Last Will and Testament
of
ELIZABETH SCRUGGS

Instr:200001310009642 Page: 1 OF 5
REC'D FOR REC 01/31/2000 11:47:10AM
RECORD FEE: $22.00
M. TAX: $0.00 T. TAX: $0.00

PICK-UP

I, Elizabeth Scruggs, of 1703 Marsden Avenue, Nashville, Davidson County, Tennessee, being of sound mind and disposing memory, do make, declare and publish this my Last Will and Testament, hereby revoking all former wills and codicils to wills heretofore made by me.

FIRST: I direct that all my just debts, including my funeral expenses, be paid by my executor as soon as practicable after my death.

SECOND: I give, devise and bequeath to my husband, Howard Allen Scruggs, Sr., if he survives me, all the property, real, personal or mixed and wherever located, of which I die seized and possessed.

THIRD: In the event my husband, Howard Allen Scruggs, Sr., does not survive me, or if he and I die at the same time, or in a common disaster, I give and devise my residence to my children, equally, share and share alike, with the right of my daughter, Patricia Louise Scruggs, to occupy such house as her principal residence. During the time of her residency therein, I direct that my three sons, Howard Allen Scruggs, Jr., Harold Douglas Scruggs and William Russell Scruggs, shall pay the taxes thereon. In the event my daughter, Patricia Louise Scruggs, shall cease to occupy such house as her principal residence, then such property may by sold and, if so, the proceeds divided equally among my six (6) children. All the rest residue and remainder of my property, real, personal or mixed and wherever located, of which I die seized and possessed, I give, devise and bequeath to my children, equally, share and share alike. The children of a deceased child shall take their parents shall, per stirpes.

FOURTH: I hereby nominate, constitute and appoint my husband, Howard Allen Scruggs, Sr., executor, of this my Last Will and Testament. In the event my said husband shall not survive me, or shall fail to qualify, die, resign, or cease to act for any reason as my executor, I appoint my sons, Howard Allen Scruggs, Jr., Harold Douglas Scruggs and William Russell Scruggs, co-executors in place of my said husband. I direct that no bond or other security shall be required of my said husband, or my sons for the faithful performance of their duties as such, and that they shall not be required to file any inventory of my estate.

IN WITNESS WHEREOF, I have hereunto signed my name, this 29th day of January, 1988, at Madison, Tennessee.

Elizabeth Scruggs

Elizabeth Scruggs

Signed, sealed, published and declared by the testatrix, Elizabeth Scruggs, to be her Last Will and Testament in the presence of all of us at one and the same time and we at her request and in her presence and in the presence of each other, have hereunto subscribed our names as witnesses, and we do hereby attest to the sound and disposing mind of said testatrix and to the performance of the aforesaid act of execution at the place and on the date hereinabove set forth.

Virginia Matthews 515 Edmondale Rd Madison
WITNESS ADDRESS

Christine Matthews 515 Edmondale RD Madison
WITNESS ADDRESS

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

The undersigned, after being first duly sworn according to law, depose and say:

1. That they are adult citizens of the State of Tennessee.

2. That they witnessed the execution of the Last Will and Testament of Elizabeth Scruggs, dated the 29th day of January, 1988, to which this affidavit is attached, and that this affidavit is being made at the request of the testatrix and in accordance with Tennessee Code Annotated § 32-2-110.

3. That their signatures are affixed to said Last Will and Testament, that they signed or affixed the same at the instance and at the request of the testatrix and in her presence and in the presence of each other at the place and on the date recited in said Last Will and Testament.

4. That the testatrix signed said paper writing as and for her Last Will and Testament in their sight and presence.

5. That at the time they witnessed said Last Will and Testament she was, in their opinion, of sound mind.

WITNESS

WITNESS

Sworn to and subscribed before me this 29th of January, 1988.

NOTARY PUBLIC

My commission expires:

3/11/91

Metropolitan Government of Nashville and Davidson County

Bill Purcell, Mayor

Exhibit A

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.

John T. Dunn
LOCAL REGISTRAR

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 93 04488

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): Howard A. Scruggs, Sr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): 8-29-93
4. SOCIAL SECURITY NUMBER: [redacted]1-77
5a. AGE – LAST BIRTHDAY (Years): 78
5b. UNDER 1 YEAR: MOS. / DAYS / HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Apr. 13, 1915
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tn.
8. EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] 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): Memorial Hosp
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): married
11. SURVIVING SPOUSE (If wife, give maiden name): Elizabeth Stockton
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Musician
12b. KIND OF BUSINESS/INDUSTRY: Metro Schools
13a. RESIDENCE – STATE: Tn.
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1703 Meridian Ave.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37216
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] No
15. RACE – American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Alex Scruggs
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mary Jane Hadley

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Elizabeth Scruggs
19b. RELATIONSHIP TO DECEDENT: wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1703 Meridian Ave Nash-Tn 37216

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Cemetery, Crematory, Other): Mt. Calvary
20c. LOCATION – City or Town, State: Madison Tn.
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ T. Gardner
21b. NAME OF EMBALMER: ▶ Terry Ely
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: A. Gardner & Son, Inc. [illegible] St. Nash. Tn.
22b. LICENSE NUMBER OF FUNERAL HOME:

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Janet Swick
24. DATE FILED (Month, Day, Year): Sept 8, 1993

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: ▶ Fernando T. Miranda M.D.
25b. LICENSE NUMBER: RMD 11379
25c. DATE SIGNED (Month, Day, Year): 9-7-93
26a. MEDICAL EXAMINER – On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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): Fernando T. Miranda 610 W. Due West, Madison TN 37115

SEE INSTRUCTIONS ON OTHER SIDE

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. CARCINOMA PROSTATE, METASTATIC — DUE TO (OR AS A CONSEQUENCE OF): — 4 years

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.

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 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
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)

Metropolitan Government of Nashville and Davidson County

Bill Purcell, Mayor

Exhibit B

JAN 6 2000

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.

9996603

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): Elizabeth Scruggs
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): November 20, 1999
4. SOCIAL SECURITY NUMBER (of Deceased): 412-70-3411
5a. AGE-LAST BIRTHDAY (Years): 85
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): 9/28/1914
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 1703 Marsden Ave
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.): Housewife
12b. KIND OF BUSINESS/INDUSTRY: Home
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1703 Marsden Ave
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37216
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes [ ] No [X]
15. RACE-American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12) / College (1-4 or 5+)

PARENTS

17. FATHER'S NAME (First, Middle, Last): James Stratton
18. MOTHER'S NAME (First, Middle, Maiden Surname): Neddy Biddix

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Nola Scruggs
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2619 Old Vista Pike Nashville, TN 37218

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): Dry Creek Cemetery
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Melvin J. Smith
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4502
21c. SIGNATURE OF EMBALMER: Arthur Jackson
21d. LICENSE NUMBER OF EMBALMER: 4967
22a. NAME AND ADDRESS OF FUNERAL HOME: Smith Brothers Funeral Directors, Inc 706 Monroe St. Nashville, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 809

REGISTRAR

23. REGISTRAR'S SIGNATURE: Ruby Leavell Bonner
24. DATE FILED (Month/Day, Year): December 16, 1999

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 [X] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: MD-016053
25c. DATE SIGNED (Month, Day, Year): 11/30/99
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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): W. Charles Penley MD 2011 Church St. Suite 800 Nashville, TN 37203

CAUSE OF DEATH

SEE INSTRUCTIONS ON OTHER SIDE

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.	Multiple myeloma, advanced	2½ yrs.
DUE TO (OR AS A CONSEQUENCE OF): b.		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: 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.
Renal insufficiency 2° to multiple myeloma.

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 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
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):