Last Will and Testament

142 gst only BOOK 1691 PG 949

In the name of God, Amen. I, Eula M. Scruggs,
of the City of Antioch, *County of* Davidson,
State of Tenn., *being of sound and disposing mind and memory, and not acting under duress, menace, fraud, or the undue influence of any person whomsoever, do hereby make, publish and declare this to be my* LAST WILL AND TESTAMENT *and revoke all other wills previously made by me.*

FIRST, I, Eula M. Scruggs leave all my worldly goods and money to my husband, Logan C. Scruggs. In the event of our simultaneous deaths, I leave all of the above to my son, John Thomas Scruggs.

98 APR 22 PM 12:09
FELIX Z. WILSON II REGISTER
DAVIDSON COUNTY, TN.
IDENTIF. & REFERENCE

PICK-UP

I hereby certify that this is a true copy of original instrument filed in my office this 22nd day of April 19 98
RICHARD R. ROOKER Clerk
By _____ Deputy Clerk

LASTLY, *I hereby nominate and appoint* John Thomas Scruggs

as Executor of this will. 6911 04/22 0101 01CASH 8.00

IN WITNESS WHEREOF, *I have hereunto set my hand this* 28th *day of* March, *19* 88, *at* Antioch, Tennessee

Virginia Yp. Carr
Notary. My commission expires 3-3-91

Signed, sealed, published and declared to be the LAST WILL *and* TESTAMENT *of* Eula M. Scruggs, *the testator above named, in our presence, and at his request, and in his presence, and in the presence of each other, have hereunto subscribed our names as witnesses this* 28th *day of* March, 1988.

Richard L. Cater *residing at* Smyrna, TN,
signature of witness

Mae Puckett *residing at* 618 Harding Pl. Nash. TN. 37211
signature of witness

Velma E. Lenfenney *residing at* La Vergne, Tn 37086
signature of witness

I hereby certify that this is a true copy of original instrument filed in my office this 8th day of Nov 1994
RICHARD R. ROOKER Clerk

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Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

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.

JUN 13 1994

BOOK 10894 PG 950

9402943

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): EULA MAY SCRUGGS
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): JUNE 3, 1994
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-1948
5a. AGE – LAST BIRTHDAY (Years): 88
5b. UNDER 1 YEAR – MOS / DAYS
5c. UNDER 1 DAY – HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): APRIL 4, 1906
7. BIRTHPLACE (City and State or Foreign Country): LORETTO, TENN.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
8a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): DONELSON HOSPITAL
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): WIDOWED
11. SURVIVING SPOUSE (If wife, give maiden name):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): HOMEMAKER
12b. KIND OF BUSINESS/INDUSTRY: SELF
13a. RESIDENCE – STATE: TENN.
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: ANTIOCH
13d. STREET AND NUMBER OR RURAL LOCATION: 3816 PIN HOOK ROAD
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37013
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No
Specify, if yes:
15. RACE – American Indian, Black, White, etc. (Specify): WHITE
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): JOHNSTON JACKSON WILKES
18. MOTHER'S NAME (First, Middle, Maiden Surname): MARTHA ELIZABETH BELEW

INFORMANT

19a. INFORMANT'S NAME (Type/Print): JOHN T. SCRUGGS, SR.
19b. RELATIONSHIP TO DECEASED: SON
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3569 PIN HOOK ROAD, ANTIOCH, TN 37013

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): WOODLAWN CEMETERY
20c. LOCATION – City or Town, State: NASHVILLE, TENN.

FUNERAL DIRECTOR

21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Wendell L Byrd
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2556
21c. SIGNATURE OF EMBALMER: ▶ Bruce D. Winegar
21d. LICENSE NUMBER OF EMBALMER: 4172
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODBINE FUNERAL HOME ,INC. 3620 NOLENSVILLE ROAD, NASHVILLE, TENN. 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 396

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Patricia Green
24. DATE FILED (Month, Day, Year): June 13, 1994

PHYSICIAN'S CERTIFICATE

25a. PHYSICIAN – To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
1 [ ] SIGNATURE AND TITLE OF PHYSICIAN: ▶ Ben J Birdwell M.D.
25b. LICENSE NUMBER: M.D 4334
25c. DATE SIGNED (Month, Day, Year): 6-9-94

MEDICAL EXAMINER'S CERTIFICATE

26a. MEDICAL EXAMINER – On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER: ▶
26b. LICENSE NUMBER:
26c. DATE SIGNED (Month, Day, Year):

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): BEN J. BIRDWELL, M.D - 3051 LEBANON RD. NASHVILLE, TN 37214

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	Sudden Cardiopulmonary Arrest	Sudden
DUE TO (OR AS A CONSEQUENCE OF):		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b.	Arteriosclerotic Cardiovascular Disease	Several yrs.
DUE TO (OR AS A CONSEQUENCE OF):		
c.		
DUE TO (OR AS A CONSEQUENCE OF):		
d.		

SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
HCVD, Aortic, Mitral Regurgitation, Dehydration

29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [ ] Natural 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide
31a. DATE OF INJURY (Month, Day, Year):
31b. TIME OF INJURY: M
31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
31d. DESCRIBE HOW INJURY OCCURRED:
31e. PLACE OF INJURY – At home, farm, street, factory, office building, etc. (Specify):
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

BIRTH NO:

PH-1859
REV. 1/89

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