94-UP-153

953

Last Will and Testament

BOOK 10894 PG 951

In the name of God, Amen. I, Logan C. Scruggs, *of the City of* Antioch, *County of* Davidson, *State of* Texas, *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, Logan C. Scruggs, leave all my worldly goods, my property, my money to my wife Eula Scruggs to do with as she sees fit.

04281SO
IDENTIF. & REFERENCE

98 APR 22 PM 12:10
FELIX Z. WILSON II, REGISTER
DAVIDSON COUNTY, TN.

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.

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

Virginia Z. Carr
Notary, My commission expires 3-3-91

Signed, sealed, published and declared to be the LAST WILL *and* TESTAMENT *of* Logan C. 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 *19* 88.

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

Max Puckett ..... *residing at* 618 Hayden Rd. Nashville Tn. 37211
signature of witness

Velma C. Jerpeany ..... *residing at* La Vergne, Tn. 37086
signature of witness

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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 10 1994

BOOK 10894 PG 952

1982884

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT: For use by physician or institution

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): LOGAN CASTLEMAN SCRUGGS
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): JUNE 1, 1994
4. SOCIAL SECURITY NUMBER (of Deceased): 411-32-3973
5a. AGE – LAST BIRTHDAY (Years): 89
6. DATE OF BIRTH (Month, Day, Year): OCT. 13, 1904
7. BIRTHPLACE (City and State or Foreign Country): NASHVILLE, TENN.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
8a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [X] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
8b. FACILITY NAME (If not institution, give street and number): METRO GENERAL EMERGENCY ROOM
8c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
8d. COUNTY OF DEATH: DAVIDSON
9. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): MARRIED
10. SURVIVING SPOUSE (If wife, give maiden name): EULA WILKES
11a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): MAINTENANCE
11b. KIND OF BUSINESS/INDUSTRY: METRO AIRPORT AUTHORITY
12a. RESIDENCE – STATE: TENN.
12b. COUNTY: DAVIDSON
12c. CITY, TOWN OR LOCATION: ANTIOCH
12d. STREET AND NUMBER OR RURAL LOCATION: 3816 PIN HOOK ROAD
CENSUS TRACT
13a. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13b. ZIP CODE: 37013
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [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+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): FOUNTAIN P. SCRUGGS
18. MOTHER'S NAME (First, Middle, Maiden Surname): PEANIE JONES

INFORMANT

18a. INFORMANT'S NAME (Type/Print): JOHN T. SCRUGGS
18b. RELATIONSHIP TO DECEASED: SON
18c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3569 PIN HOOK RD., 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 CEMETARY
20c. LOCATION—City or Town, State: NASHVILLE, TN.
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ WENDL T. BYRD
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2556
21c. SIGNATURE OF EMBALMER: ▶ TIMOTHY B. BOND
21d. LICENSE NUMBER OF EMBALMER: 4259
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODBINE FUNERAL HOME, INC. 3620 NOLENSVILLE ROAD, NASHVILLE, TN. 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 396

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Marsha H. Jones
24. DATE FILED (Month, Day, Year): June 9 1994

CERTIFIER

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 ▶
25b. LICENSE NUMBER
25c. DATE SIGNED (Month, Day, Year)
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 [X] SIGNATURE AND TITLE OF MEDICAL EXAMINER ▶ Gretel C. Harlan, M.D.
26b. LICENSE NUMBER: MD008872
26c. DATE SIGNED (Month, Day, Year): 6/8/94
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): GRETEL C. HARLAN, M.D., 84 HERMITAGE AVENUE, NASHVILLE, TN. 37210-2110

PHYSICIAN OR MEDICAL EXAMINER ES-SCUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

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. ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE
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. DUE TO (OR AS A CONSEQUENCE OF)
c. DUE TO (OR AS A CONSEQUENCE OF)
d.
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
28a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No
29. MANNER OF DEATH: 1 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be determined
30a. DATE OF INJURY (Month, Day, Year)
30b. TIME OF INJURY
30c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
30d. DESCRIBE HOW INJURY OCCURRED
30e. PLACE OF INJURY—At home, farm, street, factory, office, etc.
30f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

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

IN THE PROBATE COURT FOR DAVIDSON COUNTY, TENNESSEE

IN THE ESTATE OF:

Eula M. Scruggs,

Deceased.

BOOK 10894 PG 953

No. 94P-1700

'94 NOV -8 A10:56

RICHARD R. ROOKER, CLERK

COURT ORDER OF SMALL ESTATE PURSUANT TO

TENNESSEE CODE ANNOTATED 30 - 4 - 101 , et. seq.

BE IT REMEMBERED, this 8th day of November, 1994, pursuant to Tennessee Code Annotated 30-4-101, et.seq. and upon the application of the Affiant, in this estate, and for good cause shown to this Court, it is the opinion of this Court that the Clerk shall file the Small Estate Affidavit in order to allow the Affiant to administer the estate pursuant to the statute.

IT IS, THEREFORE, ORDERED, ADJUDGED AND DECREED, that the Clerk of the Court, after filing such Affidavit, shall issue duly certified copies of this Order and Affidavit for presentation by the Affiant in this matter, John T. Scruggs of 3569 Pin Hook Road, Antioch, TN 37013.

IT IS, FURTHER, ORDERED, ADJUDGED AND DECREED, that the forty-five (45) day waiting period for filing be waived pursuant to T.C.A. 30-4-103(1)(D) and that the bond shall be waived pursuant to the conditions as set forth in T.C.A. 30-1-201.

ENTER, this 8th day of November 1994.

R.H. Bradshaw, Jr.

Affiant:

I hereby certify that this is a true copy of original instrument filed in my office this 8th day of Nov 19 94
RICHARD R. ROOKER Clerk
By _____ Deputy Clerk

The following are the names and addresses of all of the deceased and/or devisees and legatees under the decedent's Will:

BOOK 10894 PG 954

NAME	ADDRESS	RELATIONSHIP	AGE
John T Scruggs	3569 Pin Hook Rd 37013	Son	69

Your Affiant is willing to collect and preserve all assets for the Estate, pay all creditors and distribute the remainder in accordance with the terms of the Will or according to the laws of the decent and distribution of the State of Tennessee and will file a tax return and pay on decedent's property, as required by Section 30-4-101 in the Tennessee Code Annotated.

This 8 day of Nov, 1994

John T Scruggs
Name

Address

City State

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Personally appeared before me, Clerk of the Probate Court of Davidson County, Tennessee, the said John T Scruggs, and after being sworn deposes and says, that the facts averred in the above Affidavit are true to the best of his/her knowledge, information and belief.

John T Scruggs
Affiant

SWORN TO AND SUBSCRIBED TO BEFORE ME THIS 8th DAY OF Nov, 1994.

RICHARD R. ROOKER, CLERK

D.C.

BOOK 10894 PG 955

IN THE PROBATE COURT OF DAVIDSON COUNTY, TENNESSEE

Estate of Eula M. Scruggs Docket Number 94P-1700

AFFIDAVIT AS TO SMALL ESTATES

Your Affiant, John T Scruggs, would respectfully show unto the Court as follows:

That the deceased, age 88, died on the NOV -8 AM 10:56 day of 6-3-74, 19___, in Davidson RICHARD R. CLERK County, State of Tennessee, and that his/her last residence was Nashville Tenn.

( ) The decedent left no Will. (X) The decedent left a Will and the Will is attached to this affidavit as Exhibit "A".

The decedent left the following unpaid debts at his/her death:

CREDITOR	ADDRESS	AMOUNT

6912 04/22 0101 01CASH 20.00

(If other debts, attach a separate sheet)

The decedent died owning the following property: (list all personal property which includes, cash, bank accounts, notes receivable, automobiles, stocks and bonds and life insurance payable to the estate, mechanical equipment, household furnishings, etc.)

(Do not list jointly owned property)

ITEM	LOCATION & POSSESSION	VALUE
Ins Policy	motor	7500

(If other personal property, attach separate sheet)

Total Personal Estate $ 7,500