Prepared by:
Martin, Heller, Potempa & Sheppard
2122 21st Avenue South
Nashville, TN 37212

Karen Johnson Davidson County
Batch# 1131908 AFFIDAVIT
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Fees: $62.00 Taxes: $0.00
20240507-0033626

SCRIVENER'S AFFIDAVIT

KNOW ALL PERSONS BY THESE PRESENTS:

1. That, David E. Heller, of the law office of Martin Heller Potempa & Sheppard, PLLC, had cause to record a Quitclaim Deed executed on November 1, 2023, (the "Deed") by Sandra Halleck Scheick, as "Grantor", unto Leif Scheick and Xania Payne, Co-Trustees of the Sandra Halleck Scheick Revocable Trust, created November 1, 2023, as "Grantee", and of record in Instrument No. 20231113-0087876 in the Register's Office for Davidson County, Tennessee.

2. That the Power of Attorney document attached to the Deed as "Exhibit A" was the incorrect document. This is a scrivener's error and was made unintentionally. The proper and correct Power of Attorney document is attached to this Affidavit as "Exhibit A".

3. That this Affidavit is given to correct and explain the error described above, and to assist the present owner, as well as all future owners, lenders, title examiners, and insurers.

EXECUTED on this, the 7th day of May 2024.

David E. Heller

Prepared by:
Martin, Heller, Potempa & Sheppard
2122 21st Avenue South
Nashville, TN 37212

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named David E. Heller, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), to be the person who executed this Scrivener's Affidavit for the purposes therein contained. Witness my hand and official seal at office this 7th day of May 2024.

Shelley Mason
Notary Public

My commission expires: 11-3-2025



THIS INSTRUMENT PREPARED BY:
Martin Heller Potempa & Sheppard
1935 21st Avenue South, Suite 100
Nashville, Tennessee 37212
(615) 800-7096

DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that as principal (the "Principal") I, SANDRA HALLECK SCHEICK, of Davidson County, Tennessee, have made, constituted and appointed, and by these presents do make, constitute and appoint my children, XANIA PAYNE and LEIF SCHEICK, jointly or the survivor of them, as my true and lawful attorney-in-fact ("Attorney"). This power of attorney shall become effective only upon my disability or incapacity and shall remain effective for so long as I am disabled or incapacitated. Disability or incapacity shall be proven for purposes of this power by an affidavit executed by my usual attending physician. Such affidavit shall state that my physician has examined me and found me to be either incapacitated or disabled so that I am unable to administer my own affairs on a regular basis. The power of attorney conferred herein shall be made ineffective upon my filing a written notice that my disability or incapacity has concluded, which notice shall be supported by an affidavit of my physician which shall state that I am no longer under an incapacity or a disability. The writing hereinabove referred to shall be filed with the Davidson County Register. Attorney is authorized in Attorney's absolute discretion from time to time and at any time with respect to any property, real or personal, at any time owned or held by me and without authorization of any court and in addition to any other rights, powers or authority granted by any other provision of this power of attorney or by statute or general rules of law (and regardless of whether I am mentally incompetent or physically or mentally disabled or incapable of managing my property and income), with full power of substitution, as follows:

1. To do and perform all and every act, deed, matter and thing whatsoever in and about my estate, property and affairs as fully and effectually to all intents and purposes as I might or could do in my own proper person, if personally present, the specifically enumerated powers described below being in aid and exemplification of the full, complete, and general power herein granted and not in limitation or definition thereof.

2. To demand, sue for and receive all debts, moneys, securities for money, goods, chattels, legacies or other personal property to which I am now or may hereafter become entitled, or which are now or may become due, owing or payable to me from any person or persons whomsoever, and in my name to give effectual receipts and discharges for the same.

3. To borrow from time to time such sums of money and upon such terms as Attorney may think expedient for or in relation to any of the purposes or objects aforesaid, or for any other purpose, upon the security of any of my property, whether real or personal, and for such purposes to give and execute open or unsecured notes and acknowledge mortgages or trust deeds with such powers and provisions as Attorney may think proper, as well as such notes or bonds as it is necessary or proper to use therewith.

4. In my name, and as my act and deed, to sign, seal, acknowledge and deliver all such leases and agreements, including any documents relating to employee benefit plans, qualified retirement plans and individual retirement arrangements, as shall be requisite, or as Attorney shall deem necessary or proper in the care and management of my estate; and to receive and collect all the rents that may be payable to me, and in my name to sign effectual receipts for same.

5. To manage and superintend all of my real property wheresoever situate and found and to erect, pull down and repair houses or other buildings, or machinery or otherwise improve any of the premises, and to insure the buildings against damage by fire and windstorm.

6. To subdivide, develop or dedicate real property to public use or to make or obtain the vacation of plats and adjust boundaries, to adjust differences in valuation on exchange or partition by giving or receiving consideration, and to dedicate easements to public use without consideration.

7. To make, draw, sign or endorse in my name any checks, drafts, bills of exchange or promissory notes in which I shall be interested or concerned, or which shall be requisite in or about my business.

8. To sell and dispose of such shares of stock as I now hold or may hereafter hold in any business corporation, or any bonds or securities of the United States or any state or municipal corporation or private company, and to receive the consideration money for the sale thereof, and for me and in my name to transfer such shares, bonds or securities to the purchaser or purchasers thereof.

9. To vote in person or by proxy upon any item of security or property owned by me; to agree to the reorganization, merger or consolidation of any corporation whose stock is

owned by me, and to unite, in Attorney's discretion, with other owners of similar property in carrying out any plan, making any change, giving any assent, entering into any shareholders' or other similar agreement, and paying any sums of money affecting such securities or property, and, generally, to exercise in respect thereof the same rights and powers as are or may be lawfully exercised by persons owning similar property in their own right, and incident thereto, to accept in exchange for such stock or securities or other property, other stock, securities or property, whether legal investments or not, in such reorganized or new corporations.

10. To invest and reinvest all or any part of my property in any property and undivided interests in property, wherever located, including bonds, debentures, notes, secured or unsecured, stocks of corporations regardless of class, interest in limited partnerships, real estate or any interest in real estate whether or not productive at the time of investment, interests in trusts, investment trusts, whether of the open and/or closed fund types, and the participation in common, collective or pooled trust funds, employee benefit plans, qualified retirement plans, individual retirement arrangements or annuity contracts without being limited by any statute or rule of law concerning investments by fiduciaries.

11. To purchase for my benefit and in my behalf United States Government bonds redeemable at par in payment of United States estate taxes imposed at my death upon my estate.

12. To contract with any bank or trust company for the maintenance of a lock box in my name; to obtain entry to and enter any lock box in any bank or trust company wherein I may have leased or rented same, and to place therein any papers, instruments, bonds, securities or other property belonging to me or to remove any such papers, instruments, bonds, securities or other property therefrom.

13. To bargain, sell, grant and convey to such person or persons, and for such sum or sums of money or other consideration or considerations (including as a charitable contribution) as Attorney shall deem most for my advantage and profit, and all of my property, real, personal or mixed, wheresoever situate and found; to make all necessary deeds and conveyances thereof, with such covenants, warranties and assurances as Attorney shall deem expedient; to sign, seal, acknowledge and deliver the same; to accept and receive the sum or sums of money or other consideration or considerations which shall be coming to me on account of such sale or sales.

14. To commence, prosecute or enforce, or to defend, answer or oppose, all actions or other legal proceedings touching any of the matters aforesaid, or any other matters in which I am or may hereafter be interested or concerned; and also, if it shall seem best, to compromise, refer to arbitration or submit to judgment in any such action or proceeding.

15. To adjust, settle, compromise or submit to arbitration any accounts, debts, claims and demands, disputes and matters, touching any of the matters aforesaid, or any other matters which are now subsisting or may hereafter arise between me and any other person or persons or between Attorney or any other person or persons.

16. To appoint and employ counsel, agents, servants or other persons, at such salary or for such compensation as Attorney may think proper, and to dismiss or discharge them and appoint or employ others in their place and stead.

17. To sign and execute in my name and as my act and deed all state and federal tax returns, including any elections or disclaimers pertaining thereto, both preliminary and final, and to appear for me and represent me before the Treasury Department in connection with any matter involving federal taxes for any year whatsoever, in which I am a party, giving Attorney full power to do everything whatsoever requisite and necessary to be done in the premises and to receive refund checks, to execute waivers of the statute of limitations, and to execute closing agreements, as fully as the undersigned might do if done in his own capacity with full power of substitution and revocation, at any time subsequent to the date hereof and prior to the revocation hereof.

18. To make gifts of property, both real and personal to my children, grandchildren and their spouses, or any trusts created for their benefit and in addition thereto to make gifts to the aforementioned persons and trusts as provided in Section 34-6-110, Tennessee Code Annotated which I hereby incorporate by reference in its entirety as completely as if copied herein verbatim, provided, however, that no single gift during any calendar year shall exceed the Federal Gift Tax Annual Exclusion then in effect for such year. For purposes of this limitation, a gift in trust shall be deemed a gift to each of the beneficiaries.

19. To employ and compensate medical personnel including physicians, surgeons, dentists, medical specialists, nurses, and paramedical assistants deemed by Attorney needful for the proper care, custody and control of my person and to do so without liability for any neglect, omission, misconduct or the fault of any such physician or other medical personnel, provided such physician or other medical personnel were selected and retained with reasonable care, and to dismiss any such persons at any time, with or without cause.

20. To purchase, cancel, surrender, settle, receive or to do any or all acts on my behalf with respect to any type of insurance or pertaining thereto that I could do in my own person.

21. To access, handle, distribute, and dispose of digital assets owned by me personally and by my estate, and the power to obtain, access, modify, delete, and control my passwords and other electronic credentials associated with digital devices and digital assets owned by me or my estate.

Furthermore, if through any judicial proceeding I am deemed to be incapacitated and a conservator of my property is to be appointed, I desire that my Attorney be appointed as such conservator of my property.

Attorney is fully authorized and empowered to perform any other acts or things necessary, appropriate, or incidental thereto, with the same validity and effect as if I were

personally present, competent, and personally exercised the powers myself. All acts lawfully done by Attorney hereunder during any period of my disability or incapacity shall have the same effect and inure to the benefit of and bind me and my heirs, devisees, legatees and personal representatives as if I were mentally competent and not disabled or incapacitated. The powers herein conferred may be exercised by Attorney alone and the signature or act of Attorney on my behalf may be accepted by third persons as fully authorized by me and with the same force and effect as if done under my hand and seal and as if I were present in person, acting on my own behalf and competent. No person who may act in reliance upon the representations of Attorney for the scope of authority granted to Attorney shall incur any liability to me or to my estate as a result of permitting Attorney to exercise any power, nor shall any person dealing with Attorney be responsible to determine or insure the proper application of funds or property.

As previously stated, this power of attorney shall become effective only upon my disability or incapacity. This power of attorney shall remain in full force and effect notwithstanding my disability or incapacity, and my disability or incapacity shall not cause this power of attorney to be revoked.

These presents shall extend to and be obligatory upon the respective executors, administrators, legal representatives and successors, of the parties hereto.

IN TESTIMONY WHEREOF, I have hereunto affixed my signature this the 19th day of May 2021.

Sandra H Scheick

SANDRA HALLECK SCHEICK, Principal

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, Lindsay Norfleet, Notary Public of the state and county aforesaid, SANDRA HALLECK SCHEICK, with whom I am personally acquainted, and who acknowledged that she executed the within instrument for the purposes therein contained.

WITNESS my hand, at office, this 19th day of May 2021.

Lindsay Norfleet
Notary Public

My commission expires: 03/06/2024

LINDSAY NORFLEET
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

IN THE _____ COURT FOR _____ COUNTY, TENNESSEE

IN RE CONSERVATORSHIP OF)
)
SANDRA N. SCHEICK,) Case No. _____
)
RESPONDENT.)

REPORT OF PHYSICIAN

In accordance with *Tennessee Code Annotated* § 34-3-105, the following report of Respondent is made by Sasha Bowers, MD (Please print name).

Note: Exam must be performed and this report completed by a physician or psychologist, NOT a nurse practitioner

1. Are you duly licensed to practice in Tennessee? ☒ Yes ☐ No

2. Have you made a personal examination of Respondent within the last 60 days?
☒ Yes ☐ No If Yes, when? 8/24/2023

3. Briefly describe the medical history of Respondent.

4. What is the nature of Respondent's disability or disabilities? Please be specific with diagnoses.

5. Please indicate your evaluation of Respondent in the following areas.
Please check a box in *each* category.

	EXCELLENT	GOOD	FAIR	POOR	CHRONIC	N/A
Mental Condition			X			
Physical Condition				X	X	
Social Condition		X				
Educational Condition			X			
Adaptive Behavior			X			
Social Skills			X			
Impact of current living conditions on his disability		X				

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If you marked "poor" or "chronic" in any of the categories above, please provide a brief rationalization for this opinion and how it impacts Respondent's daily living.

6. Do you feel that Respondent is in need of a Conservator or Guardian to act on his/her behalf
☒ Yes ☐ No

7. Indicate the type and scope of Conservatorship or Guardianship that you feel Respondent needs by marking *all* applicable boxes below:

☒ Conservator or Guardian for his/her physical well-being
☒ Conservator or Guardian to handle his/her financial affairs
☒ Conservator or Guardian to consent to medical treatment
☐ Conservator or Guardian to consent to relocation
☐ No Conservator or Guardian is needed

8. Please indicate your recommendation as to the most appropriate rehabilitation plan. Check all appropriate answers.

☐ Physical therapy
☐ Occupational therapy
☐ Speech therapy
☐ Bed rest
☐ Continued medical treatment
☐ No rehabilitation plan is feasible
☒ No rehabilitation plan is necessary

9. Is Respondent currently taking any medication? ☒ Yes ☐ No

10. If the response to Question 9 is "Yes", please state the type of medication and the usual dosage:

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11. Please indicate how the medication of Respondent will affect the following:

Please check the appropriate response in each category.

	No Affect	Will Affect	Will Impair	Cannot Determine
Mental Condition	X			
Physical Condition	X			
Educational Behavior	X			
Adaptive Behavior	X			
Social Skills	X			

12. Comments or Remarks:

Physician/: Psychologist Signature

Sasha Bowers, MD
Please Print Name

Address: 235 Noah Drive, Suite 300
Franklin, TN 37064

Phone: (615) 791-8499

Date: SEPTEMBER 5 20 23

TERRI L. DIXON
STATE OF TENNESSEE
NOTARY PUBLIC
WILLIAMSON COUNTY

STATE OF TENNESSE)
)
COUNTY OF WILLIAMSON)

Sworn to and subscribed before me on this the 5th day of September, 20 23

Terri L. Dixon
Notary Public

My Commission Expires: 5·20·26 (SEAL)

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Tennessee Certification of Electronic Document

I, John R. Wilks, do hereby make oath that I am a licensed attorney and/or the custodian of the original version of the electronic document tendered for registration herewith and that this electronic document is a true and exact copy of the original document executed and authenticated according to law on 5/2/24 (date of document).

JRW

Affiant Signature

5/2/24

Date

State of TN

County of Davidson

Sworn to and subscribed before me this 2ND day of May, 2024.

Shanae McFerrin

Notary's Signature

MY COMMISSION EXPIRES: 5/5/25

NOTARY'S SEAL

SHANAE MCFERRIN
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 5-5-2025