IN THE CHANCERY COURT FOR WILLIAMSON COUNTY, TENNESSEE.
AT FRANKLIN

IN RE: ESTATE OF JAMES A. ROBBINS, deceased.

No.: P6292

EXECUTRIX: Beth Loudermilk

AFFIDAVIT NOTICE OF DEATH OF JAMES ALFRED ROBBINS

State of Tennessee }

County of Williamson }

Comes now, Nick Shelton, and gives notice that James Alfred Robbins has passed away as evidenced by ***Exhibit A*** attached hereto and incorporated herein by reference.

The following real estate is therefore now owned by Beth R. Loudermilk by right of survivorship:

5806 Brentwood Trace, Brentwood, TN 37027

RECORDING INDEX:

Book / Page: ***2004 0621-0073251***

Grantee/ Owner: ***Loudermilk, Beth, R.***

Grantor: ***Robbins, James A.***

BILL GARRETT, Davidson County
Trans:T20130050428 AFFIDAVIT
Recvd: 06/14/13 15:54 2 pgs
Fees:12.00 Taxes:0.00
20130614-0061249

Nick Shelton, #19592

Sworn to and affirmed before me this June 4, 2013 by APRIL FERGUSON

Notary Public
My Commission Expires: 6/21/2015

APRIL FERGUSON
STATE OF TENNESSEE NOTARY PUBLIC
RUTHERFORD COUNTY

THIS INSTRUMENT
PREPARED by: Nick Shelton, Esq.
219 Third Ave N.
Franklin TN 37064

STATE OF TENNESSEE
Office of Vital Records

[redacted]

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): JAMES ALFRED ROBBINS
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): September 15, 2011
4. SOCIAL SECURITY NUMBER: [redacted]-0515
5a. AGE-LAST BIRTHDAY (Years): 92
5b. UNDER 1 YEAR MOS. DAYS
5c. UNDER 1 DAY HOURS MIN.
6. DATE OF BIRTH (Month, Day, Year): Mar 14 1919
7. BIRTHPLACE (City and State or Foreign Country): Monterey, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
8a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [X] Other (Specify) Assisted Living
9b. FACILITY NAME (If not institution, give street and number): Southern Care
9c. CITY, TOWN, OR LOCATION OF DEATH: Franklin
9d. COUNTY OF DEATH: Williamson
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.): Managing Partner
12b. KIND OF BUSINESS/INDUSTRY: Putnam County Lumber Co.
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Williamson
13c. CITY, TOWN OR LOCATION: Brentwood
13d. STREET AND NUMBER OR RURAL LOCATION: 8116 Shady Place
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37027
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Specify, if yes: Yes [ ] No [X]
15. RACE-American Indian, Black, White, etc. (Specify): White
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): Willis Robbins
18. MOTHER'S NAME (First, Middle, Maiden Surname): Alice Gunter

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Beth Loudermilk
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 8116 Shady Pl. Brentwood, Tn. 37027

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): Whittaker Cemetery
20c. LOCATION-City or Town, State: Monterey, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: David Horner
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3019
21c. SIGNATURE OF EMBALMER: Stephanie Working
21d. LICENSE NUMBER OF EMBALMER: 6116
22a. NAME AND ADDRESS OF FUNERAL HOME: Horner Funeral Home 203 South Holly Street Monterey, Tennessee 38574
22b. LICENSE NUMBER OF FUNERAL HOME: 508

REGISTRAR

23. REGISTRAR'S SIGNATURE: Oletha J. Boyd
24. DATE FILED (Month, Day, Year): September 29, 2011

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: Donald Vollmer MD
25b. LICENSE NUMBER: 31287
25c. DATE SIGNED (Month, Day, Year): 9/23/11
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the 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): Donald Vollmer, M.D. 166 East Main St. Hendersonville, Tn. 37075

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.
SEE INSTRUCTIONS ON OTHER SIDE
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. congestive heart failure
DUE TO (OR AS A CONSEQUENCE OF): b. hypertension
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.
Approximate interval Between Onset and Death: a. years; b. years
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):

BIRTH NO.

PH-1859 (REV. 8/99) RDA 1398

4928441

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Teresa S. Hendricks
STATE REGISTRAR

Oletha J. Boyd
Oletha J. Boyd, Local Registrar
Williamson County

Date Issued SEP 30 2011

CERTIFICATION OF VITAL RECORD