This instrument prepared by:
Dodson Parker Behm & Capparella, P.C.
1310 6th Avenue North
Nashville, TN 37208
(615) 254-2291

Karen Johnson Davidson County
Batch# 1450602 DEEDQC
07/22/2026 12:51:30 PM 10 pgs
Fees: $52.00 Taxes: $0.00
20260722-0066519

QUITCLAIM DEED

ADDRESS OF NEW OWNER:	SEND TAX BILL TO:	MAP PARCEL NO.:
Toby S. Wilt 2024 Irrevocable Trust c/o Equitable Trust Company 4400 Harding Pike, Suite 310 Nashville, Tennessee 37205	Same	116030R03600CO

FOR AND IN CONSIDERATION of the sum of Ten Dollars and NO/100 ($10.00), and other good and valuable considerations, receipt and legal sufficiency of which valuable consideration is hereby acknowledged, Toby S. Wilt ("**Grantor**"), does hereby assign, transfer, convey, and quitclaim any and all of his rights, title and interest in certain real estate in Davidson County, Tennessee, which is described below, unto S. Fleming Wilt and Equitable Trust Company, as Co-Trustees of the Toby S. Wilt 2024 Irrevocable Trust, dated January 8, 2024, and its successors and assigns. The real estate is described as follows:

> Land in Davidson County, Tennessee, being Unit No. MS401, together with the appurtenant interest in the common elements of The Manning Condominiums, a horizontal property regime established by Declaration of record in Instrument No. 20200908-0102279, Register's Office for Davidson County, Tennessee, said Unit being depicted on the Manning Condominiums attached as Exhibit "C" to the aforementioned Declaration, to all of which reference is hereby made for a more complete description, together with an undivided percentage interest in the Common Elements allocated to said unit and with special rights to use certain Common Elements, including three parking spaces numbered 66, 67, and 68 and storage space number T-28 as shown on A1.0 as set forth in Exhibit C to said Declaration.
>
> Being the same property conveyed to Toby S. Wilt, an unmarried individual, from Chartwell Properties, LLC, a Tennessee Limited Liability Company, by Warranty Deed of record in Instrument No. 20260108-0001675, Register's Office for Davidson County, Tennessee.

The foregoing conveyance is subject to all encumbrances, easements, restrictive covenants and other matters, whether or not of public record, as may affect the above-described property.

STATE OF Tenn.)
COUNTY OF Davidson)

The consideration for this conveyance, per T.C.A. 67-4-409, is $-0-.

Subscribed and sworn to before me this the 21st day of July, 2026.

Affiant

Notary Public My Commission Expires: 7/2/2029

HUNTER R. MOBLEY STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY MY COMMISSION EXPIRES 7-2-2029

This is improved property known as 120 Woodmont Boulevard, #401, Nashville, Tennessee 37205.

THE PREPARER OF THIS DEED MAKES NO REPRESENTATION AS TO THE DESCRIPTION OF OR STATUS OF TITLE TO THE PROPERTY DESCRIBED HEREIN. THIS DEED HAS BEEN PREPARED SOLELY FROM INFORMATION FURNISHED TO THE PREPARER, WHO MAKES NO REPRESENTATION WHATSOEVER OTHER THAN IT HAS BEEN ACCURATELY TRANSCRIBED FROM THE INFORMATION.

WITNESS our hands this the 21st day of July, 2026.

S. Fleming Wilt, as Attorney-in-Fact for Toby S. Wilt, Grantor

STATE OF Tenn.)
COUNTY OF Davidson)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, S. Fleming Wilt, with whom I am personally acquainted (or who was identified to me on the basis of satisfactory evidence), and who, upon oath, acknowledged himself to be the Attorney-in-Fact of Toby S. Wilt, and that he as such Attorney-in-Fact, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing the name of Toby S. Wilt by himself as Attorney-in-Fact.

WITNESS my hand and seal, at office, this 21st day of July, 2026.

Notary Public My Commission Expires: 7/2/2029

HUNTER R. MOBLEY STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY MY COMMISSION EXPIRES 7-2-2029

202607220066519

DURABLE POWER OF ATTORNEY

OF TOBY S. WILT

I, TOBY S. WILT, hereby appoint and empower my spouse, **Lucianne Wilt**, and my child, **S. Fleming Wilt**, as my true and lawful attorneys-in-fact, to act for me and in my name and on my behalf; and any actions taken by them pursuant to the authority granted in this document shall require the joint action of both of my said attorneys-in-fact, it being my intention that neither of my said attorneys-in-fact shall have the authority to act unilaterally; provided that if my spouse, Lucianne, predeceases me or is otherwise unable to act, then I appoint my child, **S. Fleming Wilt**, as my true and lawful attorney-in-fact to act for me and in my name and on my behalf. In the event S. Fleming Wilt predeceases me or is otherwise unable to act, then I appoint my spouse, **Lucianne Wilt**, and my children, **JoAnne W. Banks and Toby S. Wilt, Jr.** as my true and lawful attorneys-in-fact, to act for me and in my name and on my behalf; and any actions taken by them pursuant to the authority granted in this document shall require the joint action of all of my said attorneys-in-fact, it being my intention that my said attorneys-in-fact shall not have the authority to act unilaterally. I authorize my attorney-in-fact in my name, place and stead, to transact any and all business for me and to handle and manage all of my property, both real, personal and mixed, and of every kind or character, and more specifically to do the following acts and things set forth below:

A. Collect, receive, and receipt for any and all sums of money or payments due or to become due to me.

B. Sue in my name and behalf for the recovery of any and all sums of money or payments due or to become due to me and to collect on any judgments recovered by me and execute satisfactions of the same.

C. Initiate, defend, continue, or settle suits on my behalf or to enforce the exercise of these powers granted to my attorney-in-fact.

D. Hire or discharge (with or without cause) employees including, but not limited to, physicians, nurses, attorneys, and domestics.

E. Deposit to or withdraw from, or draw checks or drafts upon, any and all savings or checking accounts, money market funds, or any other type of account in my name; open any new such accounts in my name in any bank or financial institution or with any insurance or brokerage firm; and endorse my name to any and all negotiable instruments.

F. Pay any and all bills, accounts, claims, and demands now or hereafter payable by me.

G. Receive and endorse for deposit in any account any payments that I receive from any branch or department of the United States or other government, including without limitation, Social Security payments, Veterans Administration payments or grants, Medicare or Medicaid payments, and tax refunds.

H. Represent me before any office of the Internal Revenue Service or any state agency; prepare and sign any tax return on my behalf; receive confidential information regarding tax matters for all periods, whether before or after the execution of this instrument; and to make any tax elections on my behalf.

I. Receive and open my mail, change my mailing address, and otherwise represent me in any matter concerning the U.S. Postal Service.

J. Borrow money and to otherwise incur or guarantee indebtedness for which I will be liable, and to secure any such indebtedness by mortgage or other security interests encumbering my assets.

K. Act for me in any business or enterprise in which I am now or have been engaged or interested or with respect to any trust in which I have a beneficial interest.

L. Manage all assets and properties belonging to me or in which I have any interest, and to expend whatever funds my attorney-in-fact deems proper for the preservation, maintenance, or improvement of those assets or properties.

M. Compromise, arbitrate, or otherwise adjust claims in favor of or against me or any assets or entity in which I have an interest, and to agree to any rescission or modification of any contract or agreement.

N. Participate in any type of liquidation or reorganization of any enterprise.

O. Join with other persons with whom I own property as joint tenants with right of survivorship or as tenants by the entireties in any transaction regarding that property.

P. Vote and exercise all rights and options, or empower another to vote and exercise those rights and options, concerning any corporate stock, securities, or other assets; to enter into or approve agreements for merger, reorganization, or equivalent transactions with respect to any company or enterprise; to delegate those rights to an agent; and to enter into voting trusts and other agreements or subscriptions.

Q. Exercise all rights and options, or empower another to exercise those rights and options, concerning sole proprietorships, general or limited partnerships, joint ventures, business trusts, land trusts, limited liability companies, and other domestic and foreign forms of organizations.

R. Buy, sell, exchange, lease, convey, and grant options with respect to any real or personal property, and to negotiate for and to enter into contracts and agreements of every nature, concerning real or personal property, including homestead or exempt property. Any such contract, agreement, or lease will be valid and binding for its full term even if it extends beyond my lifetime or the duration of this power of attorney.

S. Exercise all powers even though my attorney-in-fact may also be acting individually or on behalf of any other person or entity interested in the same matters.

T. Transact all business, make, execute and acknowledge all contracts, orders, deeds, bills of sale, assurances, promissory notes, mortgages, and other instruments of any nature which may be requisite or proper to effectuate any matter or things pertaining to or belonging to me.

U. Change the beneficiaries of any life insurance policies or other qualified or nonqualified benefit plans; create or fund revocable or irrevocable trusts for the benefit of myself or of other persons; and consent to the creation or extension of trusts established by other persons for my benefit.

V. Continue or discontinue my membership in any club or other organization.

W. Accept or resign on my behalf from any offices or positions which I may hold, including any fiduciary positions.

X. Continue, use, or terminate any charge or credit accounts.

Y. Employ and compensate any investment management service, financial institution, or similar organization to advise my attorney-in-fact and to handle all investments and to render all accountings of funds held on my behalf under custodial, agency, or other agreements.

Z. Enter into any safe deposit box for which I am a lessee and add or remove items.

AA. Disclaim any property interest that I would otherwise receive.

BB. Make an election on my behalf for me to receive an elective share of my spouse's estate, if any, as provided by Florida law from time to time.

CC. Demand, obtain, review, and release to others medical records or other documents protected by the patient-physician privilege, attorney-client privilege, or any similar privilege, including all records subject to, and protected by, the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA"). I designate my attorney-in-fact as my personal representative under HIPAA.

DD. File or process claims for any medical bills with all insurance companies through which I have coverage, including but not limited to Medicare and Medicaid, and to receive from Blue Cross/Blue Shield or any other insurer information obtained in the adjudication of any claim in regard to services furnished to me under Title 18 of the Social Security Act.

EE. Nominate on my behalf a person (including my attorney-in-fact) or entity to be appointed by a court of appropriate jurisdiction as guardian of my person or property, or both, or as custodian for my property during the pendency of any proceedings to determine my competency.

FF. Invest in assets, securities, or interests in securities of any nature, including (without limit) commodities, options, futures, precious metals, currencies, and in domestic and

foreign markets or investment funds, including common trust funds; to trade on credit or margin accounts (whether secured or unsecured); and to pledge assets for that purpose.

GG. To make gifts of cash or property, or the income therefrom, in trust or outright, to my family members, spouse, friends, and natural objects of my bounty, and to make contributions to charitable organizations. Notwithstanding the foregoing, no gifts may be made to an individual that, when aggregated with other gifts made within the then current calendar year to such individual by me, my spouse, or by my said attorney acting under this instrument, will exceed the lesser of:

(a) the maximum amount that may be excluded from a donor's taxable gifts for the year in respect to gifts to any donee pursuant to Section 2503(b), after taking into account Section 2513, or

(b) with regard to the value of my assets to which this power is applicable, the largest amount which would not cause the lapse of a power of appointment to be treated as a release of a power of appointment within the meaning of Sections 2041(b)(2) and 2514(e).

HH. The following powers and authorizations shall apply to my digital account(s), digital asset(s), digital device(s), digital property and information related thereto, whether in the form of data, text, images, sounds, codes, computer programs, software, databases or similar intelligence of any nature:

(a) I authorize my attorney-in-fact to access, use and take control of my digital devices including, but not limited to, desktops, laptops, tablets, peripherals, storage devices, mobile telephones, smartphones, and any similar digital device.

(b) I authorize my attorney-in-fact to access any online accounts and electronically stored information of mine, whether solely in my name or held jointly, including but not limited to email accounts, bank accounts, brokerage accounts, mutual fund accounts, tax preparation service accounts, insurance company accounts, financial management accounts, domain registration accounts, domain name service accounts, web hosting accounts, file sharing accounts, retail vendor accounts, utility provider accounts, internet service provider accounts, social network and social media accounts, online sales accounts and online stores such as eBay or Amazon accounts, affiliate programs, remote computing services and cloud-based computing services or storage accounts, and the like; to change my username and password as necessary to gain access to my accounts or information, to open new accounts and close accounts as my agent may deem advisable or in my best interests, and to transfer funds, and credits such as awards points, among my online accounts as my agent deems necessary or advisable.

(c) I authorize any person or entity that possesses, has custody, or controls any online accounts or electronically stored information of mine, to divulge to my attorney-in-fact any electronically stored information of mine; the contents of any communication that is in electronic storage; and any records pertaining to me maintained by that person or entity. This authorization is to be construed as my lawful consent under the Electronic Communications Privacy Act (including the Stored Communications Act thereunder); the Computer Fraud and Abuse Act; and any other applicable federal or state data privacy law or criminal law.

The term "Section" as used hereinabove shall mean a section of the Federal Internal Revenue Code of 1986, as amended (or any successor section of the Code).

Notwithstanding the preceding provisions of this subparagraph, my said attorney shall not have any power to make any gift if such gift would discharge any legal obligation of the attorney (including obligations of support).

I further authorize my attorney-in-fact to take all other actions as may be necessary or appropriate for my personal well-being and the management of my affairs, as fully and as effectively as if made or done by me personally.

Despite the foregoing powers, my attorney-in-fact may not (i) deal with insurance policies I own on the life of an attorney-in-fact, or (ii) except as specifically authorized by this power of attorney, distribute assets so as to discharge a legal obligation of my attorney-in-fact.

My attorney-in-fact shall keep full and accurate inventories and accounts of all transactions for me as my agent. Such inventories and accounts will be made available for inspection upon request by me or by my guardian or personal representative. My attorney-in-fact need not file any inventory or accounts with any court or clerk.

Any third party to whom this power of attorney is presented may rely upon an affidavit by my attorney-in-fact stating, to the best of their knowledge and belief, that this power has not been revoked, that I am then living, and that no proceedings have been initiated to determine my incapacity. No third party relying on this power and that affidavit will be liable for any losses, damages, or claims caused by compliance with the action requested by my attorney-in-fact, unless that third party has actual knowledge of my death or the revocation of this power.

This durable power of attorney will not be affected by my subsequent incapacity except as provided in Chapter 709 of the Florida Statutes. It is my specific intent that the power conferred on my attorney-in-fact will be exercisable from the date of this instrument, notwithstanding my subsequent disability or incapacity, except as otherwise specifically provided by statute.

If any part of this power of attorney is declared invalid or unenforceable, that decision will not affect the validity of the remaining parts.

My attorney-in-fact does not have an affirmative duty to act under this power of attorney and will not be liable for any claim or demand arising out of my attorney-in-fact's acts or omissions, except for willful misconduct or gross negligence.

In witness whereof, I have executed this durable power of attorney on September 29, 2021.

Signed in the presence of:

Print Name: Cindy Jones

Print Name: Melanie Davenport

TOBY S. WILT

Two witnesses as to
TOBY S. WILT

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The foregoing instrument was acknowledged before me on September 29, 2021, by TOBY S. WILT.

Notary Public--State of Tennessee
Print Notary Name: Shelly Salva
My Commission Number is:
My Commission Expires: 3/7/2023

Personally Known ✓
Produced Identification
Type of Identification

Prepared by:
James C. Gooch, Esq.
Bass, Berry & Sims PLC
150 Third Avenue South, Suite 2800
Nashville, Tennessee 37201
Telephone: 615-742-6247
Attorney for Principal

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 028544

1. Decedent's Legal Name			2. Sex	3. Date of Death
LUCIANNE FORCUM WILT			FEMALE	05/09/2023
4. Time of Death (Approx.)	5a. Age	6. Date of Birth	7. Birthplace	
03:58	71	[redacted]	[redacted]	
8a. Place of Death				
[redacted]				
8b. Facility Name		8c. City or Town		8d. County of Death
[redacted]		NASHVILLE		DAVIDSON
9. Marital Status	10. Surviving Spouse (name prior to first marriage)		11a. Decedent's Usual Occupation	11b. Kind of Business/Industry
MARRIED	TOBY WILT		[redacted]	
12. Social Security Number	13a. Residence-State or Foreign Country		13b. County	13c. City or Town
[redacted]	TENNESSEE		DAVIDSON	NASHVILLE
13d. Street and Number		13e. Inside City Limits?	13f. Zip Code	14. Was Decedent ever in US Armed Forces?
[redacted]				
15. Decedent's Education		16. Decedent of Hispanic Origin?		17. Decedent's Race
[redacted]				[redacted]
18. Father's Name			19. Mother's Name Prior to First Marriage	
[redacted]			[redacted]	
20a. Informant's Name		20b. Relationship to Decedent	20c. Mailing Address	
[redacted]			[redacted]	
21a. Method of Disposition		21b. Place of Disposition		21c. Location
[redacted]				

22a. Signature of Funeral Director	22b. License Number	22c. Signature of Embalmer	22d. License Number
▶ /e/ JEFF PLUNK	4427	▶	
23a. Name and Address of Funeral Home			23b. License Number
MARSHALL-DONNELLY-COMBS FUNERAL HOME, 201 25th AVE NORTH, NASHVILLE, TN 37203-1604			40
24. Registrar's Signature		25. Date Filed	
▶ /e/ EDWARD G BISHOP III		05/12/2023	

26. Certifier

26a. ☒ PHYSICIAN – TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.

26b. ☐ MEDICAL EXAMINER – ON THE BASIS OF EXAMINATION, AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.

27a. Certifier	27b. License Number	27c. Date Signed
▶ /e/ ANH THI MEADOWS	045572	05/11/2023
27d. Name and Address		
ANH THI MEADOWS 1718 PATTERSON STREET, NASHVILLE, TN 37203		

28. Part I. ENTER THE CHAIN OF EVENTS (DISEASES, INJURIES, OR COMPLICATIONS) THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. ENTER ONLY ONE CAUSE ON A LINE.

		Approximate Interval: Onset to Death
IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	a. [redacted]	
	b.	
	c.	
	d.	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I

29a. Was an Autopsy Performed? [redacted]

29b. Were Autopsy Findings Available to Complete the Cause of Death?

30. Manner of Death	31. Did Tobacco Use Contribute to Death?	32. If Female:
[redacted]		

33. If Transportation Injury, Specify:	34a. Date of Injury	34b. Time of Injury	34c. Injury at Work?	34d. Place of Injury
	34e. Describe How Injury Occurred			34f. Location of Injury

PH-1659E RDA 10112

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

14997939

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued: May-15-2023

CERTIFICATION OF VITAL RECORD

Certificate of Authenticity

I, Sarah Arick, 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 July 21, 2026.

Date: 07/21/2026

Sarah Arick

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Sworn and subscribed before me on July 21, 2026.

Notary Public: Lisa C. Woodruff

My Commission Expires:

