BILL GARRETT, Davidson County
Trans:T20150045415 AFFIDAVITH
Recvd: 06/09/15 14:32 11 pgs
Fees:57.00 Taxes:0.00
20150609-0054256

This Instrument Was Prepared By:

Kimberly Falls Lentz, Esq.
6465 North Quail Hollow
Suite 200
Memphis, TN 38120

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Affiant, JOY ELIZABETH CONKWRIGHT, after first being duly sworn, states that she is an adult resident of Davidson County, Tennessee. She further states that HELEN E. ROSE, who died on April 19, 2015 was her biological mother.

On December 20, 2015, my biological mother, HELEN E. ROSE, made her First Codicil to her Last Will and Testament executed on September 15, 2003. Said First Codicil and Last Will and Testament named myself, JOY ELIZABETH CONKWRIGHT, as Executor and beneficiary of all property. Attached is a copy of the executed First Codicil and Last Will and Testament of HELEN E. ROSE.

This Affidavit of Heirship is freely given pursuant to Section 30-2-712, *et seq.*, Tenn. Code Ann., to help establish and reflect the heirship with respect to any real or personal property owned by, my biological mother, HELEN E. ROSE, in Davidson County, Tennessee, or elsewhere, and particularly to confirm the vesting of title to certain real property and or personal property in Davidson County, Tennessee, described as follows: real property commonly known as 207 Mayflower Lane South, Madison, Tennessee 37115.

FURTHER YOUR AFFIANT SAYETH NOT.

Joy Elizabeth Conkwright
JOY ELIZABETH CONKWRIGHT

Sworn to and subscribed before me this 8 day of May 2015.

AMELIA ALONZO
STATE OF TENNESSEE NOTARY PUBLIC
SUMNER COUNTY

NOTARY PUBLIC

My Commission Expires: 8/21/17

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER 52712

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)			2. SEX	3. DATE OF DEATH (Month, Day, Year)
Helen	Evelyn	Rose	Female	April 19, 2015

4. TIME OF DEATH (Approx.)	5a. AGE-Last Birthday (Years)	5b. UNDER 1 YEAR Months	Days	5c. UNDER 1 DAY Hours	Minutes	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
02:25 AM	90					October 18, 1924	Montgomery, AL

TYPE/PRINT IN PERMANENT BACK INK

8a. PLACE OF DEATH (Check only one)

IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA

IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☒ Hospice facility ☐ Nursing Home/Long term care facility ☐ Decedent's home ☐ Other residence ☐ Other (Specify)

8b. FACILITY NAME (If not institution, give street and number)	8c. CITY OR TOWN	8d. COUNTY OF DEATH
Alive Hospice Skyline Madison Campus	Madison	Davidson

(For use by Physician or Institution)

NAME OF DECEDENT

9. MARITAL STATUS	10. SURVIVING SPOUSE (If wife, give name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
☑ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown		Hairdresser	Hairdressing

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
[redacted]-9574	TN	Davidson	Madison

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
207 Mayflower Lane, South	☒ Yes ☐ No	37115	☐ Yes ☒ No

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
- ☐ 8th grade or less
- ☐ 9th-12th grade; no diploma
- ☒ High school graduate or GED completed
- ☐ Some college credit but no degree
- ☐ Associates degree (e.g., AA, AS)
- ☐ Bachelor's Degree (e.g., BA, AB, BS)
- ☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
- ☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
- ☐ Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino.)
- ☒ No, not Spanish/Hispanic/Latino
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, other Spanish/Hispanic/Latino

(Specify) _____
- ☐ Unknown

20. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
- ☒ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian (Specify) _____
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander (Specify) _____
- ☐ Other (Specify) _____
- ☐ Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)
Charles Ivey	Martha Alford

DISPOSITION

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
Joy E. Conkwright	Daughter	2956 Claylick Road, Whites Creek, TN 37189

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	21c. Location - City or Town and State
☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)	Rest heaven Memorial Park	Louisville, KY

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
Bobby Wayne Cook	6870	Jim Brewer	2969

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER OF FUNERAL HOME
Anderson & Garrett Funeral Home P.O. Box 68, 3501 Old Clarksville Pike, Joelton, TN 37080	193

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED (Month, Day, Year)
Deborah Rhea's COD	May 6 2015

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

26. CERTIFIER (Check only one)
- 26a. ☑ PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.
- 26b. ☐ 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 stated.

27a. SIGNATURE OF CERTIFIER	27b. LICENSE NUMBER	27c. DATE SIGNED (Month, Day, Year)
	9572	04/30/2015

27d. NAME AND ADDRESS: Ann T. Meadows, M.D. 1718 Patterson Street, Nashville, TN 37203

MEDICAL CERTIFICATION

28. PART I. Enter the chain of events (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on each line.

		Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Metastatic Adenoca of ovary	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b. Due to (or as a consequence of)	
	c. Due to (or as a consequence of)	
	d. Due to (or as a consequence of)	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

29a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☑ No

29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE-OF-DEATH? ☐ Yes ☐ No

30. MANNER OF DEATH	31. DID TOBACCO USE CONTRIBUTE TO DEATH?	32. IF FEMALE:
☑ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined	☐ Yes ☐ Probably ☐ No ☑ Unknown	☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

33. IF TRANSPORTATION INJURY, SPECIFY:	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK?	34d. PLACE OF INJURY - at home, farm, street, factory, office, building, etc. (Specify)
☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)			☐ Yes ☐ No	

34e. DESCRIBE HOW INJURY OCCURRED

34f. LOCATION OF INJURY (Street and Number, City or Town, State)

PH-1559 (Rev. 9/2011) RDA 1399

COPYRIGHT CAUTION/NOTICE/PROTECTION

7702148

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

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

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

7702148

Date Issued MAY 06 2015

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

FIRST CODICIL
TO THE
LAST WILL AND TESTAMENT

Of

HELEN E. ROSE

I, **HELEN E. ROSE**, of Davidson County, Tennessee, hereby make, publish and declare this to be the First Codicil to the Last Will and Testament executed by me on the 15th day of September, 2003.

FIRST. DELETION AND ADDITION TO MY WILL:

I hereby delete paragraph numbered 4, and replace with the following to my Last Will and Testament:

In the event my husband, JOHN R. ROSE, does not survive me, then I devise all the rest of my property to my daughter, JOY E. CONKWRIGHT, but if she does not survive me then in equal shares to **BROCK BURTON AND MARRA GRACE BURTON,** 7103 Covered Cove Way, Prospect, Kentucky, 40059.

SECOND. DELETION AND ADDITION TO MY WILL:

I hereby delete Victor G. Santiago, alternate Personal Representative, listed in paragraph numbered 5 of my Last Will and Testament and replace with **RAMSEY BURTON,** as my alternate Personal Representative.

I hereby ratify, republish and reaffirm said Will in all respects except as modified by this codicil thereto.

This is page one of my First Codicil HER

IN WITNESS WHEREOF, I have hereunto set my hand to this Codicil No. 1 to my Last Will and Testament at Joelton, Tennessee, on this the 20th day of December, 2005.

Helen E. Rose

HELEN E. ROSE

This is page two of my First Codicil 2 of 2.

Signed, sealed, published and declared by the Testator, HELEN E. ROSE, to be Codicil No. 1 to his 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 Testator and to the performance of the aforesaid act of execution at the place and on the date hereinabove set forth.

WITNESS

2398 Pleasant View Rd
ADDRESS

Pleasant View TN 37146
CITY/STATE/ZIP

WITNESS

193 Bobb Dr.
ADDRESS

Joelton TN. 37080
CITY/STATE/ZIP

AFFIDAVIT PROVING CODICIL

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Before me, the undersigned Notary Public, personally appeared the undersigned affiants, whose names are subscribed to the instrument to which this Affidavit is attached and, after being duly sworn, declared to me that, in their sight and presence, HELEN E. ROSE, signed, declared and published the instrument to which this Affidavit is affixed or annexed, as the Testator's Codicil No. 1; and requested them to act as witnesses to its execution and to execute this Affidavit; that in the Testator's sight and presence, and in the sight and presence of each other, each affiant signed the instrument as witnesses; and that the Testator was at that time 18 years of age or over, was of sound mind and disposing memory, was fully capable of making a Codicil and was under no duress, compulsion or constraints.

WITNESS	WITNESS
7398 Pleasant View Rd	193 Bobb Dr.
ADDRESS	ADDRESS
Pleasant View TN 37146	Joelton Tn. 37080
CITY/STATE/ZIP	CITY/STATE/ZIP

Subscribed to and sworn before me this 20th **day of** December, **2005.**

Howard M Skipworth

NOTARY PUBLIC

My commission expires: _____

HOWARD M. SKIPWORTH
NOTARY PUBLIC AT LARGE
DAVIDSON CO., TENN.

MY COMMISSION EXP.
JANUARY 26, 2008

LAST WILL AND TESTAMENT

I, HELEN E. ROSE, a resident of Manatee County, Florida, do make, publish and declare this to be my Last Will and Testament, hereby revoking and annulling all other wills and codicils to wills by me heretofore made.

1.

I direct my Personal Representative hereinafter named and appointed to pay as soon as practicable after my death the expenses of my last illness, funeral, and interment, costs of administration including ancillary, costs of safeguarding and delivering devises, and debts allowed in the course of administering my estate.

2.

I devise all of my tangible personal property to my husband, JOHN R. ROSE, if he survives me. If my husband does not survive me, I may leave a written statement or list disposing of certain items of my tangible personal property. Such writing or list will be signed by me and will describe the items and devisees with reasonable certainty. I devise the personal property listed thereon in accordance with such writing or list. In the event that my Personal Representative is unable to locate such written, signed statement within thirty days after the issuance of letters of administration, it shall be conclusively presumed that such statement does not exist, irrespective of whether such written, signed statement is later found. I devise all the rest of my tangible personal property to my daughter, JOY E. CONKWRIGHT, but if she does not survive me, then as specified for the residue of my estate.

3.

All the rest, residue, and remainder of my property, real and personal, wheresoever situated, I devise to my husband, JOHN R. ROSE, to be his property.

4.

In the event my husband, JOHN R. ROSE, does not survive me, then I devise all the rest of my property to my daughter, JOY E. CONKWRIGHT, but if she does not survive me then in equal shares to THE MOOSEHEART ENDOWMENT FUND OF MOOSE CHARITIES, INC., 155 South International Drive, Mooseheart, Illinois 60539-1100 (Federal I.D. #36-3993740 with 501(c)(3) exempt status) a charitable corporation organized and existing pursuant to the laws of the State of Illinois, and THE EASTERN STAR HOME IN KENTUCKY, 923 Eastern Star Court, Louisville, Kentucky 40204 (Federal I.D. #61-0467267 with 501(c)(3) exempt status – exempt number: D13243) a charitable corporation organized and existing pursuant to the laws of the State of Kentucky.

Barnes Walker
Chartered
Attorneys at Law
3119 Manatee Ave. West
Bradenton, Florida 34205

(941) 741-8224
email@barneswalker.com

H.E.R.

5.

I hereby nominate and appoint my husband, JOHN R. ROSE, as sole Persona Representative of this, my Last Will and Testament. In the event my said husband shal predecease me or for any other reason fail to qualify or cease to act as Personal Representative then I name and appoint my daughter, JOY E. CONKWRIGHT, as sole Personal Representativ of my will. It is my request and direction that no bond or other security shall be required of an Personal Representative named hereunder. I hereby give to my Personal Representative ful power and authority, at any time or times, to sell, convey, mortgage, pledge, exchange c otherwise deal with or dispose of all property comprising my estate, real, personal, and mixec upon such terms as shall be deemed best; to settle and compromise any and all claims in favc of or against my estate as shall be deemed advisable; and for any of the foregoing purposes t make, execute and deliver all deeds, contracts, mortgages, bills of sale or other instrument necessary or desirable therefor. My Personal Representative is expressly authorized to postpor final distribution of my estate, pending final determination of tax liabilities in connectic therewith.

6.

In the event my husband, JOHN R. ROSE, and I die under such circumstances that cannot be established by proof which of us survived the other, my husband shall be deemed have predeceased me, and all of the provisions of this Will shall be construed upon th assumption and basis.

7.

Although my husband, JOHN R. ROSE, and I are executing our wills at about the sar time, they are not intended to be and shall not be construed to be contractual even though certa provisions are reciprocal. Each will shall be subject to revocation by its maker.

Barnes Walker
Chartered
Attorneys at Law
3119 Manatee Ave. West
Bradenton, Florida 34205

(941) 741-8224
email@barneswalker.com

JER

IN WITNESS WHEREOF, I have signed this will at Bradenton, Florida, this 15th day September, 2003.

Helen E. Rose
HELEN E. ROSE

The foregoing instrument was signed, declared, and published by HELEN E. ROSE as her Last Will and Testament in the presence of us, the undersigned, who, at her special instance and request, do attest as witnesses, after said Testatrix has signed her name thereto and in her presence and in the presence of each other.

September 15, 2003.

Bradenton, Florida

Jenifer A Bisceglia

Bradenton, Florida

STATE OF FLORIDA
COUNTY OF MANATEE

I, HELEN E. ROSE, declare to the officer taking my acknowledgment of this instrument, and to the subscribing witnesses, that I signed this instrument as my will.

Helen E. Rose
HELEN E. ROSE

We, Victor G. Santiago and Jenifer A Bisceglia, have been sworn by the officer signing below, and declare to that officer on our oaths that the testatrix declared the instrument to be the testatrix's will and signed it in our presence and that we each signed the instrument as a witness in the presence of the testatrix and of each other.

Witness

Jenifer A Bisceglia
Witness

Barnes Walker
Chartered
Attorneys at Law
3119 Manatee Ave. West
Bradenton, Florida 34205

(941) 741-8224
email@barneswalker.com

H.E.R

Acknowledged and subscribed before me by the testatrix, HELEN E. ROSE, ☐ who is personally known to me or ☒ has produced EDL# R200-385-29-878-0 as identification, and sworn to and subscribed before me by the witnesses, Victor G. Santiago and Jenifer A. Bisceglia who are personally known to me, and subscribed by me in the presence of the testatrix and the subscribing witnesses, all on Sept. 15, 2003.

Signature of Officer

Theresa E. Dahlquist

Print, type, or stamp commissioned name and affix official seal.

THERESA E. DAHLQUIST
NOTARY PUBLIC
STATE OF FLORIDA
Comm. Expires July 4, 2004
No. CC 940362

Barnes Walker
Chartered
Attorneys at Law
3119 Manatee Ave. West
Bradenton, Florida 34205

(941) 741-8224
email@barneswalker.com

HER

STATE OF TENNESSEE
Office of Vital Records

1005161

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2010 040577

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): John R. Rose, Jr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): August 19, 2010
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-1957
5a. AGE-LAST BIRTHDAY (Years): 81
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 03/18/1929
7. BIRTHPLACE (City and State or Foreign Country): Avon by the Sea, NJ NJ
8. ARMED FORCES? 1 [X] Yes 2 [ ] No — EVER IN U.S.?
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA — OTHER: 4 [X] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Imperial Gardens Health & Rehab 994
9c. CITY, TOWN, OR LOCATION OF DEATH: Madison, Tennessee 094
9d. COUNTY OF DEATH: Davidson 19
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Helen Ivey
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Sales Manager
12b. KIND OF BUSINESS/INDUSTRY: Railroad
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Madison
13d. STREET AND NUMBER OR RURAL LOCATION: 207 May Flower Lane
CENSUS TRACT: 104.30
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37115
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): 12 — College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): John R. Rose, Sr.
18. MOTHER'S NAME (First, Middle, Maiden Surname): Elva Young

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Helen Ivey Rose
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 207 May Flower Ln. Madison, TN 37115

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [X] Other (Specify) Entombment
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Resthaven Memorial Park
20c. LOCATION-City or Town, State: Louisville, Kentucky
21a. SIGNATURE OF FUNERAL DIRECTOR: John Allerson
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5835
21c. SIGNATURE OF EMBALMER: Jim Brewer
21d. LICENSE NUMBER OF EMBALMER: 2969
22a. NAME AND ADDRESS OF FUNERAL HOME: Arch L. Heady at Resthaven 4400 Bardstown Rd. Louisville,KY 40218
22b. LICENSE NUMBER OF FUNERAL HOME: 859

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda K. Bowers RA
24. DATE FILED (Month, Day, Year): September 7, 2010

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.
1 [ ] SIGNATURE AND TITLE OF PHYSICIAN: Thomas B. Miller MD
25b. LICENSE NUMBER: 7539
25c. DATE SIGNED (Month, Day, Year): 8/31/10
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

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Thomas B. Miller MD 116 E. Main Hendersonville TN 37075

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6098504

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

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

6098504

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued: Aug-15-2013

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD