10. SURVIVING SPOUSE (name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
DIVORCED		MAINTENANCE AND REPAIR	HANDYMAN

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
-4138	TENNESSEE	DICKSON	DICKSON

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
914 PRUETT SPRINGS RD.	NO	37055	YES

15. DECEDENT'S EDUCATION	16. DECEDENT OF HISPANIC ORIGIN?	17. DECEDENT'S RACE
9TH - 12TH GRADE, NO DIPLOMA	NO, NOT SPANISH/HISPANIC/LATINO	WHITE

PARENTS

18. FATHER'S NAME	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE
BILLY JOE STEWART	ALICE MAYDELL SENSING

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS
RUTHIE MULLINICKS	SISTER	914 PRUETT SPRINGS RD, DICKSON, TN 37055

DISPOSITION

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION	21c. LOCATION
CREMATION	MEMORIAL CREMATORY, LLC	BURNS, TN

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
▶ /e/ PHILIP ALAN TUMMINS	5210	▶	

23a. NAME AND ADDRESS OF FUNERAL HOME: TAYLOR FUNERAL HOME, INC., 214 NORTH MAIN ST, DICKSON, TN 37055

23b. LICENSE NUMBER: 689

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED
▶ /e/ EDWARD G. BISHOP III	03/14/2019

CERTIFIER

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

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	27b. LICENSE NUMBER	27c. DATE SIGNED
▶ /e/ JOHN R SALYER	010040	03/14/2019

27d. NAME AND ADDRESS: JOHN R SALYER 127 CRESTVIEW PARK DRIVE, DICKSON, TN 37055

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. CHRONIC OBSTRUCTIVE PULMONARY DISEASE	
Sequentially list conditions, if any, leading to the cause. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b. DUE TO (OR A CONSEQUENCE OF)	
	c. DUE TO (OR A CONSEQUENCE OF)	
	d. DUE TO (OR A CONSEQUENCE OF)	

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	31. DID TOBACCO USE CONTRIBUTE TO DEATH?	32. IF FEMALE,
NATURAL	PROBABLY	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

PH-1059 (Rev. 8/2017) RDA 10117

11062114

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

Edward G. Bishop III
State Registrar

1 1 0 6 2 1 1 4

Date Issued MAR 14 2019

CERTIFICATION OF VITAL RECORD