WARRANTY DEED

Karen Johnson Davidson County
Batch# 1324213 DEEDWARR
09/19/2025 10:03:30 AM 12 pgs
Fees: $63.00 Taxes: $1,942.50
20250919-0074921

File #25-TL-4101-C

(SEAL)
RACHEL MARIE COLLINS
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF CHEATHAM

STATE OF TENNESSEE
COUNTY OF DAVIDSON

THE ACTUAL CONSIDERATION OR VALUE, WHICHEVER IS GREATER, FOR THIS TRANSFER IS $525,000.00.

Affiant

SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE 18th DAY OF September, 2025.

Notary Public
MY COMMISSION EXPIRES: 3-21-2028

THIS INSTRUMENT WAS PREPARED BY AND RETURN TO

Carney Title, LLC
400 Overbeck Lane, Suite 101
Nashville, TN 37204
(615) 864-0770

ADDRESS NEW OWNER (S) AS FOLLOWS:	SEND TAX BILLS TO:	MAP / PARCEL NUMBER (S)
Susan Reschke Howe	New Owner	
(NAME)	(NAME)	**116 03 0G 001.00**
4101 Ashley Park Drive		
(ADDRESS)	(ADDRESS)	
Nashville, TN 37205		
(CITY) (STATE) (ZIP)	(CITY) (STATE) (ZIP)	

For and in consideration of the sum of TEN DOLLARS, cash in hand, paid by the hereinafter named Grantee(s), and other good and valuable consideration, the receipt of which is hereby acknowledged,

NANCY BRENNAN, AN UNMARRIED WOMAN,

hereinafter called the Grantor(s), has/have bargained and sold, and by these presents do/does transfer and convey unto

SUSAN RESCHKE HOWE, AN UNMARRIED WOMAN,

hereinafter called the Grantee(s), his/her/its/their heirs, successors and assigns, that certain tract or parcel of land in **DAVIDSON** COUNTY, STATE OF **TENNESSEE**, described as follows, to wit:

Land in Davidson County, Tennessee, being Unit No. 4101 on the Plan of ASHLEY PARK, as shown on Exhibit "B" to Master Deed Establishing the Horizontal Property Regime of Ashley Park, of record as Book 7128, Page 29, Register's Office for Davidson County, Tennessee.

Being the same property conveyed to Nancy Brennan, unmarried woman, by Warranty Deed from Rebecca S. Ayer, an unmarried woman, of record in Instrument No. 20210405-0043797, in the Register's Office of Davidson County, Tennessee, dated March 31, 2021 and recorded on April 05, 2021.

This Instrument executed on behalf of Nancy Brennan AKA Nancy Ann Brennan ("Principal") by Jamie Lyn Brennan NKA Jamie Capps pursuant to the Power of Attorney of record in Book Instrument Number 20250912-0072826, Register's Office for Davidson County, Tennessee. The affidavit of said Attorney in Fact is attached as Exhibit "A" to this instrument and incorporated herein by reference.

This Instrument executed on behalf of:
Nancy Brennan AKA Nancy Ann Brennan ("Principal") by Jamie Lyn Brennan NKA Jamie Capps pursuant to the Power of Attorney of record in Book Instrument Number 20250912-0072826, Register's Office for Davidson County, Tennessee.

The affidavit of said Attorney in Fact is attached as Exhibit "A" to this instrument and incorporated herein by reference.

This conveyance is subject to:
* Property Taxes for the year 2025 and all subsequent years.
* Conditions, covenants, reservations, requirements, restrictions, options, burdens, agreements, undertakings, assessments and other provisions contained in or incorporated by reference into the Master Deed establishing Ashley Park Condominium of record in Book 7128, Page 29, as Amended recorded in Instrument No. 20070802-0091819; also subject to easements, rights and interests in favor of other unit owners, and all sewer, water, electrical, telephone and other utility easements now or hereafter established over, through or upon the land embracing the regime and building thereon.
* Charter for Ashley Park Condominium Association, Inc. recorded as Book 7139, Page 829.
* Any and all existing easements and restrictions as shown of record not stated herein

This is ____ **unimproved** __X___ **improved** property known as: **4101 Ashley Park Drive, Nashville, TN 37205**.

TO HAVE AND TO HOLD the said tract or parcel of land, with the appurtenances, estate, title and interest thereto belonging to the said GRANTEE(S), their heirs and assigns forever; and we do covenant with the said GRANTEE(S) 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, unless otherwise herein set out; and we do further covenant and bind ourselves, our heirs and representatives, to warrant and forever defend the title to the said land to the said GRANTEE(S), 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 my/our hand(s) this the 18th day of September, 2025.

Nancy Brennan by Jamie Capps (formerly known as Jamie Lyn Brennan), her Attorney-In-Fact

Nancy Brennan by Jamie Capps (formerly known as Jamie Lyn Brennan), her Attorney-In-Fact

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.

Jamie Lyn Brennan NKA Jamie Capps

Jamie Lyn Brennan NKA Jamie Capps

WITNESS my hand and seal at office this 18th day of September, 2025.

Notary Public
My Commission Expires: _____

JOHN W BISHOP NOTARY PUBLIC STATE OF TENNESSEE WILLIAMSON COUNTY My Commission Expires 08-10-2027

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, **JAMIE CAPPS**, 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 **NANCY BRENNAN**, and who acknowledged he/she/they executed the same as the free act and deed of the said **NANCY BRENNAN**.

Witness my hand and official seal this **18th** day of **September, 2025**.

Notary Signature
My Commission Expires: _____

JOHN W BISHOP NOTARY PUBLIC STATE OF TENNESSEE WILLIAMSON COUNTY My Commission Expires 08-10-2027

Prepared By:
Dave Ramsey Organization
1011 Reams Fleming
Franklin, TN 37064

Exhibit A

STATUTORY DURABLE POWER OF ATTORNEY

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE DURABLE POWER OF ATTORNEY ACT, SUBTITLE P, TITLE 2, ESTATES CODE. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY

You should select someone you trust to serve as your agent (attorney in fact).

(1) you die or revoke the power of attorney;

(2) your agent (attorney in fact) resigns or is unable to act for you; or

(3) a guardian is appointed for your estate.

I, Nancy Ann Brennan at 3420 Jefferson Dr. Frisco TX, 75034, appoint Jamie Lyn Brennan at 4334 Buena Vista Street #G, Dallas, TX 75205, as my agent (attorney in fact) to act for me in any lawful way with respect to all of the following powers that I have initialed below.

TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS LISTED IN (A) THROUGH (M).

TO GRANT A POWER, YOU MUST INITIAL THE LINE IN FRONT OF THE POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF THE POWER. YOU MAY, BUT DO NOT NEED TO, CROSS OUT EACH POWER WITHHELD

Karen Johnson Davidson County
Batch# 1321369 POA
09/12/2025 08:14:30 AM 9 pgs
Fees: $47.00 Taxes: $0.00
20250912-0072826

____ (A) Real property transactions;

____ (B) Tangible personal property transactions;

____ (C) Stock and bond transactions;

____ (D) Commodity and option transactions;

____ (E) Banking and other financial institution transactions;

____ (F) Business operating transactions;

____ (G) Insurance and annuity transactions;

____ (H) Estate, trust, and other beneficiary transactions;

____ (I) Claims and litigation;

____ (J) Personal and family maintenance;

____ (K) Benefits from social security, Medicare, Medicaid, or other governmental programs or civil or military service;

____ (L) Retirement plan transactions;

____ (M) Tax matters;

NB (N) ALL OF THE POWERS LISTED IN (A) THROUGH (M). YOU DO NOT HAVE TO INITIAL THE LINE IN FRONT OF ANY OTHER POWER IF YOU INITIAL LINE (N).

SPECIAL INSTRUCTIONS:

Special instructions applicable to gifts (initial in front of the following sentence to have it apply):

____ I grant my agent (attorney in fact) the power to apply my property to make gifts outright to or for the benefit of a person, including by the exercise of a presently exercisable general power of appointment held by me, except that the amount of a gift to an individual may not exceed the amount of annual exclusions allowed from the federal gift tax for the calendar year of the gift.

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.

_____

_____

_____

_____

_____

_____

_____

_____

_____

UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

CHOOSE ONE OF THE FOLLOWING ALTERNATIVES BY CROSSING OUT THE ALTERNATIVE NOT CHOSEN:

(A) This power of attorney is not affected by my subsequent disability or incapacity.

(B) This power of attorney becomes effective upon my disability or incapacity.

YOU SHOULD CHOOSE ALTERNATIVE (A) IF THIS POWER OF ATTORNEY IS TO BECOME EFFECTIVE ON THE DATE IT IS EXECUTED.

IF NEITHER (A) NOR (B) IS CROSSED OUT, IT WILL BE ASSUMED THAT YOU CHOSE ALTERNATIVE (A).

If Alternative (B) is chosen and a definition of my disability or incapacity is not contained in this power of attorney, I shall be considered disabled or incapacitated for purposes of this power of attorney if a physician certifies in writing at a date later than the date this power of attorney is executed that, based on the physician's medical examination of me, I am mentally incapable of managing my financial affairs. I authorize the physician who examines me for this purpose to disclose my physical or mental condition to another person for purposes of this power of attorney. A third party who accepts this power of attorney is fully protected from any action taken under this power of attorney that is based on the determination made by a physician of my disability or incapacity.

I agree that any third party who receives a copy of this document may act under it. Revocation of the durable power of attorney is not effective as to a third party until the third party receives actual notice of the revocation. I agree to indemnify the third

party for any claims that arise against the third party because of reliance on this power of attorney.

If any agent named by me dies, becomes legally disabled, resigns, or refuses to act, I name the following (each to act alone and successively, in the order named) as successor(s) to that agent: Beth Ann Vogel, Robin Jill Brennan.

Signed this 26th day of March, 2015.

Nancy Brennan

(your signature)

State of Texas

County of Collin

This document was acknowledged before me on 3/26/15 (date)

by Nancy Brennan (name of principal).

Brenda Cousino

(signature of notarial officer)

BRENDA COUSINO
Notary Public, State of Texas
My Commission Expires
October 06, 2015

(Seal, if any, of notary)

Brenda Cousino

(printed name)

My commission expires: 10/06/2015

IMPORTANT INFORMATION FOR AGENT (ATTORNEY IN FACT)

Agent's Duties

When you accept the authority granted under this power of attorney, you establish a "fiduciary" relationship with the principal. This is a special legal relationship that imposes on you legal duties that continue until you resign or the power of attorney is

terminated or revoked by the principal or by operation of law. A fiduciary duty generally includes the duty to:

(1) act in good faith;

(2) do nothing beyond the authority granted in this power of attorney;

(3) act loyally for the principal's benefit;

(4) avoid conflicts that would impair your ability to act in the principal's best interest; and

(5) disclose your identity as an agent or attorney in fact when you act for the principal by writing or printing the name of the principal and signing your own name as "agent" or "attorney in fact" in the following manner:

(Principal's Name) by (Your Signature) as Agent (or as Attorney in Fact)

In addition, the Durable Power of Attorney Act (Subtitle P, Title 2, Estates Code) requires you to:

(1) maintain records of each action taken or decision made on behalf of the principal;

(2) maintain all records until delivered to the principal, released by the principal, or discharged by a court; and

(3) if requested by the principal, provide an accounting to the principal that, unless otherwise directed by the principal or otherwise provided in the Special Instructions, must include:

(A) the property belonging to the principal that has come to your knowledge or into your possession;

(B) each action taken or decision made by you as agent or attorney in fact;

(C) a complete account of receipts, disbursements, and other actions of you as agent or attorney in fact that includes the source and nature of each receipt, disbursement, or action, with receipts of principal and income shown separately;

(D) a listing of all property over which you have exercised control that includes an adequate description of each asset and the asset's current value, if known to you;

(E) the cash balance on hand and the name and location of the depository at which the cash balance is kept;

(F) each known liability;

(G) any other information and facts known to you as necessary for a full and definite understanding of the exact condition of the property belonging to the principal; and

(H) all documentation regarding the principal's property.

Termination of Agent's Authority

You must stop acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney. An event that terminates this power of attorney or your authority to act under this power of attorney includes:

(1) the principal's death;

(2) the principal's revocation of this power of attorney or your authority;

(3) the occurrence of a termination event stated in this power of attorney;

(4) if you are married to the principal, the dissolution of your marriage by court decree of divorce or annulment;

(5) the appointment and qualification of a permanent guardian of the principal's estate; or

(6) if ordered by a court, the suspension of this power of attorney on the appointment and qualification of a temporary guardian until the date the term of the temporary guardian expires.

Liability of Agent

The authority granted to you under this power of attorney is specified in the Durable Power of Attorney Act (Subtitle P, Title 2, Estates Code). If you violate the Durable Power of Attorney Act or act beyond the authority granted, you may be liable for any damages caused by the violation or subject to prosecution for misapplication of property by a fiduciary under Chapter 32 of the Texas Penal Code.

THE ATTORNEY IN FACT OR AGENT, BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

True Copy Certification

I, **Megan Paulus,** 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 this the 11th day of September, 2025.

Megan Paulus
Affiant Signature
Date 9/11/25

State of TENNESSEE
County of DAVIDSON

Sworn to and subscribed before me this the 11th day of September, 2025.

Notary's Signature
MY COMMISSION EXPIRES: _____

KADEN ROACH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires 07-06-2026

Tennessee Certification of Electronic Document

I, Emma Howard, 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 9-18-25 (date of document).

Affiant Signature

9-18-25
Date

State of Tennessee

County of Rutherford

Sworn to and subscribed before me this 18 day of September, 2025.

KELLIE L. PARSONS
STATE OF TENNESSEE NOTARY PUBLIC
RUTHERFORD COUNTY

Notary's Signature

MY COMMISSION EXPIRES: 8/21/27

NOTARY'S SEAL