Karen Johnson Davidson County
Batch# 429336 DEEDWARR
07/01/2020 11:13:30 AM 7 pgs
Fees: $38.00 Taxes: $1,110.00
20200701-0071262

STATE OF TENNESSEE
COUNTY OF DAVIDSON

THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $300,000.00.

Madeline Beaty
AFFIANT

SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 26 DAY OF June, 2020.

Rozalind Ruth
NOTARY PUBLIC

My Commission Expires: 1/3/2023

ROZALIND RUTH STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

WHEN RECORDED RETURN TO
Midtown Title, LLC
1704 Charlotte Avenue, #105
Nashville, TN. 37203
File No. 1-20-7327

THIS INSTRUMENT PREPARED BY:
Michael P. Davis, Attorney, 424 Church Street, Suite 1750, Nashville, TN 37219

NAME & ADDRESS OF PROPERTY OWNER:	SEND TAX BILLS TO:	MAP & PARCEL NUMBERS:
Jane P. Suder Joel F. Pace 4212 Saunders Avenue Nashville, TN 37216	Navy FCU 820 Follin Lane Vienna, VA 22180	061-06-0-133.00

Warranty Deed

For and in Consideration of the sum of $1.00 cash in hand paid by the hereinafter named grantees, and other good and valuable consideration, the receipt of which is hereby acknowledged, we

CALVIN C. BURGETT, WIDOWER

hereinafter called the GRANTORS, have bargained and sold, and by these presents do transfer and convey unto

JANE P. SUDER, UNMARRIED AND JOEL F. PACE, 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, Tennessee, described as follows, to wit:

Land in Davidson County, Tennessee, being Lot 39, as shown on the map entitled Maplewood Heights Subdivision for J. E. Saunders, of record at Book 547, Pages 77 and 78, Register's Office for Davidson County, Tennessee, to which plan reference is hereby made for a more complete and accurate property description.

Being the same property conveyed to CALVIN C. BURGETT AND WIFE, CATHERINE T. BURGETT, by deed from CASTLEMAN CONSTRUCTION COMPANY, A TENNESSEE CORPORATION, of record in Book 3338, Page 489, dated January 19, 1961, said Register's Office. CATHERINE T. BURGETT having since died on July 8, 1991, leaving CALVIN C. BURGETT as surviving tenant by the entirety.

This improved property is known as 4212 Saunders Avenue, Nashville, TN 37216.

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. We do covenant with said GRANTEES that we are lawfully seized and possessed of said land in fee simple, have a good right to convey it, and the same is unencumbered, except for those matters appearing of record and real property taxes. We do further covenant and bind ourselves, our heirs and representatives, to warrant and forever defend the title to the said land to the GRANTEES, 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 our hands this 26th day of June, 2020

Calvin C. Burgett by Larry E. Lawhorn ATF
Calvin C. Burgett, by Larry E. Lawhorn, his
Attorney-in-Fact, evidenced by Durable Power of
Attorney attached hereto as Exhibit A.

State of Tennessee)
County of Davidson)

On this 26th day of June, 2020, before me personally appeared Larry E. Lawhorn, to me known (or proved to me on the basis of satisfactory evidence) to be the person who executed the foregoing instrument in behalf of Calvin C. Burgett, and who acknowledged that he executed the same as the free act and deed of Calvin C. Burgett.

Witness my hand and official seal at office, this 26th day of June, 2020.

Notary Public

My commission expires: 9-7-2021

JEFF SHOULDERS
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 9-7-2021

This Instrument Prepared by:
Beck & Beck Attorneys
4205 Gallatin Road
Nashville, TN 37216
615-226-9000

DURABLE GENERAL POWER OF ATTORNEY INCLUDING HEALTH CARE DECISIONS

KNOW ALL MEN BY THESE PRESENTS:

APPOINTMENT. I, **CALVIN C. BURGETT**, residing in Nashville, TN, do hereby revoke all previously executed power of attorney documents of every sort including powers of attorney for health care decisions and do hereby name, constitute and appoint my step son, **LARRY E. LAWHORN**, residing in Nashville, Tennessee, as my true and lawful Co-Attorneys-in-fact under the Tennessee Uniform Durable Power of Attorney Act (T.C.A. 34-6-101 et seq.). This Power of Attorney shall not be affected by my subsequent disability or incapacity; and I intend for the authority conferred on my Attorney-in-Fact to be exercised by my Attorney-in-Fact notwithstanding any such disability or incapacity.

POWERS. I intend and authorize my Attorney-in-Fact to do in my name, place and stead all acts and things which I might do for myself including, but not limited to all of the powers of a Fiduciary pursuant to Section 35-50-110, all powers of an Attorney-in-Fact pursuant to Section 34-6-109, and all of the powers for health care decisions specifically enumerated in Section 34-6-201 et seq., Tennessee Code Annotated, which hereby are incorporated herein by specific reference, and all of the following:

1. **Money and Securities**. To use my funds in any account for my health, support and comfort; to collect, receive, adjust, deposit and compromise accounts, rents, notes and payments due me from any source whatsoever; to purchase, hire and contract for goods and services in my name and for me and on my account; to endorse and negotiate checks, drafts and all other instruments of payment or exchange; to pay, withdraw, settle and discharge from my funds and other resources all statements of account, contracts and other obligations made by me or on my behalf; and to renew or decide not to renew certificates of deposit; to purchase and sell certificates of deposit, bonds, bills, stocks, and other securities and make investments.

2. **Personal Property**. To buy, sell, maintain and otherwise deal with personal property on my behalf, including, but not limited to clothing, jewelry, furniture, furnishings and other household or personal effects.

3. **Real Property**. To execute leases and contracts for maintenance, rental, sale or purchase of real property and negotiate and settle matters relating to such maintenance, rental, sale or purchase of rented, sold or purchased real property which I may presently or in the future own or in which I have or may someday have an interest, including the power to take back a purchase money-mortgage in part payment of the purchase price in the event of a sale.

4. **Health Care**. To arrange for, contract for, consent to, refuse to consent to or withdraw consent to any care, treatment, service or procedure to maintain, diagnose or treat my physical or mental condition; to authorize my transfer to the care of others; to authorize (should I have a terminal condition) withholding or withdrawing the application of life-prolonging procedures which would serve only to artificially prolong my dying process, in which case I authorize the withholding or withdrawal of artificially provided food, water, or other nourishment or fluids (but only if I have a condition from which my attending physician has determined that there is no reasonable medical expectation of recovery and which, as a medical probability, will result in my death regardless of the use or discontinuance of medical treatment implemented for the purpose of sustaining life, or the life processes); to make a disposition for me under the Uniform Anatomical Gift Act; to authorize an autopsy pursuant to the Post Mortem Examination Act; and to direct the disposition of my remains.

WARNING TO PERSON EXECUTING THIS DOCUMENT PURSUANT TO TCA 34-6-205

This is an important legal document. Before executing this document you should know these important facts.

This document gives the person you designate as your agent (the attorney in fact) the power to make health care decisions for you. Your agent must act consistently with your desires as stated in this document.

Except as you otherwise specify in this document, this document gives your agent the power to consent to your doctor not giving treatment or stopping treatment necessary to keep you alive.

Notwithstanding this document, you have the right to make medical and other health care decisions for yourself so long as you can give informed consent with respect to the particular decision. In addition, no treatment may be given to you over your objection, and health care necessary to keep you alive may not be stopped or withheld if you object at this time.

This document gives your agent authority to consent, to refuse to consent, or to withdraw consent to any care, treatment, service, or procedure to maintain, diagnose or treat a physical or mental condition. This power is subject to any limitations that you include in this document. You may state in this document any types of treatment that you do not desire. In addition, a court can take

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away the power of your agent to make health care decisions for you if your agent (1) authorizes anything that is illegal or (2) acts contrary to your desires as stated in this document.

You have the right to revoke the authority of your agent by notifying your agent or your treating physician, hospital or other health care provider orally or in writing of the revocation.

Your agent has the right to examine your medical records and to consent to their disclosures unless you limit this right in this document.

Unless you otherwise specify in this document, this document gives your agent the power after you die to (1) authorize an autopsy, (2) donate your body or parts thereof for transplant or therapeutic or educational or scientific purposes, and (3) direct the disposition of your remains.

5. **Other Acts**. To have total and free access to my safe deposit box or other depository of important documents or property, and to take any and all actions on my behalf as fully and effectively as if I were personally present.

CONFIDENCE. In conferring this General Power of Attorney, I am fully aware of the broad authority being granted, and I express my full confidence in my Attorney-in-Fact.

NO DISQUALIFICATION UNDER TCA 34-6-203. My Attorney-in-Fact is neither a health care provider, an employee of my treating health care provider, an operator of a health care institution, an employee thereof, nor my Conservator.

RATIFICATION OF ACTS. I ratify and confirm all acts done by my Attorney-in-Fact under this Durable General Power of Attorney. All third parties acting in good faith reliance on this Power shall be absolved of any liability pursuant to the provisions of the Uniform Durable Power of Attorney Act.

REVOCATION. Should I decide to revoke this Durable General Power of Attorney, all third parties may rely on the fact that my sole method of revocation of these non-health powers (and my preferred method of revocation of health powers) shall be in a writing filed at the office of the Register of Deeds of the county of my residence listed above, but nevertheless, I may revoke the power to make health care decisions at any time by notice orally or in writing to my Attorney-in-Fact or to a health care provider.

IN WITNESS WHEREOF, I execute this Durable General Power of Attorney including Health Care Decisions at Nashville, Tennessee, this 1st day of April, 2015.

Calvin C. Burgett

CALVIN C. BURGETT, AFFIANT

Signed, sealed, published and declared by, **CALVIN C. BURGETT Affiant**, to be his Power of Attorney in the presence of all of us at one and the same time, and we, at his request and in his presence and in the presence of each other, have hereunto subscribed our names as witnesses, and we do hereby attest to the sound and disposing mind of said **CALVIN C. BURGETT, Affiant** and to the performance of the aforesaid act of execution at the place and on the date hereinabove set out.

WITNESSES:

Maverick Bell
PRINT NAME

SIGNATURE

Chase Moore
PRINT NAME

SIGNATURE

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

On this 1st day of April, 2015, before me, the undersigned Notary Public, personally appeared **CALVIN C. BURGETT AFFIANT**, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument as "Principal," and acknowledged that she/he executed it. I declare under penalty of perjury that the person whose name is subscribed to this instrument appears to be of sound mind and under no duress, fraud, or undue influence.

Witness my hand and seal at office in Nashville, Tennessee, on this 1st day of April, 2015.

Melinda G. Rooker
NOTARY PUBLIC

My Commission Expires: 08-17-15

MELINDA G. ROOKER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES AUGUST 17, 2015

True Copy Certification

I, Christopher M. Corriveau, do hereby make oath that I am a licensed attorney and /or 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.

C. M. C.

Signature

State of Tennessee
County of Davidson

Personally appeared before me, Rachel Marie Collins, a notary public for the state of Tennessee, Christopher M. Corriveau who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Rachel Marie Collins

Notary Signature

My Commission Expires: 3-6-2024

