

2023031977 00113

FORSYTH COUNTY NC FEE \$26.00
STATE OF NC REAL ESTATE EXT
\$570.00

PRESENTED & RECORDED
09/18/2023 02:00:23 PM
LYNNE JOHNSON
REGISTER OF DEEDS
BY: CARLA B FLEMING, DPTY
BK: RE 3773
PG: 1712 - 1716

PREPARED BY:
Law Offices of Thomas G. Jacobs
1590 Westbrook Plaza Dr., Ste 103
Winston-Salem, NC 27103

Parcel No. 6828-78-4206.000
Excise Tax: \$570.00

WHEN RECORDED MAIL TO:

FIDELITY NATIONAL TITLE CO – NCS DIV
ONE EAST WASHINGTON STREET, SUITE 450
PHOENIX, AZ 85004
ATTN: KELLI VOS
(602) 343-7572

TITLE NO.: WL23005288
ESCROW NO.: Z2345965-KJV

DO NOT REMOVE THIS COVER SHEET. IT IS NOW PART OF THE RECORDED DOCUMENT.

DOCUMENT TO BE RECORDED:

SPECIAL WARRANTY DEED

GRANTOR:
MEDSOLUTIONS COMPOUNDING
PHARMACY, INC.
a North Carolina corporation
1365 Westgate Center Dr, Ste F2
Winston-Salem, NC 27103

GRANTEE:
MDC NC1, LP,
a Delaware limited partnership
11995 El Camino Real
San Diego, CA 92130

SPECIAL WARRANTY DEED

Excise Tax: \$510.00
Tax Parcel ID No. 6828-78-4206.000 Verified by _____ County
on the ____ day of _____, 20__ By: _____

Mail/Box to: _____

This instrument was prepared by: Thomas G. Jacobs, Attorney

Brief description for the Index: Lot 5D Oak Summit Business Park lot 5C-Revisions

THIS DEED, made this the 6 day of September, 2023, by and between

GRANTOR: Medsolutions Compounding Pharmacy, Inc.
whose mailing address is 1365 Westgate Center Drive, Suite F2, Winston-Salem, NC 27103 and

whose mailing address is _____
(herein referred to collectively as **Grantor**) and

GRANTEE: MDC NC1, LP, A Delaware limited partnership
whose mailing address is 11995 El Camino Real, San Diego, CA 92130 and

whose mailing address is _____
(herein referred to collectively as **Grantee**) and

[Include mailing address for each Grantor and Grantee; marital status of each individual Grantor and Grantee; and type of entity, e.g., corporation, limited liability company, for each non-individual Grantor and Grantee.]

WITNESSETH:

For valuable consideration from Grantee to Grantor, the receipt and sufficiency of which is hereby acknowledged, Grantor hereby gives, grants, bargains, sells and conveys unto Grantee in fee simple, subject to the Exceptions and Reservations hereinafter provided, if any, the following described property located in the County of Forsyth, State of North Carolina, more particularly described as follows:

See Attached Exhibit A

Said property having been previously conveyed to Grantor by instrument(s) recorded in Book 3213, Page 512, and being reflected on plat(s) recorded in Map/Plat Book 48, page/slide 35.

All or a portion of the property herein conveyed ___ includes or x does not include the primary residence of a Grantor.

TO HAVE AND TO HOLD unto Grantee, together with all privileges and appurtenances thereunto belonging, in fee simple, subject to the Exceptions and Reservations hereinafter and hereinabove provided, if any.

And Grantor hereby warrants that Grantor has done nothing to impair the title as received by Grantor and that Grantor will forever warrant and defend the title against the lawful claims of all persons claiming by, through or under Grantor.

This conveyance is made subject to the following Exceptions and Reservations:

See attached Exhibit B.

All references to Grantor and Grantee as used herein shall include the parties as well as their heirs, successors and assigns, and shall include the singular, plural, masculine, feminine or neuter as required by context.

IN WITNESS WHEREOF, the Grantor has duly executed the foregoing as of the day and year first above written.

Medsolutions Compounding Pharmacy, Inc.

By: [Signature] (SEAL)
Print/Type Name & Title: Hytham Mouna, President Print/Type Name: _____

By: _____ (SEAL)
Print/Type Name & Title: _____ Print/Type Name: _____

By: _____ (SEAL)
Print/Type Name & Title: _____ Print/Type Name: _____

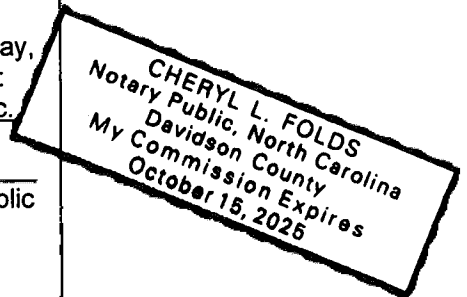
By: _____ (SEAL)
Print/Type Name & Title: _____ Print/Type Name: _____

State of North Carolina
County of Forsyth (Official/Notarial Seal)

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document:
Hytham Mouna, President of Medsolutions Compounding Pharmacy, Inc.

Date: 9-6-2023
[Signature] Notary Public
Cheryl L. Folds Notary's Printed or Typed Name

My Commission Expires:
10-15-2025



State of _____
County of _____ (Official/Notarial Seal)

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document:

_____ [insert name(s) of principal(s)].

Date: _____
_____ Notary Public
Notary's Printed or Typed Name

My Commission Expires:

Exhibit A

BEING KNOWN AND DESIGNATED as all of Lot 5D, containing 2.00 acres, more or less, as shown on a plat entitled "Oak Summit Business Park Lot 5C-Revisions" as recorded in Plat Book 48, Page 35 in the Office of the Register of Deeds of Forsyth County, North Carolina, reference to said plat is hereby made for a more particular description.

Exhibit B

1. **The lien of all taxes for the year 2023 and thereafter, which are not yet due and payable.**
2. **Declaration of covenants, conditions, restrictions, easements, charges, assessments, liens (but omitting any covenants or restrictions, if any, based upon race, color, religion, sex, sexual orientation, familial status, marital status, disability, handicap, national origin, ancestry, or source of income, as set forth in applicable state or federal laws, except to the extent that said covenant or restriction is permitted by applicable law) recorded in Book 1947, Page 759.**
3. **The following matter(s) as shown on map or plat recorded in Plat Book 48, Page 35 (10' Public Utility Easement, 30' Private Access Easement & Private utility Easement); Plat Book 43, Page 86 (10' Public Utility Easement, 30' Private Access Easement & Private utility Easement); and Plat Book 48, Page 168 (30' Access Easement & Private Utility Easement, 10' Public Utility Easement & 10' Private Water Line Easement).**