Karen Johnson Davidson County
Batch# 1140035 AFFIDAVIT
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Fees: $37.00 Taxes: $0.00
20240529-0039676

THIS INSTRUMENT PREPARED BY:
Midtown Title, LLC
1704 Charlotte Avenue #105
Nashville, Tennessee 37203

AFFIDAVIT OF SCRIVENER'S ERROR EXECUTED PURSUANT TO T.C.A. 66-24-101(A) (26)

The undersigned, Kirsten Virden, who is over eighteen (18) years of age and states that she is an Authorized Agent for Midtown Title, LLC, makes oath that the following statements are true to the best of her knowledge, information and belief:

That my office prepared the General Warranty Deed by and between Lucius E. Burch, III and Lucius E. Burch, IV, as Trustee of the Lucius E. Burch III Trust, dated February 26, 2014, as tenants in common (as "Grantor"), and Page Road Partners, LLC, a Tennessee limited liability company (as "Grantee") dated December 18, 2023, filed of record on December 27, 2023 in Instrument No. 20231227-0099448, in the Register's Office for Davidson County, Tennessee.

WHEREAS, said Warranty Deed contains references to an Exhibit "C" for an attached Power of Attorney, and an Exhibit "D" for an affidavit made by the Attorney in Fact appointed in said Power of Attorney; and

WHEREAS, no such Exhibit "C" or "D" was attached, and the Warranty Deed was recorded without the attached Power of Attorney and affidavit; and

WHEREAS, the purpose of this Affidavit is to permanently correct the Warranty Deed by providing and attaching the Power of Attorney as Exhibit "C" and the affidavit of the Attorney in Fact as Exhibit "D", both of which are attached hereto and incorporated herein by reference.

NOW THEREFORE, pursuant to T.C.A. 66-24-101(a)(26), I, Kirsten Virden, do hereby amend said Warranty Deed by attaching the Power of Attorney as Exhibit "C" and the affidavit of the Attorney in Fact as Exhibit "D" to said Warranty Deed. All other matters contained in said Warranty Deed remain the same.

Further Affiant sayeth naught.

WITNESS MY HAND on this 28 day of May, 2024.

Midtown Title, LLC

By: Kirsten Virden
Kirsten Virden, Authorized Agent

STATE OF Tennessee)
COUNTY OF Davidson)

Before me, the undersigned, a Notary Public in and for the State and County aforesaid, personally appeared Kirsten Virden, with whom I am personally acquainted, and who, upon oath, acknowledged herself to be an Authorized Agent of Midtown Title, LLC, the within named bargainor, and that she, as such Authorized Agent, executed the foregoing instrument for the purposes therein contained by personally signing the name of the limited liability company as its Authorized Agent.

Witness my hand and official seal at Nashville, TN, this the 28 day of May, 2024.

JIM MYERS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Notary Public
My Commission Expires: 11-6-2024

EXHIBIT "C"

THIS INSTRUMENT PREPARED BY:
Carla L. Lovell
Sherrard Roe Voigt & Harbison, PLC
150 3rd Ave. South, Suite 1100
Nashville, Tennessee 37201
(615) 742-4200

DURABLE POWER OF ATTORNEY FOR FINANCIAL DECISIONS

I, Lucius E. Burch, III, of Nashville, Davidson County, Tennessee, revoke any durable power of attorney for financial decisions which I have previously signed and direct that those powers of attorney shall have no further force or effect.

I appoint my son, Lucius E. Burch, IV, of Nashville, Tennessee, to be my true and lawful attorney-in-fact, to act for me, and in my name and on my behalf, with full power to generally manage and look after all of my property, interests and business affairs of every kind and character. If the attorney-in-fact appointed herein dies, becomes incapacitated, or refuses to serve or continue to serve, effective only in the event of my disability, I appoint Equitable Trust Company of Nashville, Tennessee to be my successor attorney-in-fact.

Without limiting the foregoing general grant of power and authority, I specifically empower and authorize my attorney-in-fact for me and in my name and on my behalf, to exercise all or any of the powers set forth in Tennessee Code Annotated §34-6-109, as from time to time amended, to the extent applicable, the provisions of which are incorporated herein by this reference. In addition, my attorney-in-fact shall have the following specifically enumerated powers:

To ask, demand, collect, endorse where required, and receive all such checks, funds, debts, accounts, bequests, insurance, and all other benefits and demands whatsoever as are now or shall hereafter become due, owing, payable or belonging to me, from whatever source, and to have, use and take all lawful means in my name or otherwise for the recovery thereof, by suit or otherwise, and to compromise with respect to and give acquittance or releases and discharges for the same;

To purchase, rent, and otherwise acquire, and to sell, transfer, convey, lease, mortgage, pledge and otherwise dispose of or grant security interests in, and to contract for and with respect to, any form or type of real or personal property or interest in property;

To make deposits to, draw checks on or otherwise make withdrawals from any bank account or savings or loan account or other cash account in my name; and to enter and have free access to any safe deposit box in my name for the purpose of adding property thereto or removing property therefrom;

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To subscribe for, purchase, sell, assign, pledge, endorse, or transfer any stocks, bonds, commercial paper, bank acceptance or any other security or negotiable instrument and collect the income therefrom;

To prepare or arrange for and sign any income or other tax return and make payment of any tax, and to arrange for and maintain any form of insurance;

To transfer any of my assets to the Lucius E. Burch III Trust which I created during my lifetime ("my Revocable Trust");

To make annual gifts to appropriate family so long as such gifts are consistent with my overall estate plan and either use the available federal gift tax annual exclusion under Code §2503(b) or the unlimited exclusion for tuition or medical expenses under Code §2503(e). This authority shall include the authority to satisfy all or some of the specific individual and charitable bequests described in my Revocable Trust if such action would be advantageous from an income and/or estate tax perspective;

To make annual gifts, grants or contributions to those charitable organizations to which I have previously made contributions, but not in excess of the annual amounts previously given by me to each charitable organization, so long as such gifts qualify for the federal income tax charitable deduction;

To engage in and transact any and all lawful business of whatever nature or kind for me and in my name, whether as partner, joint venture, stockholder, or in any other manner or form and vote all such business interests owned by me;

To renounce or disclaim any property or interest in property or powers to which I may become entitled, whether by gift or testate or intestate succession;

To (i) access, use and control my digital devices, including but not limited to, desktops, laptops, tablets, peripherals, storage devices, mobile telephones, smartphones, and any similar digital device which currently exists or may exist as technology develops or such comparable items as technology develops for the purpose of accessing, modifying, deleting, controlling or transferring my digital assets, and (ii) access, modify, delete, control, and transfer my digital assets, including but not limited to, catalogues and content of electronic communications, digital music, digital photographs, digital videos, software licenses, email accounts, imessages and text messages, social network accounts, gaming accounts, file sharing accounts, financial accounts, domain registrations, DNS service accounts, web hosting accounts, tax preparation service accounts, online stores, affiliate programs, other online accounts and similar digital items which currently exist or may exist as technology develops or such comparable items as technology develops.

For these purposes, I empower my said attorney-in-fact to execute, acknowledge and deliver for me and in my name all such contracts, releases, receipts, checks and other instruments

as my attorney-in-fact deems proper; and any person dealing with my said attorney-in-fact, shall not to any degree be responsible for the exercise of such discretion.

I specifically authorize my attorney-in-fact to act on my behalf as my personal representative for all purposes under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 USC §1320d and the HIPAA privacy regulations, 45 CFR §§ 160 and 164, as amended from time to time. My attorney-in-fact shall have the authority to receive all individually identifiable health information about me, including protected health information, to access, inspect and copy my protected health information, to require an accounting of disclosures of my protected health information and to authorize disclosure of my protected health information, in the same manner as if I had requested such information or authorized its disclosure myself.

This power of attorney shall not be affected by my subsequent disability or incapacity, to the maximum extent provided by Tennessee Code Annotated §34-6-101 et seq., or any other applicable law, it being my intent to create a durable general power of attorney. With respect to the successor attorney-in-fact, this power of attorney shall become effective upon my disability or incapacity, to the maximum extent provided by Tennessee Code Annotated §34-6-101 et seq.

DETERMINATION OF MY INCAPACITY FOR APPOINTMENT OF SUCCESSOR ATTORNEY-IN-FACT: For the purpose of this document, my incapacity shall be deemed to exist when my incapacity has been declared by a court of competent jurisdiction or upon presentation of a certificate executed by two physicians licensed to practice in the state of my residence or in the state where I am hospitalized which states that in the physicians' opinion I am mentally incapable of managing my financial affairs. The effective date of such incapacity shall be the date of the decree adjudicating my incapacity, or the date of the physicians' certificate, as the case may be. If this original document has been recorded, a certified copy of the decree declaring my incapacity or the physicians' certificate shall be attached to the original of this document and recorded in the same county or counties in which the original is recorded. I shall be deemed to have regained capacity if there is a finding to that effect by a court of competent jurisdiction or upon presentation of a certificate executed by two physicians licensed to practice in the state of my residence which states the physicians' opinion that I am mentally capable of managing my financial affairs. A certified copy of the decree declaring my capacity or the physicians' certificate shall be attached to the original of this document and recorded in the same county as the original if the original is recorded.

Solely for the purpose of providing an affidavit of disability or incapacity, any health care provider shall be authorized to disclose to the attorney-in-fact appointed in this instrument any individually identifiable health information, including protected health information, (as those terms are defined under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 USC §1320d, and the HIPAA privacy regulations, 45 CFR §§160 and 164, as amended from time to time) sufficient to determine whether I am unable to give prompt and intelligent consideration to financial matters. This consent and authorization shall be immediately effective upon execution of this document unless revoked by me in writing, making specific reference to this authorization.

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Nothing contained in this instrument shall authorize my attorney-in-fact to make any decisions regarding medical treatment or health care, except as incidental to decisions regarding property and finances.

IN WITNESS WHEREOF, I have hereunto signed my name, this 19th day of July, 2017.

Lucius E. Burch, III

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Before me, a Notary Public in and for the County and State aforesaid, personally appeared Lucius E. Burch, III, the within named bargainor with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and acknowledged that he executed the within instrument for the purposes therein contained.

Witness my hand and seal of office in Nashville, Tennessee, this 19th day of July, 2017.

NOTARY PUBLIC

My Commission Expires:

7-6-2020

CARLA L. LOVELL STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

NOTARY PUBLIC
Carla L. Lovell
My Commission Expires
July 06, 2020
STATE OF TENNESSEE

EXHIBIT "D"

TO
WARRANTY DEED

From: Lucius C. Burch, III and Lucius E. Burch, IV, Trustee of the Lucius E. Burch III Trust dated February 26, 2014

To: Page Road Partners, LLC

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The undersigned Affiant, being first duly sworn, deposes and says as follows:

1. That the document to which this affidavit is exhibited is executed by the undersigned as Attorney in Fact for the Principal(s) thereon shown.

2. That this execution is proper and within the scope of the Power of Attorney referenced in the instrument.

3. Pursuant to the provisions of Tennessee Code Annotated, Section 34-6-105(c), of the Uniform Durable Power of Attorney Act, the undersigned Affiant certifies that at the time of execution of said documents the Affiant had no knowledge or notice of the termination of the Power-of-Attorney, either by revocation or by the principal's death, disability, or capacity.

Further the Affiant Saith not.

Affiant

WITNESS my hand and seal at office this 18th day of December, 2023.

Notary Public
My Commission Expires: 3/3/2025

C. M. CORRIVEAU
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires 03-03-2025

- **The text of a certification of an electronic document must be in the following form.**

I, Kirsten Virden **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 electric document is a true and exact copy of the original document executed and authenticated according to law on** 5/28/24 **(date of document).**

Kirsten Virden

Affiant Signature

Date: 5/28/2024

State of Tennessee

County of Davidson

Sworn to and subscribed before me this 28th **day of** May, 2024.

Bria Sawyers

Notary Signature

MY COMMISSION EXPIRES: 3/20/2028

Notary's Seal (if on paper)

