This instrument prepared by:
Julie Cornell
109 Westpark Drive, Suite 300
Brentwood, TN 37027

Record and return to:
Same as preparer

BILL GARRETT, Davidson County
Trans:T20150053340 DEEDQC
Recvd: 07/02/15 09:01 9 pgs
Fees:47.00 Taxes:0.00
20150702-0063995

Address of New Owner:
John Christopher Scobey
117 Timber Ridge Drive
Nashville, TN 37217

Send Tax Bills to:
Same as new owner

Map/Parcel:
147 09 0 077.00

PERSONAL REPRESENTATIVE'S QUITCLAIM DEED

Whereas, Carroll Christopher Scobey was predeceased by her husband, John Richmon Scobey. Whereas, Carroll Christopher Scobey died on October 14, 2014, leaving a Last Will and Testament dated January 28, 1994. Whereas, the will was admitted to probate on December 4, 2014 in the Probate Court of Davidson County, Tennessee, Docket No. 14P1903; and, whereas, John Christopher Scobey was duly qualified as Personal Representative; and, whereas, all debts of the decedent have been paid; and, whereas, the Bureau of TennCare estate recovery release, the Tennessee inheritance tax closing letter, John Richmon Scobey's death certificate, and Carroll Christopher Scobey's death certificate are attached as Exhibit A, Exhibit B, Exhibit C and Exhibit D, respectively; therefore:

John Christopher Scobey, as Personal Representative of the Estate of Carroll Christopher Scobey, Lindsley Scobey Gaddis, a beneficiary of the Estate of Carroll Christopher Scobey, and Steven Richmon Scobey, a beneficiary of the Estate of Carroll Christopher Scobey, hereinafter called Grantors, in accordance with the provisions of the Last Will and Testament of Carroll Christopher Scobey do hereby quitclaim, transfer and convey unto John Christopher Scobey, hereinafter called Grantee, his heirs and assigns, all right, title and interest in a certain tract or parcel of land in Davidson County, Tennessee, described as follows:

> LAND in Davidson County, Tennessee, being Lot. No. 34 on the plan of Caldwell Country Estates, Section I, of record in Plan Book 2663, pages 68 and 69, Register's Office for said County.
>
> SAID Lot No. 34 fronts 100 feet on the easterly margin of Salem Drive and extends back between parallel lines 228.4 feet to a dead line.
>
> Being the same property conveyed to John R. Scobey and wife, Carroll C. Scobey on July 10, 1974, by deed from Fred B. Walker and wife, Margaret P. Walker, of record in Book 4833, page 578-579, Register's Office for Davidson County, Tennessee.

This conveyance is made subject to taxes for the current year and subsequent years and all easements, restrictions, covenants, liens and encumbrances of record.

This is improved property, known as 4940 Salem Drive, Nashville, Tennessee.

Carroll Christopher Scobey is the same person as Carroll C. Scobey, and John Richmon Scobey is the same person as John R. Scobey.

By executing and delivering this deed, Grantor John Christopher Scobey, as Personal Representative of the Estate of Carroll Christopher Scobey, releases any right Grantor has to recover the property conveyed if the Estate hereafter becomes insolvent.

Grantors Lindsley Scobey Gaddis and Steven Richmon Scobey, beneficiaries of the estate of Carroll Christopher Scobey, hereby join in the execution of this deed for the purpose of conveying their interest in the property to Grantee and waiving and conveying any inheritance rights and rights as beneficiaries of the estate they may have in the property conveyed.

Deed prepared based on information and documents provided by the parties. No title examination has been performed by the attorney preparing this document. Wherever used, the singular number shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

Witness my hand this 6 day of June, 2015.

John Christopher Scobey, Personal Representative of the Estate of Carroll Christopher Scobey, Grantor

State of Tennessee
County of Williamson

Before me, the undersigned Notary Public, personally appeared the within named Grantor, John Christopher Scobey, with whom I am personally acquainted and who upon oath acknowledged that he is the Personal Representative of the Estate of Carroll Christopher Scobey, and that he executed the within and foregoing instrument in the capacity and for the purposes therein contained.

Witness my hand and official seal this the 14 day of June, 2015.

Notary Public

My Commission Expires: 5-6-2019

LAURA MOFFETT
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON
My Commission Expires May 06, 2019

Witness my hand this 16th day of June, 2015.

Lindsley Scobey Gaddis, Beneficiary
of the Estate of Carroll Christopher Scobey

State of Utah
County of Salt Lake

Before me, the undersigned Notary Public, personally appeared ~~the within named~~ beneficiary, Lindsley Scobey Gaddis, with whom I am personally acquainted and who upon oath acknowledged that she executed the within and foregoing instrument for the purposes therein contained.

Witness my hand and official seal this the 16th day of June, 2015.

Notary Public

My Commission Expires: March 5, 2019

CHRISTOPHER ROGERS
Notary Public State of Utah
My Commission Expires on:
March 5, 2019
Comm. Number: 682065

Witness my hand this 23 day of June, 2015.

Steven Richmon Scobey, Beneficiary
of the Estate of Carroll Christopher Scobey

State of Virginia
County of Loudoun

Before me, the undersigned Notary Public, personally appeared the within named beneficiary, Steven Richmon Scobey, with whom I am personally acquainted and who upon oath acknowledged that he executed the within and foregoing instrument for the purposes therein contained.

Witness my hand and official seal this the 23rd day of June, 2015.

Notary Public

My Commission Expires: 8/31/15

JANET P. THOMPSON
Notary Public
Commonwealth of Virginia
7602777
My Commission Expires Aug 31, 2015

State of Tennessee
County of Davidson

The actual consideration or value, whichever is greater, for this transfer is $0. This conveyance is made to implement a testamentary devise to a beneficiary.

John Christopher Scobey, Grantee

Subscribed and sworn to before me this 6 day of June, 2015.

Notary Public

My Commission Expires: 5-6-2019

LAURA MOFFETT
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON
My Commission Expires May 06, 2019

State of Tennessee
Department of Finance and Administration
Bureau of TennCare
Third Party Liability Division
310 Great Circle Road, 4th Floor
Nashville, Tennessee 37243
Toll Free: 866-389-8444 • FAX: 615-413-1941

Bill Haslam
Governor

Mark A. Emkes
Commissioner

12/17/2014

JACOB STRAIT
LEGAL COUNSEL
109 WESTPARK DR, STE 300
BRENTWOOD, TN 37027

RE: CARROLL SCOBEY
Last Four Of SSN 0621

Dear JACOB STRAIT:

This letter constitutes notification of the release of the State of Tennessee's Bureau of TennCare against the above estate for the marked reason:

X This serves as a release of the Bureau of TennCare's interest in recovery from the above referenced estate as required by T.C.A. §71-5-116(c) (2). Based on a review of the information provided on the Request for Release of Estate Recovery Cost Claim form, we do not find long term TennCare benefits paid by the State of Tennessee on behalf of this individual.

____ This release is based upon the surviving spouse deferral, which meets the criteria defined in T.C.A. §71-5-116(c). The State of Tennessee does reserve the right to file a claim for long term care/nursing home services against the estate of the surviving spouse upon the death of the surviving spouse.

____ This release is based upon the decedents age exception, which meets the criteria defined in T.C.A. §71-5-116(c). The State of Tennessee recovers payments made only on behalf of individuals fifty-five years of age or older.

If there are questions, you may contact the Estate Recovery Unit at (866) 389-8444.

Sincerely,

Jangela J. Howard

EXHIBIT
tabbies
A

N0018901 9533384150602

TENNESSEE DEPARTMENT OF REVENUE

Inheritance Tax Closing Letter (This is not a bill for tax due)

June 5, 2015

SCOBEY CARROLL C
ATTN: JULIE CORNELL
109 WESTPARK DR STE 300
BRENTWOOD TN 37027-5062

Account Type:	INHERIT TX
Account No.:	442052735
Date of Death:	October 14, 2014
County:	DAVIDSON
SSN:	XXX-XX-0621

A sworn return for inheritance tax has been filed with this department by the representative of the above estate.

As provided in Section 67-8-420, Tennessee Code Annotated, this receipt or certificate authorizes the court of the county in which such estate was administered to permit a final settlement or accounting by the estate representative.

The liability, as denoted in this closure letter, has been paid to the State of Tennessee. This is not a bill:

Inheritance Tax:	$0.00
Estate Tax:	$0.00
Interest:	$0.00
Penalty:	$0.00
Total:	$0.00

DETACH BELOW AND RETAIN FOR YOUR RECORDS

TENNESSEE DEPARTMENT OF REVENUE

SCOBEY CARROLL C
ATTN: JULIE CORNELL
109 WESTPARK DR STE 300
BRENTWOOD, TN 37027-5062

June 5, 2015

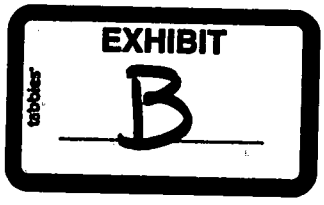
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Estate Tax:	$0.00
Interest:	$0.00
Penalty:	$0.00
Total:	$0.00



STATE OF TENNESSEE
Office of Vital Records

I 0 0 8 8 4 5

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): John Richmon Scobey
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): July 3, 2010
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]
5a. AGE-LAST BIRTHDAY (Years): 81
5b. UNDER 1 YEAR: MON. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): [redacted]
7. BIRTHPLACE (City and State or Foreign Country): Sweetwater, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] 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): St. Thomas Hospital
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): Carol Christopher
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Aviator
12b. KIND OF BUSINESS/INDUSTRY: United States Air Force
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 4940 Salem Drive
CENSUS TRACT: 6.31A
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37211
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): Caucasian
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 3 — College (1-4 or 5+):

NAME OF DECEDENT For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Richmon Scobey
18. MOTHER'S NAME (First, Middle, Maiden Surname): Leta Brown

INFORMANT

19a. INFORMANT'S NAME (Type/Print): John Christopher Scobey
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 117 Timber Ridge Drive, Nashville, Tennessee 37217

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [X] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Cole & Garrett Funeral Home and Crematory
20c. LOCATION-City or Town, State: Hendersonville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Michael P. Illobre — Michael Illobre
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5352
21c. SIGNATURE OF EMBALMER
21d. LICENSE NUMBER OF EMBALMER
22a. NAME AND ADDRESS OF FUNERAL HOME: Mount Olivet Funeral Home, 1101 Lebanon Road, Nashville, Tennessee 37210
22b. LICENSE NUMBER OF FUNERAL HOME: 970

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda R. Bowers, CC
24. DATE FILED (Month, Day, Year): July 6, 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 [X] SIGNATURE AND TITLE OF PHYSICIAN: D Tibble
25b. LICENSE NUMBER: 44186
25c. DATE SIGNED (Month, Day, Year): 7-06-2010
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): David Tibble, MD 1718 Patterson Street Nashville, TN 37203

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)

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Massive Left Middle Cerebral Artery Stroke
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.: Dementia
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 [X] 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
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-1659 (REV. 6/99) RDA 1399

43588885

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

Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

JUL 06 2010
Date Issued

EXHIBIT C

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

14080560

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Carroll Virginia Christopher Scobey
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): October 14, 2014
4. TIME OF DEATH (Approx.): 8:53 am
5a. AGE-Last Birthday (Years): 84
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): [redacted]
7. BIRTHPLACE (City and State or Foreign Country): Crowley, LA

TYPE/PRINT IN PERMANENT BLACK 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): Southern Hills Medical Center
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

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

12. SOCIAL SECURITY NUMBER: [redacted]
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 4940 Salem Drive
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37211
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

NAME OF DECEDENT (For use by Physician or Institution)

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
☐ Associate 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

10

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

17. 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): William Christopher
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Virginia Terrell

DISPOSITION

20a. INFORMANT'S NAME: John Christopher Scobey
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 117 Timber Ridge Drive, Nashville, TN 37217

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Mt. Olivet Cemetery
21c. LOCATION - City or Town and State: Nashville, TN

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ William R. Appleton
22b. LICENSE NUMBER: 2700
22c. SIGNATURE OF EMBALMER: ▶ David Dial
22d. LICENSE NUMBER: 5170
23a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Hickory Chapel, 5852 Nolensville Rd., Nashville, TN 37211
23b. LICENSE NUMBER OF FUNERAL HOME: 760

REGISTRAR

24. REGISTRAR'S SIGNATURE ▶ [signature]
25. DATE FILED (Month, Day, Year): October 23, 2014

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 ▶ [signature]
27b. LICENSE NUMBER: 27476
27c. DATE SIGNED (Month, Day, Year): 10/22/14
27d. NAME AND ADDRESS: Ralf Habermann, MD, Vanderbilt MCE, 7 Fl, #4, Nashville, TN 37232

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. Enter only one cause on a line.

Approximate Interval: Onset to death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Cardiac arrhythmia
Due to (or as a consequence of)
b. MI
Due to (or as a consequence of)
c. AFib
Due to (or as a consequence of)
d. HTN

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

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
Mycobacterium Demonstrum, Aff.

29a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No

30. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☒ Unknown
32. IF FEMALE: ☒ Not pregnant within past year ☐ Not 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: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? ☐ Yes ☐ No
34d. PLACE OF INJURY – at home, farm, street, factory, office, building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

PH-1659 (Rev. 10/2011) RDA 139

EXHIBIT D

I hereby certify the above to be a true and correct representation of the record or document on file in the 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.

7471267

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

Teresa S. Hendricks
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

7471267

Date Issued: OCT 23 2014

CERTIFICATION OF VITAL RECORD