Prepared By

Name: Sarah Janice Dugger
Address: 1900 Richard Jones Rd.
N1 Nashville
State: TN Zip Code: 37215
1-15-21

After Recording Return To

TAX BILLS:
Name: Sarah Janice Dugger
Address: 1900 Richard Jones Rd.
N1 Nashville
State: TN Zip Code: 37215

Karen Johnson Davidson County
Batch# 567909 DEEDQC
02/04/2021 10:02:13 AM 9 pgs
Fees: $48.00 Taxes: $795.50

20210204-0016231

Space Above This Line for Recorder's Use

TENNESSEE QUIT CLAIM DEED

STATE OF TENNESSEE

Davidson COUNTY

Sarah Janice Dugger is responsible for paying property taxes

KNOW ALL MEN BY THESE PRESENTS, That for and in consideration of the s ↑ Address needed.
Two hundred fifteen thousand ($ 215,000.00) in hand paid to
Marilyn V. Henry a grantor, residing at 11 Burton L
County of Davidson City of Nashville, State of TN 372
(hereinafter known as the "Grantor(s)") hereby remise, release and forever quitclaim to
Sarah Janice Dugge grantee, residing at 1900 Richard Jones Rd
County of Davidson, City of Nashville, State of Tennessee
(hereinafter known as the "Grantee(s)") all the rights, title, interest, and claim in or to the following described real estate, situated in Davidson County, Tennessee, to-wit:

#117-15-A-145 16DA 23860
Parcel ~~#~~, being Unit No. N-1 in a Horizonal Property Regime located on the Plat of Green Hills Terrace of record in Book 5202, page 64, Register's office for Davidson County, Tenn. To which reference is hereby made.

[INSERT LEGAL DESCRIPTION HERE OR ATTACH AND INSERT]

Marilyn G. Heary by Sarah Janice Dugger PDA
Grantor's Signature Grantor's Signature

Marilyn G. Heary by Sarah Janice Dugger or POA
Grantor's Name Grantor's Name

11 Burton Hills Blvd #22
Address Address

Nashville, TN 37215
City, State & Zip City, State & Zip

In Witness Whereof,

Carol M Dreyer
Witness's Signature

David W. Gregory
Witness's Name

3813 ESTES RD
Address

NASHVILLE, TN 3721[illegible]
City, State & Zip

Jocelyn Gregory
Witness's Signature

Jocelyn Gregory
Witness's Name

3813 Estes Road
Address

Nashville, Th. 37215
City, State & Zip

STATE OF TENNESSEE)

COUNTY OF Davidson)

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that Sarah Janice Dugger PDA for Marilyn G. Heary whose names are signed to the foregoing instrument, and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, they, executed the same voluntarily on the day the same bears date.

Given under my hand this 15th day of January, 2021.

LEANN MARTIN MOCK
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

LeAnn Mock
Notary Public

My Commission Expires: 7/3/2023

KAREN JOHNSON
REGISTER OF DEEDS

www.nashville.gov/rod

PO Box 196398
Nashville, TN 37219-6398
(615) 862-6790 phone
(615) 880-2039 fax

The following oath of consideration is required on all deeds transferring property:

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration or true value, whichever is greater for this transfer is
$ 215,000

Sarah Janice Duggger
Affiant

Subscribed and sworn before me, this 15th day of January, 2021.

LeAnn Mock
Notary

My Commission Expires 7/3/2023

LEANN MARTIN MOCK
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

F195B765

SCHEDULE A

THE FOLLOWING DESCRIBED REAL ESTATE, SITUATED IN THE COUNTY OF DAVIDSON, STATE OF TENNESSEE:

PARCEL NO. 145, BEING UNIT NO. N-1 , IN HORIZONTAL PROPERTY REGIME LOCATED ON THE PLAT OF GREEN HILLS TERRACE, AS SHOWN ON PLAT OF RECORD IN PLAT BOOK 5200 AT PAGE 64 IN THE REGISTER'S OFFICE OF DAVIDSON COUNTY, TENNESSEE TO WHICH PLAT REFERENCE IS HEREBY MADE FOR A MORE PARTICULAR DESCRIPTION OF SAID PROPERTY.

BEING THE SAME PREMISES CONVEYED TO THE GRANTOR(S) BY DEED RECORDED IN BOOK 9459, PAGE 959.

KNOWN AS 1900 RICHARD JONES RD APT# N1

PARCEL ID: 19-117.15-0A-145.00-CO

THIS INSTRUMENT PREPARED BY: J. Greg Hardeman
4301 Hillsboro Road, Suite 300
Nashville, Tennessee 37215

DURABLE GENERAL POWER OF ATTORNEY

1. **Power of Attorney**. I, **Marilyn Yvonne Henry**, 1900 Richard Jones Road, Apartment N-1, Nashville, Tennessee 37215-2920; (615) 297-8777, hereby revoke all former Powers of Attorney at any time heretofore made by me, and do hereby make, constitute and appoint **Janice H. Dugger**, 308 Rolling Mill Road, Old Hickory, Tennessee 37138; (615) 847-0753 and/or **Joicelyn H. Gregory**, 3813 Estes Road, Nashville, Tennessee 37215; (615) 298-1034 and/or **David W. Gregory**, 3813 Estes Road, Nashville, Tennessee 37215; (615) 298-1034, as my true and lawful attorneys-in-fact (herein referred to as "attorney-in-fact"), for me and in my name, place and stead and on behalf of me for my use and benefit. I authorize my attorney in-fact to do each of the following things:

(a) **General Powers**. Generally to do, sign, or perform in my name, place, and stead any act, deed, matter, or thing whatsoever, that ought to be done, signed, or performed, or that, in the opinion of the attorney-in-fact ought to be done, signed, or performed in and about the premises, of every nature and kind whatsoever, to all intents and purposes whatsoever, as fully and effectually as I could do if personally present and acting. The enumeration of specific powers hereunder shall not in any way limit the general powers conferred herein.

(b) **Monies**. To receive from or disburse to any source whatever monies through checking or savings or other account or otherwise, to endorse, sign, and issue checks, withdrawal receipts, or any other instrument, and to open or close any accounts in my name alone or jointly with any other person.

(c) **Gifts**. I empower my attorney-in-fact to make gifts of every kind and description on my behalf.

(d) **Real and Personal Property**. To buy, sell, lease, alter, maintain, pledge, or in any way deal with real and personal property, and sign each instrument necessary or advisable to complete any real or personal property transaction, including but not limited to, deeds, deeds of trust, closing statements, notes, and bills of sale.

(e) **Tax Returns**. To make and sign in my name any and all tax or other returns to the state or federal government, to request extensions in connection with such taxes, to protest in my name any such taxes, to file claims for refund of taxes, to make appearances in court or before any taxing authority either in person or through any attorney-in-fact, to attempt to sustain any tax return or proposed tax assessments.

(f) **Stocks and Securities**. To purchase, sell, and/or transfer stocks, bonds and other securities, all without diversification as to kind or amount, without being restricted in any way by any statutory or court decision regulating or limiting investments by fiduciaries.

(g) **Insurance**. To acquire, maintain, cancel, or in any manner deal with any policy of life, accident, disability, hospitalization, medical, or casualty insurance, and to prosecute each claim for benefits due under any policy. However, no such power shall be construed or used to give any incident of ownership to my attorney-in-fact in any life insurance policy on the life of my attorney-in-fact.

(h) **Support**. To provide for the support and protection of me and of my family, including, without limitation, provision for food, lodging, housing, medical services, recreation, and travel.

(i) **Health Care**. To contract for my entry into and maintenance in, or release from, any hospital, nursing home, or other type of health care institution, including the authority to approve and give consent to any type of surgery or other medical treatment, it being my intention to grant unto my attorney-in-fact all authority necessary to act for me and in my stead in regard to all matters pertaining to my person, before or after my death, including the disposition of my body, making decisions regarding an autopsy and making disposition under the Tennessee Uniform Anatomical Gift Act; and to make decisions with respect to withholding or withdrawing life-prolonging procedures, if the application of the same would serve only to artificially prolong the dying process. Provided, however, that if I have executed a Living Will which is inconsistent with the foregoing sentence, then in that event, the provisions of my Living will in regard to life prolonging procedures will prevail over the provisions of this Durable Power of Attorney.

HIPAA Authority. I intend by this power of attorney to designate the individual or individuals who shall have authority to act on my behalf in making decisions related to my health care. In exercising such authority, my agent shall constitute my "personal representative" (as defined in 45 CFR §164.502(g)(1)) and be treated as I would for all purposes of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 USC §1320d and 45 CFR §§160 and 164, and as such shall (1) have access to all my "individually identifiable health information," including any "protected health information" (as those terms are defined in the regulations under HIPAA at 45 CFR §160.103), verbal or written; (2) possess, without limitation, my right of access to inspect and obtain a copy of protected health information about me as required by HIPAA at 45 CFR §164.524; and (3) possess, without limitation, my right to an accounting of disclosures of protected health information as required by HIPAA at 45 CFR §164.528. My agent's exercise of the powers under this Paragraph shall not be deemed events: (1) in which treating my agent as personal representative could endanger me for purposes of 45 CFR §164.502 (g)(5)(i)(B) or (2) in which it is not in my best interest for my agent to be treated as my personal representative for purposes of 45 CFR §164.502(g)(5)(ii). This authority applies to any information governed by HIPAA and may not be revoked except by revocation of this document as provided herein, which revocation may not be made by an extrinsic document unless such document specifically refers to this power of attorney.

(j) **Safe Deposit Box**. To have free and private access to any safe deposit box in my name or rented by me in any bank, including authority to have it drilled, with full right to deposit and withdraw therefrom or to give full discharge therefor.

(k) **Money from U. S. or Other Government**. To receive and give receipt for any money or other obligation due or to become due to me from the United States of America, or any agency or subdivision thereof, and to effect redemption of any bond or other security wherein the United States of America, or any agency or subdivision thereof, is the obligor or payor, and to give full discharge therefor.

(l) **Agents**. To contract for or employ agents, accountants, advisors, attorneys, and others for services in connection with the performance by said attorney-in-fact of any powers herein, and to appoint a substitute or substitutes to perform any of the acts that my attorney-in-fact is by this instrument authorized to perform, with the right to revoke such appointment of a substitute, which right shall not terminate with the death or disability of my attorney-in-fact.

2. **Ratification**. I hereby ratify and confirm each act done or caused to be done by my attorney-in-fact in and about the premises by virtue of this power of attorney.

3. **Inducement**. For the purpose of inducing any party to act in accordance with the powers granted in this power of attorney, I hereby warrant that if this power of attorney is terminated for any reason whatsoever, I and my successors will save such party harmless from any loss suffered or liability incurred by such party in acting in accordance with this power of attorney

prior to the time on which any person has actual notice of such revocation or termination. Any party may rely upon a photocopy of this Power without production of the original.

4. **Durability**. This power of attorney shall not be affected by any disability, incompetence, or incapacity which I may suffer at any future time or times, whether or not the same shall be adjudicated by any court, it being my intent that the authorizations and powers granted herein shall remain exercisable notwithstanding any such subsequent occurrence, and that this power of attorney shall be construed to satisfy the Tennessee Uniform Durable Power of Attorney Act, T.C.A. Section 34-6-101, et seq.

5. **Exculpation**. Under no circumstances shall my attorney-in-fact incur any liability to me for acting or refraining from acting hereunder, except for such attorney's own willful misconduct or gross negligence.

6. **Revocation**. This power of attorney shall remain in full force and effect until it is revoked by written notice delivered to my attorney-in-fact. If this instrument has been recorded in the public records, then the instrument of revocation shall be recorded in the same public records.

7. **No Conservator**. By executing this instrument upon the advice of legal counsel, I have carefully and deliberately created the means and manner by which I desire that my person and property be cared for, managed and protected in the event I shall become unable to execute such responsibilities myself. Accordingly, it is my intention and my desire that I herewith express in the strongest possible terms, that no guardian or conservator be appointed for me so long as there is an attorney-in-fact named in this instrument who is willing and able to act and serve under this instrument. I request that any court of competent jurisdiction that receives and is asked to act upon a petition for the appointment of a guardian or conservator for me give the greatest possible weight to my intention and desires as expressed herein.

WARNING TO PERSON EXECUTING THIS DOCUMENT

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 the time.

This document gives your agent authority to consent, 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 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 disclosure 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 to transplant or therapeutic or educational or scientific purposes, and (3) direct the disposition of your remains.

If there is anything in this document that you do not understand, you should ask a lawyer to explain it to you.

IN WITNESS WHEREOF, I have signed this power of attorney this 24 day of April, 2017.

Marilyn Yvonne Henry

MARILYN YVONNE HENRY

We, the subscribing witnesses hereto, declare under penalty of perjury under the laws of Tennessee that the person who signed this document is personally known to us to be the principal; that the principal signed this durable power of attorney in our presence; that the principal appears to be of sound mind and under no duress, fraud or undue influence; that neither of us is the person appointed as attorney-in-fact by this document; that neither of us is a health care provider, an employee of a health care provider, the operator of a health care institution nor an employee of an operator of a health care institution; that neither of us is related to the principal by blood, marriage, or adoption; that, to the best of our knowledge, we do not, at the present time, have a claim against any portion of the estate of the principal upon the principal's death; and that, to the best of our knowledge, we are not entitled to any part of the estate of the principal upon the death of the principal under a will or codicil thereto now existing, or by the operation of law.

WITNESS

WITNESS

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

On this 21 day of April, in the year 2017, before me, the undersigned, a Notary Public in and for said State and County personally appeared Marilyn Yvonne Henry, 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, and acknowledged that she 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.

NOTARY PUBLIC

My Commission Expires: _____