BOOK 8086 PAGE 798

File 23

DAVIDSON COUNTY T...
Apr 12 8 35 AM '90
IDENTIF. TREFERENCE
18318

# AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

(Executed pursuant to T. C. A. Section 30-2-712, et seq.)

FROM: Sara K. Lynch

0518 04/12 0101 03CHECK 30.00

TO: Jean Turner Alexander
5820 Cane Ridge Road
Antioch, Tennessee 37013

RE: Land in Davidson County, Tennessee described as follows:

1. Map 182, parcel 26, 24.85 acres, Cane Ridge Road
2. Map 174, parcel 34, 28.65 acres, Cane Ridge Road
3. Map 182, parcel 92, 8.00 acres, Cane Ridge Road

W. C. Ledbetter, their father, died intestate in 1918. Mr. Ledbetter's widow Sally Ledbetter having since died. Sara Ledbetter Lynch acquired her brother's and sister's interest by purchase as follows:

Fred Ledbetter, a 1/6 interest February 2, 1959 Deed Book 2875, page 635, Register's Office for Davidson County, Tennessee.

Taft Ledbetter, a 1/6 interest May 2, 1959 Deed Book 2881, page 353, Register's Office for Davidson County, Tennessee.

Evelyn Ledbetter Stroud, et vir, a 1/6 interest October 27, 1959 Deed Book 2992, page 125, Register's Office for Davidson County, Tennessee.

Mable Ledbetter Bell, a widow, a 1/6 interest October 3, 1959 Deed Book 2963, page 189, Register's Office for Davidson County. Tennessee.

David Ledbetter. a 1/6 interest January 29, 1958 Deed Book 2864, page 341, Register's Office for Davidson County, Tennessee.

Being the same property acquired by Sara Ledbetter Lynch, a 1/6 interest as one of six heirs at law.

4. Map 119-5, parcel 12 Lot ___ Peachtree Street
Map 119-5, parcel 11 Lot ___ Peachtree Street

Being Lots Nos 3 & 4 on the Plan of W. C. Hall's Subdivision of part of Lot No. 31, Cumberland Nurseries, as of record in Book 547, page 121, Register's Office for said County.

Said Lots Nos. 3 & 4 front 50 feet each on the southerly side of Peachtree Street and run back between parallel lines 150 feet to a dead line.

Being the same property conveyed to George Lynch and wife, Annie Green Lynch, by deed from A. Kiser Miller and husband. W. C. Miller, as of record in Deed Book 1286, page 153, and to George Washington Lynch by deed from Annie Green Lynch, of record in Book 2278, page 247, Register's Office for said County.

Being the same property acquired by Sara K. Lynch as the surviving tenant by the entirety of her husband George Washington Lynch who deceased on June 11, 1951. They having acquired title to the above property as tenants by the entirety in Deed Book 2304, page 19 on November 2, 1954.

RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING
THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED

5. Map 89-19, parcel 394 2235 Nolensville Road

Being the southerly part of the easterly part of Lot No. 76 on the Plan of the Subdivision of the G. P. Rose Property, as of record in Book 547, page 74, Register's Office for said County.

Said part of Lot No. 76 fronts 50 feet on the westerly side of the Nolensville Pike and runs back between lines, 181 feet more or less on the northerly line and 192 feet more or less on the southerly line to the easterly line of the property conveyed to J. E. Fox and wife by deed of record in Book 854, page 281, sand Register's Office, on which it measures 48 feet more or less.

Being the same property conveyed to Buford P. Turner and wife, Sara K. Turner by deed from Sam A. Davis and wife, Annie May Davis in Deed Book 1194, page 44, on September 27, 1943.

The said Buford P. Turner having deceased on June 11, 1951 and Sara K. Turner having acquired the entire fee simple title as the surviving tenant by the entirety.

Sara K. Turner was one and the same person as Sara K. Lynch.

AFFIANTS, being first duly sworn according to law, depose and say:

6. 1. That Sara K. Lynch was married twice.
(a) Her first husband who predeceased her on June 11, 1951 was named Buford P. Turner.
(b) Her second husband who predeceased her on April 10, 1964 was named George Washington Lynch.

Both husbands died intestate.

2. That Sara K. Lynch died testate on March 21, 1988, a resident of Davidson County, Tennessee, being 77 years of age and leaving a Last Will and Testament bearing a date of April 5, 1965. Said Will was probated under Rule No. 92418, Davidson County Probate Court. The Estate has been closed.

7. A certified copy of the Last Will and Testament of Sara K. Lynch has been attached to this Affidavit of Heirship and shows on its face that all real estate passed to Jean Turner Alexander as a devisee under said Will, but does not describe the real estate.

This document is for the express purpose of describing the real estate left Jean Turner Alexander under the Will of Sara K. Lynch.

8. The following exhibits are attached and hereby incorporated by reference as if fully copies herein.

(A) Certificate of Death - Sara Katherine Lynch
(B) Certificate of Death - Buford P. Turner
(C) Notice of Death - George Washington Lynch
(D) Certified copy of Will of Sara K. Lynch
(E) State of Tennessee, Department of Revenue non-taxable certificate
(F) Paid funeral bills on estate of Sara K. Lynch

FURTHER, the Affiant saith not.

WITNESS OUR HANDS this the 11 day of April, 1990 at office in said County and State.

Jean Turner Alexander
JEAN TURNER ALEXANDER

Mary T. Crain
Mary T. Crain

STATE OF TENNESSEE
COUNTY OF WILILAMSON

Subscribed and sworn to before me, the undersigned Notary Public on this the 11th day of April, 1990.

Tom D. Coleman
NOTARY PUBLIC

My commission expires: 3-3-1992

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named Jean Turner Alexander, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Brentwood, Tennessee, this 11th day of April, 199a.

Tom D. Coleman
NOTARY PUBLIC

My commission expires: 3-2-1992

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named Mary T. Crain, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Brentwood, Tennessee, this 11th day of April, 1990.

Tom D. Coleman
NOTARY PUBLIC

My commission expires: 3-3-1992

This instrument was prepared by:
Tom G. Coleman, Jr., Attorney
9000 East Church Street B-102
Brentwood, TN 37027

EXHIBIT "A"

BOOK 8086 PAGE 801

*Metropolitan Government of Nashville and Davidson County*

**Bill Boner, Mayor**

FREDIA S. WADLEY, M.D.
LOCAL REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY, TN

APR 1 1988

Fredia S. Wadley, M.D

**METROPOLITAN HEALTH DEPARTMENT**
**311 23rd AVENUE, NORTH**
**NASHVILLE, TENNESSEE 37203**
**(615) 327-9313**

**This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.**

**This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.**

8801539

# CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

BIRTH NO. _____ STATE FILE NO.

BECOMES A LEGAL D WHEN PROPERLY EXE- AND FILED.

OR PRINT IN NENT BLACK INK.

**DECEASED**

RESIDENCE WHERE DE- LIVED. IF DEATH OC- D IN INSTITUTION, GIVE NCE BEFORE ADMIS-

**PARENTS AND INFORMANT**

REQUIRED PRIOR TO PORTATION OF BODY BY ON CARRIER OR RE- FROM STATE.

**DISPOSITION**

**CERTIFIER**

TH NOT ATTENDED BY CIAN. AUTHORIZED OF- SIGN HERE. ANY CIAN OR MEDICAL EX- H EXECUTING CER- TE MUST COMPLETE SIGN MEDICAL CER- ATION WITHIN 48 S POWER OF ATURE CANNOT BE IATED.

**CAUSE**

| DECEASED—NAME (First, Middle, Last) | | | DATE OF DEATH (Month, Day, Year) |
|---|---|---|---|
| 1. SARA | KATHERINE | LYNCH | 2. March 21, 1988 |

| AGE—Last Birthday (Years) | Under 1 Year: Mos. / Days | Under 1 Day: Hours / Min. | DATE OF BIRTH (Month, Day, Year) | RACE (White, Black, American Indian, Etc.) | ORIGIN OR DESCENT (Italian, Mexican, German, Etc.) | SEX |
|---|---|---|---|---|---|---|
| 3a. 77 | 3b. | 3c. | 4. March 13, 1911 | 5a. White | 5b. English | 6. Female |

| COUNTY OF DEATH | CITY, TOWN OR LOCATION | INSIDE CITY LIMITS (Specify Yes or No) | HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, specify private residence, business, street, etc.) | If Hosp. or Inst.: Indicate DOA, OP/Emer. Rm., Inpatient (Specify) |
|---|---|---|---|---|
| 7a. Davidson | 7b. Nashville | 7c. Yes | 7d. Southern Hills Hospital | 7e. DIE |

| STATE OF BIRTH (If not in U.S.A., name country) | CITIZEN OF WHAT COUNTRY | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | SURVIVING SPOUSE (If wife, give maiden name) |
|---|---|---|---|
| 8. Tenn. | 9. U.S.A. | 10. Widowed | 11. |

| SOCIAL SECURITY NUMBER (If none, specify) | SERVICE IN ARMED FORCES (Specify War or Dates of Service) | USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | KIND OF BUSINESS OR INDUSTRY |
|---|---|---|---|
| 12a. [redacted]-4325 | 12b. No | 13a. Housewife | 13b. Self |

| RESIDENCE—STATE | COUNTY | CITY, TOWN, OR LOCATION | STREET AND NUMBER | INSIDE CITY LIMITS (Specify Yes or No) | CENSUS TRACT NO. |
|---|---|---|---|---|---|
| 14a. Tenn. | 14b. Davidson | 14c. Antioch | 14d. 5851 Cane Ridge Road | 14e. Yes | 14f. |

| FATHER—NAME | MOTHER—MAIDEN NAME | INFORMANT—NAME | MAILING ADDRESS |
|---|---|---|---|
| 15. Will C. Ledbetter | 16. Sallie Nelson | 17. Jean Alexander | Same |

| BURIAL, CREMATION, REMOVAL, OTHER (Specify) | DATE (Month, Day, Year) | CEMETERY OR CREMATORY—NAME | LOCATION (City or Town, State) |
|---|---|---|---|
| 18a. Burial | 18b. 3-23-88 | 18c. Woodlawn | 18d. Nashville, Tenn. |

| FUNERAL DIRECTOR (Signature) | LICENSE NO. | EMBALMER (Signature) | LICENSE NO. |
|---|---|---|---|
| 19a. Herman Petty | 19b. 1600 | 19c. Herman Petty | 19d. 2316 |

| FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, ZIP) | REGISTRAR—SIGNATURE | DATE RECEIVED BY LOCAL REGISTRAR |
|---|---|---|
| 20. Woodbine Funeral Home Nashville, Tenn. | 21a. Mary C. Pentecost | 21b. Apr. 1, 1988 |

| PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. | SIGNATURE | DEGREE | DATE SIGNED (Month, Day, Year) |
|---|---|---|---|
| 22a. | | | 22b. |
| MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. | SIGNATURE | TITLE | DATE SIGNED (Month, Day, Year) |
| 23a. | | | 23b. |

| CERTIFIER—NAME (Type or Print) | MAILING ADDRESS (Street or R.F.D. No., City or Town, State, ZIP) |
|---|---|
| 24a. Tom C. Duncan, M.D. | 24b. 393 Wallace Rd Ste 303 Nashville Tn |

25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) — INTERVAL BETWEEN ONSET AND DEATH

| | | |
|---|---|---|
| IMMEDIATE CAUSE (a) | Cardiac Arrest | 7211 |
| DUE TO, OR AS A CONSEQUENCE OF: (b) | Myocardial infarction | |
| CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST — DUE TO, OR AS A CONSEQUENCE OF: (c) | Coronary Artery Disease | |

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) — AUTOPSY (Yes or No) 26.

| ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (Specify) | DATE OF INJURY (Month, Day, Year) | HOUR | DESCRIBE HOW INJURY OCCURRED |
|---|---|---|---|
| 27a. | 27b. | 27c. M. | 27d. |

| INJURY AT WORK (Specify Yes or No) | PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify) | LOCATION (Street or R.F.D. No., City or Town, State) |
|---|---|---|
| 27e. | 27f. | 27g. |

T-1559
Rev. 9/81 CRC

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Legibility of Writing, Typing or Printing in This Document Unsatisfactory When Received.

EXHIBIT "B"

BOOK 8086 PAGE 802

H. H. HUTCHESON, M. D.
COMMISSIONER OF PUBLIC HEALTH

STATE OF TENNESSEE
DEPARTMENT OF PUBLIC HEALTH
NASHVILLE 3

PUBLIC HEALTH COUNCIL
OREN A. OLIVER, D.D.S., CHAIRMAN, NASHVILLE
J. R. THOMPSON, JR., M.D., VICE-CHAIRMAN, JACKSON
L. F. MITCHELL, PH.D., SECRETARY, NASHVILLE
ROBERT BUCHANAN, JR., M.D., NASHVILLE
R. C. KIMBROUGH, M.D., MADISONVILLE
T. R. RAY, M.D., SHELBYVILLE
MRS. J. HUGH KNOX, NASHVILLE
M. T. TIPTON, M.D., UNION CITY
R. B. WOOD, M.D., KNOXVILLE

DEPARTMENT OF PUBLIC HEALTH — CERTIFICATE OF DEATH — DIVISION OF VITAL STATISTICS
STATE OF TENNESSEE — 51-12787

Buford P. Turner — June 11, 1951

White | Male | Married | 5/28/1905 | 46 | 0 | 13

PLACE OF DEATH
County: Davidson | Civil District: 6
City or Town (If outside city limits, write RURAL): Nashville (rural)
Length of Stay in This Place: Life
Name of Hospital or Institution: Maplecrest Drive-Stanford School

USUAL RESIDENCE OF DECEASED
State: Tenn | County: Davidson | Ward: 6
City or Town (If outside city limits, write RURAL): Nashville
Street Address: 2235 Nolensville Road

Usual Occupation: Foreman
Kind of Business or Industry: Regen Construction Company
Social Security Number:
Was Deceased Ever in U.S. Armed Forces? No
Birthplace: Tennessee
Citizen of What Country: USA

Father's Name: Oscar A. Turner
Mother's Maiden Name: Georgia A. Kimbro
Informant: Mrs. Buford Turner, 2235 Nolensville Road

MEDICAL CERTIFICATION

Cause of Death
Disease or condition directly leading to death: (a) Natural Causes, Malignancy
Antecedent causes: Due to (b)
Morbid conditions, if any, giving rise to above cause (a) stating the underlying cause last: Due to (c)
Other significant conditions contributing to the death but not related to the disease or condition causing death:

Interval between onset and death:

Date of Operation:
Major Findings of Operation:
Autopsy: Yes ☐ No ☒
Findings at Autopsy:

Accident / Suicide / Homicide: NN
Place of Injury:
Time of Injury:
Injury Occurred While At Work ☐ Not While At Work ☐
How did injury occur?

I hereby certify that the deceased died on the date stated above at the time stated above from the cause stated above.
Signature: [signature] M.D. ☒ Other (Specify) STATE
Address: Goodlettsville Tenn
Date: 6-13-51

Burial, Cremation, Removal: Burial
Date of Burial, Cremation, or Removal: June 13, 1951
Name of Cemetery or Crematory: Woodlawn
Location: City, Town or County: Nashville, Tennessee
Funeral Director: Metropolitan Funeral Home, Nashville
Registration Dist. No.: 191
Date Signed by Local Reg.: 6-18-51
Registrar's Signature: [signature]

Tennessee

I HEREBY CERTIFY THE ABOVE TO BE A TRUE AND CORRECT COPY OF THE ORIGINAL RECORD ON FILE IN THIS OFFICE. (NOT VALID UNLESS COUNTERSIGNED BY DEPUTY STATE REGISTRAR OF VITAL STATISTICS)

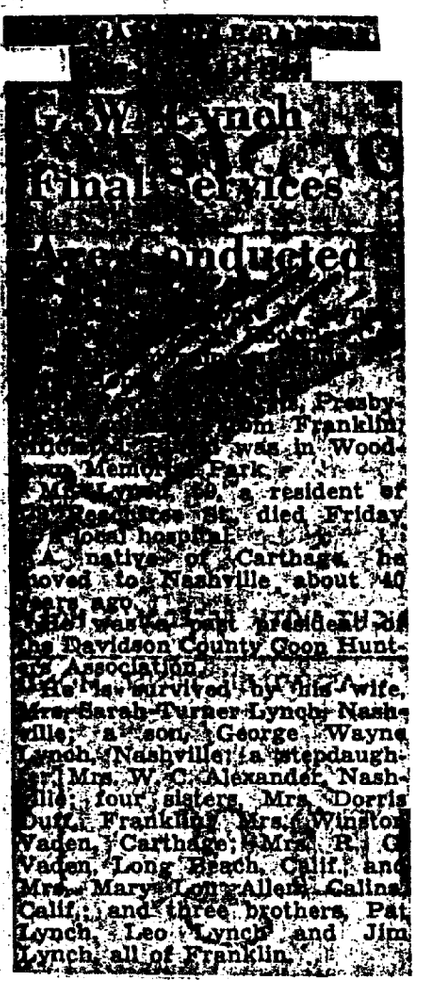
COMMISSIONER

DATE ISSUED March 6, 1952

RECORDER'S MEMO:
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Exhibit "C"





G. W. Lynch
Final Services
Are Conducted

... Presby-
... from Franklin,
... was in Wood-
... Memorial Park.
... 69, a resident of
... Rectortown St., died Friday
... local hospital.
... native of Carthage, he
... moved to Nashville about 40
... years ago.
... was a past president of
... the Davidson County Coon Hunt-
... ers Association.
... He is survived by his wife,
... Mrs. Sarah Turner Lynch, Nash-
... ville; a son, George Wayne
... Lynch, Nashville; a stepdaugh-
... ter, Mrs. W. C. Alexander, Nash-
... ville; four sisters, Mrs. Dorris
... Duff, Franklin; Mrs. Winston
... Vaden, Carthage; Mrs. R. C.
... Vaden, Long Beach, Calif., and
... Mrs. Mary Lou Allen, Calina,
... Calif., and three brothers, Pat
... Lynch, Leo Lynch and Jim
... Lynch, all of Franklin.

... LYNCH—April 5th, 1964, at a local
... infirmary, George W. Lynch, sur-
... vived by wife, Mrs. Sarah Lynch;
... son, George Wayne Lynch; step-
... daughter, Mrs. W. C. Alexander;
... three brothers, Pat, Leo and Jim
... Lynch, all of Franklin; four sis-
... ters, Mrs. Dorris Duff, Franklin;
... Mrs. Winston Vaden, Carthage,
... Tenn., and Mrs. Mary Lou Allen
... and Mrs. R. C. Vaden, of Cali-
... fornia. Remains are at Ellis Fu-
... neral Home, 2627 Nolensville Road,
... where funeral services will be
... conducted at 11 a.m. Monday, by
... the Rev. J. H. Harris. Honorary
... pallbearers: Davidson County
... Coon Hunters Association. Active:
... King, Sam Frame, Steve Williams-
... son, Jason Purcell, Bates Southall,
... Lawis Moore, William Garriott,
... P. D. Kincaid, Lucien
... Caldwell, A. T. Lane, Charles A.
... Howell, John Uhlan, Jr., H. E.
... Gilliland, T. E. Inman, Alton Fer-
... guson. Interment Woodlawn Ceme-
... tery. Ellis Funeral Home, Direc-
... tors.

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92418
3-22-89 W3166-524

EXHIBIT "D"

BOOK 8086 PAGE 804

LAST WILL AND TESTAMENT

I, Sara K. Lynch, of Davidson County, Tennessee, being of sound mind and disposing memory, do hereby make and publish this my Last Will and Testament, hereby revoking and making void all other and former Wills by me, at any time, made.

I

I desire and direct that all my just debts and funeral expenses be first paid by my Executrix out of any funds coming into her hands as such Executrix.

II

All the rest, residue and remainder of my property, real, personal and mixed, and wherever situated, and whether acquired before or after execution of this Will, I give, devise and bequeath unto my daughter, Jean Turner Alexander, provided that she survives me; but if she does not survive me, then I give said property, instead to my grandson, William Darrell Alexander.

III

I hereby nominate and appoint my said daughter, Jean Turner Alexander, Executrix of this my Last Will and Testament; and I direct that no security be required of my said daughter, as such Executrix.

In testimony whereof, I have hereunto set my signature, this the 5th day of April, 1965.

Sara K. Lynch.
SARA K. LYNCH

Signed by the said Sara K. Lynch, as and for her Last Will and Testament, in the presence of us, the undersigned, who, at her request and in her sight and presence, and in the presence of each other, have subscribed our names as attesting witnesses, the day and date above written.

Mrs. Raymond L. Smith

Mrs. Beverly J. Dodd

Attesting Witnesses.

92418

AFFIDAVIT

BOOK 8086 PAGE 805

STATE OF TENNESSEE

COUNTY OF WILLIAMSON

Henry King, pursuant to Tennessee Code Annotated, Section 32-2-110, after first being duly sworn or affirmed, makes oath that the foregoing Last Will and Testament of Sara K. Lynch was signed by Sara K. Lynch as and for her Last Will and Testament, at the time acknowledged, published and declared by her to be her Last Will and Testament, in the sight and presence of us, the undersigned, and witnesses whose where abouts are now unknown, and unavailable after diligent search and inquiry and who, at her request and in her sight and presence, and in the sight and presence of each other, subscribed our names as attesting witnesses on the 5th day of April, 1965, and we do further make oath or affirm that the Testatrix was of sound mind and disposing memory and more than eighteen (18) years of age, and that each of the attesting witnesses are more than eighteen (18) years of age.

Henry King

Sworn to and subscribed before me,
this 16th day of March, 1989.

Notary Public

My commission expires: 3-2-1992

STATE OF TENNESSEE, DAVIDSON COUNTY

I, BILL COVINGTON, Clerk of the Probate Court of Davidson County, State aforesaid, do certify that the foregoing is a full, true and complete copy of the original on file in my office. Will Book 166 Page 324
Given under my hand and official seal, at office, in Nashville, this 20 of April 1989

BILL COVINGTON
Clerk of Probate Court

By _____ Deputy Clerk

EXHIBIT "E"

TENNESSEE DEPARTMENT OF REVENUE

NT 04860

**NON-TAXABLE CERTIFICATE**

Jean Turner Alexander
ESTATE REPRESENTATIVE

BOOK 8086 PAGE 806

ACCT. NO. 89-05323

To Mr. Tom G. Coleman, Jr.
Attorney at Law
9000 Building B

Brentwood, TN 37027

**Estate of:**
Lynch, Sara K.

Davidson (19)

3-21-88

**THIS IS TO CERTIFY** that a sworn Return for Inheritance Tax has been filed with this Department by the duly qualified representative of the above named Estate; that investigation has been made of the values placed upon all forms of property set out in the Schedules filed with said Return and found to be correctly appraised, and that, after allowing all lawful debts and other deductions and the statutory exemption applicable thereto, it was ascertained that said Estate was not subject to tax, hence no assessment was made thereon.

**As provided in Section 67-8-420, Tennessee Code, this certificate shall be authority for the Probate Court of the County wherein said Estate was administered to permit a final settlement or accounting by the aforesaid representative.**

**This, the** 27th **day of** June **, 19** 89.

**COMMISSIONER OF REVENUE**

ve

**By** Jerry Davis
**Director of Miscellaneous Tax Division**

RV-0194 (REV. 5-88)

06-002-0909

**Woodbine Funeral Home, Inc.**
3620 NOLENSVILLE ROAD
NASHVILLE, TENNESSEE 37211
(615) 832-1948

DECEASED Sara Katherine Lynch NO. 88-75-21
DATE OF DEATH July 21, 1988 DATE OF STATEMENT August 22, 1988

# STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

*Charges are only for those items that are used. If we are required by law to use any items, we will explain the reasons in writing below.*

## A. CHARGE FOR SERVICES SELECTED

**1. Professional Services:**
- Services of Funeral Director and Staff ... 595.00
- Embalming ... 150.00
- Other preparation of body ... ——
- 745.00

**2. Facilities and Equipment:**
- Use of facilities for viewing/visitation ... 150.00
- Use of facilities for funeral ceremony ... 75.00
- Other use of facilities ... ——
- 225.00

**3. Automotive Equipment:**
- Transfer of remains to funeral home ... 45.00
- Hearse ... 45.00
- Use of limousine/sedan(s) ... ——
- Other Lincoln ... 50.00
- ... ——
- ... ——
- 140.00

**4. Other services/facilities/equipment:**
- Register book & Memo Cards ... 21.00
- ... ——
- ... ——

TOTAL OF SERVICES SELECTED (A) ... $ 1131.00

## B. CHARGE FOR MERCHANDISE SELECTED

Casket (or other receptacle) ... 2195.00
- Name/No. 578 Lifelike
- Material 14 Gauge Steel
- Color Blue Crushed

Outer burial container ... 1400.00
- Name/No. 517 Triune Triune (Triune)
- Material Concrete

Acknowledgement cards ... ——
Register book ... ——
Memory folders/prayer cards ... ——
Clothing ... Coat
... ——
... ——
... ——
... ——

TOTAL OF MERCHANDISE SELECTED (B) ... $ 3595.00

## C. SPECIAL CHARGES

Forwarding remains to ... ——

Receiving remains from ... ——

Immediate burial ... ——
Direct cremation ... ——
TOTAL OF SPECIAL CHARGES (C) ... $ ——

## D. CASH ADVANCES

Certified Copies of Death Certificate
5 @ $ 4.00 each ... 20.00

Clergy ... ——

Musician Organist ... 75.00
Soloist ... 50.00
Newspaper Notices 3 Lines ... 51.80
Obituaries ... 20.00

Cemetery ... ——

TOTAL OF CASH ADVANCES (D) ... $ 196.80

## SUMMARY

| | |
|---|---|
| Total Funeral Home Charges (A + B + C) | $4750.00 |
| Sales Tax, if applicable | $ 227.24 |
| Total Cash Advances (D) | $ 196.80 |
| COMPLETE TOTAL | $5374.04 |

PAYMENT RECEIVED FROM ... ——

## DISCLOSURES

If you selected a funeral which requires embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as direct cremation or immediate burial we charged for embalming, we will explain why below.

Reason for embalming: Family Preference

If any law, cemetery or crematory requirements have required the purchase any items listed, the law or requirement is explained below.

Family Preference - Viewing
Cemetery Rules

The only warranty on the casket and/or outer burial container sold in connection with this service is the express written warranty, if any, granted by the manufacturer. THIS FUNERAL HOME MAKES NO WARRANTY, EXPRESS OR IMPLIED, INCLUDING AN IMPLIED WARRANTY OF MERCHANTABILITY AND ANY IMPLIED WARRANTY OF FITNESS FOR A PARTICULAR PURPOSE, WITH RESPECT TO THE CASKET AND/OR OUTER BURIAL CONTAINER.

## ACKNOWLEDGEMENT AND AGREEMENT

I (we) authorize this funeral home to perform services, furnish goods, and incur outside charges specified on this Statement. I (we) acknowledge that I (we) was given or offered a General Price List and were offered for review a Casket Price List and Outer Burial Container Price List.

TERMS: ——

Full payment is due no later than ——
If any payment is not paid when due, an unanticipated LATE CHARGE of ——% per month (ANNUAL PERCENTAGE RATE ——%) on the unpaid balance will be due. I (we) have read (or been read) the above, accept and approve same, and jointly and severally promise to make payment. Receipt of a copy of this Statement is acknowledged.

Signed Joan Alexander
Address ——
City —— State ——
Zip —— Telephone ——
Co-Signed ——
Co-Signed ——

ACCEPTANCE: This funeral establishment agrees to provide all services, merchandise and cash advances indicated on this Statement.

By Funeral Director

ADDITIONAL ITEMS ORDERED LATER

FORM HSF-177 —Peachtree Business Forms

EXHIBIT "F"

BOOK 8086 PAGE 807

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