This instrument was prepared by:

Beck and Beck, PLLC
Attorneys at Law
4205 Gallatin Rd.
Nashville, TN 37216

BILL GARRETT, Davidson County
Trans:T20170035457 DEEDQC
Recvd: 04/27/17 09:28 7 pgs
Fees:37.00 Taxes:0.00

20170427-0041292

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration for this transfer is **$ 0.00.**

Casandra N. Martin
AFFIANT

MELINDA G. BOOKER STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY My Commission Expires MAY 6, 2019

Subscribed and sworn to before me this 13th day of April, 2017.

Melinda G. Booker
NOTARY PUBLIC

My Comm Expires: 05-06-2019

Address New Owner as follows:	**Send Tax Bills to:**	**Map-Parcel Numbers:**
Casandra N. Martin, **Dorothy Kay Duty & David N. Martin** 610 Butternut Trace Lavergne, TN 37086	Same as Owner	**107 14 0 024.00**

EXECUTOR'S DEED

KNOW ALL MEN BY THESE PRESENTS that **CASANDRA N.MARTIN**, Executrix for the **Estate of DOROTHY BRUMMETT** and in consideration of the sum of **Zero** and No/100 Dollars (**$0.00**) which is hereby acknowledged as in connection with the distribution and closing of the **Estate of DOROTHY BRUMMETT,** the decedent's Last Will and Testament having been duly admitted to probate in Davidson County, Tennessee, and recorded under Docket #16P870 in the Probate Court Clerk's Office for said county, has bargained and sold, and does hereby [convey,] remise, release and forever quitclaim unto, **50.00 % PERCENT SHARE TO CASANDRA N. MARTIN, 33.33% PERCENT TO DOROTHY KAY DUTY AND 16.67% PERCENT TO DAVID N. MARTIN,** his/her heirs and assigns, all of my right, title and interest in and to a certain tract [parcel] of land in Davidson County, Tennessee, which is described as follows:

Being Lot No. 387 on the Plan of Miro Meadows Subdivision, Addition No. 5, of record in Book 2330, page 66, Register's Office for said County.

Said Lot No. 387 fronts 75 feet on the westerly side of Kirby Drive and runs back 192.4 feet on the northerly line and 163.9 feet on the southerly line to a dead line measuring 80.3 feet thereon.

This Conveyance is made subject to restrictions of record in Book 1710, Page 183, and in Book 2087, page 448, Register's Office for Davidson County, Tennessee, and the Plan of Record in Book 2330, page 66, which shows an Owner's Certificate, a 40-foot set-back line from Kirby Drive and a 10-foot easement along the rear of the lot for public attention.

Being the same property conveyed to George G. Brummett, Sr. and wife Dorothy W. Brummett by deed from Houston T. Ezell and wife Mable Ezell of record in Book 2813, page 489, Register's Office for Davidson County. Said George G. Brummett, Sr., now deceased, copy of (death cert. attached)the property vested solely to Dorothy W. Brummett.

This is improved property known as: **911 Kirby Drive, Nashville, TN 37217.**

Said property is conveyed subject to such limitations, restrictions and encumbrances as may affect the premises.

The preparer of this deed makes no representation as to the title of property described or as to the accuracy of its description herein conveyed as it was prepared without benefit of title search or survey; but strictly by documents provided by the parties involved.

WITNESS my hand this 13th day of April, 2017.

Casandra N. Martin
CASANDRA N. MARTIN, Executrix

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, Melinda G. Rooker, a Notary Public, in and for said County and State, **CASANDRA N. MARTIN, Executrix,** the within named bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he/she executed the within instrument for the purposes therein contained.

WITNESS my hand and official seal at office this the 13th day of April, 2017.

Melinda G. Rooker
NOTARY PUBLIC

MELINDA G. ROOKER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires MAY 6, 2019

MY COMMISSION EXPIRES: 05-06-2019

STATE OF TENNESSEE
Office of Vital Records

13 6159

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): George Gus Brummett, Sr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): October 2, 2013
4. TIME OF DEATH (Above): 10:45 pm
5a. AGE-Last Birthday (Years): 92
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): August 18, 1921
7. BIRTHPLACE (City and State or Foreign Country): Davidson County, TN

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: [ ] Inpatient [X] ER/Outpatient [ ] DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: [ ] Hospice facility [X] Nursing home/Long term care facility [ ] Decedent's home [ ] Other residence [ ] Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): Good Samaritan Health Center
8c. CITY OR TOWN: Antioch
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: [X] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Dorothy Ernestine Ward
11a. DECEDENT'S USUAL OCCUPATION: Parks & Recreation
11b. KIND OF BUSINESS/INDUSTRY: Metro Government

12. SOCIAL SECURITY NUMBER: [redacted]-0529
13a. RESIDENCE-STATE OR FOREIGN-COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville

NAME OF DECEDENT (For use by Physician or Institution)

13d. STREET AND NUMBER: 911 Kirby Dr.
13e. INSIDE CITY LIMITS: [X] Yes [ ] No
13f. ZIP CODE: 37217
14. WAS DECEDENT EVER IN US ARMED FORCES? [X] 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
[X] 9th - 12th grade; no diploma
[ ] High school graduate or GED completed
[X] 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

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)
[X] 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)
[X] 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): Owlsley Fay Brummett
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Sadie Mai Demontbreum

DISPOSITION

20a. INFORMANT'S NAME: Dorothy Ernestine Brummett
20b. RELATIONSHIP TO DECEDENT: Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 911 Kirby Dr., Nashville, TN 37217
21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Hermitage Memorial Gardens
21c. LOCATION - City or Town and State: Hermitage, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ William R. Appleton
22b. LICENSE NUMBER: 2700
22c. SIGNATURE OF EMBALMER: ▶ Richard Morrison
22d. LICENSE NUMBER: 3137
23a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Inc., 3620 Nolensville Road, Nashville, TN 37211
23b. LICENSE NUMBER OF FUNERAL HOME: 396

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Larry B. Keeley Jr. DR
25. DATE FILED (Month, Day, Year): Oct 9, 2013

CERTIFIER

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

26. CERTIFIER (Check only one)
26a. [X] 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: MD023572
27c. DATE SIGNED (Month, Day, Year): 10/8/2013
27d. NAME AND ADDRESS: John A Millevoi 300 20th Ave N. Nashville, TN

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. Dementia — Due to (or as a consequence of)
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. ____

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: [X] 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 [ ] 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)

RIDA 1399

PH-1659 (Rev. 10/2011)

6141068

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

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

6141068
Date Issued: OCT 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

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STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Dorothy Ernestine Brummett
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 25, 2016
4. TIME OF DEATH (Approx.): 3:13 pm
5a. AGE-Last Birthday (Years): 89
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): September 19, 1926
7. BIRTHPLACE (City and State or Foreign Country): Davidson Co., TN

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): Alive Hospice Madison Campus
8c. CITY OR TOWN: Madison
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

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: Homemaker
11b. KIND OF BUSINESS/INDUSTRY: Own Home
12. SOCIAL SECURITY NUMBER: [redacted]2438
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 911 Kirby Dr.
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37217
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ 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
☐ 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

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): James Milton Ward
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Everlena Dunnaway

DISPOSITION

20a. INFORMANT'S NAME: George G. Brummett, Jr.
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 235 Cedarwood Lane, Madison, TN 37115
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Hermitage Memorial Gardens
21c. LOCATION - City or Town and State: Hermitage, 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, Inc., 3620 Nolensville Road, Nashville, TN 37211
23b. LICENSE NUMBER OF FUNERAL HOME: 396

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REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Dorothy Parrent DR
25. DATE FILED (Month, Day, Year): 4/29/16

CERTIFIER

28. CERTIFIER (Check only one):
28a. ☒ PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.
28b. ☐ 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.

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

27a. SIGNATURE OF CERTIFIER: ▶ [signature]
27b. LICENSE NUMBER: 17891
27c. DATE SIGNED (Month, Day, Year): 4/28/16
27d. NAME AND ADDRESS: Robert Berkompas, M.D. 1718 Patterson St., Nashville, TN 37203

MEDICAL CERTIFICATION

26. 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Congestive heart failure — Approximate interval: Onset to death
Due to (or as a consequence of):
b. Ischemic cardiomyopathy
Due to (or as a consequence of):
c.
Due to (or as a consequence of):
d.

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.

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 ☐ 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 1399

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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

8503126

APR 29 2016
Date Issued

GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796 365

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

IN THE CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE

(PROBATE DIVISION)

LETTERS TESTAMENTARY

TO: **CASANDRA N. MARTIN** DOCKET NO: **16P870**

*It appearing to the Court that **DOROTHY E. BRUMMETT** has died leaving a written Will in which you are appointed **Executrix** and which has been duly approved by the Court; and you having been qualified according to law, and it having been ordered by said Court that Letters Testamentary issue to you;*

*THESE ARE, THEREFORE, to empower you, the said **CASANDRA N. MARTIN**, to enter upon the execution of said Will, and take into your possession all of the property, and to make, within **sixty (60) days** from this date, a perfect inventory thereof, and make due collection for all debts, and after paying all the just demands against the Testator, and settling up the business according to law, you will pay over and deliver the property and effects that may remain in your hands, and do all other things that may be required, according to the provisions of the said will and the laws of the land.*

WITNESS, Richard R. Rooker, Clerk of the Probate Court, at office, this June 22nd, 2016.

RICHARD R. ROOKER, Clerk

_____ D.C.

STATE OF TENNESSEE)

DAVIDSON COUNTY)

I, RICHARD R. ROOKER, Clerk of the Probate Court of said County, do hereby certify that the foregoing is a true and perfect copy of the Letters Testamentary issued to **CASANDRA N. MARTIN** as **Executrix** of the estate of **DOROTHY E. BRUMMETT**, deceased, and I do further certify that **CASANDRA N. MARTIN** is still acting **Executrix** of the estate of **DOROTHY E. BRUMMETT** and all acts as such are entitled to full faith and credit as it appears from the official record in my office in Nashville, Tennessee, this the 22nd day of June, 2016.

RICHARD R. ROOKER, Clerk

_____ D.C.

IN THE SEVENTH COURT OF DAVIDSON COUNTY, TENNESSEE
(PROBATE DIVISION)

IN RE: THE ESTATE OF DOROTHY E. BRUMMETT, Deceased. CASSANDRA N. MARTIN, Petitioner/Executrix	)	No: 16P-870

FILED
JUN 22 2016
RICHARD R. ROOKER, Clerk
By: Deputy

ORDER OF PROBATE

This cause came to be heard on the 22 day of June, 2016, before Randy Kennedy the Probate Judge of the Probate Court for Davidson County, Tennessee, upon the Petition of **CASSANDRA N. MARTIN** requesting that the Court Probate the Decedent's Last Will and Testament and, further, that she be appointed Executrix of the Estate of **DOROTHY E. BRUMMETT,** without the requirement of bond, and that letters Testamentary be issued to **CASSANDRA N. MARTIN**. Based upon the sworn Petition filed and upon the entire record herein, **IT IS HEREBY ORDERED, ADJUDGED AND DECREED:**

1. That the Last Will and Testament of **DOROTHY E. BRUMMETT**, signed on April 2, 2008, as attested by both witnesses to the Will, is hereby admitted to probate.

2. That **CASSANDRA N. MARTIN** is hereby appointed Executrix for the estate **DOROTHY E. BRUMMETT**.

3. That the Clerk of the Court issue Letters Testamentary to **CASSANDRA N. MARTIN** without the necessity of bond; and

4. That annual accountings and inventory are required; additionally, should this case remain active for over one year, the Executor shall file an annual status report with the Court detailing the activities left to complete and/or administer in the Estate.

ENTER this 22 day of June, 2016.

RANDY KENNEDY, PROBATE JUDGE

APPROVED FOR ENTRY:

CARSON W. "BILL" BECK, #18334
Attorneys for Estate
4205 Gallatin Road
Nashville, TN 37216
(615) 226-9000

CERTIFICATE OF SERVICE

I hereby certify that a true and exact copy of the foregoing document, has been forwarded by U. S. Mail, postage pre-paid on this, the 22nd day of June, 2016, to the following interested parties:

Dorothy Kay Duty
2920 Canoe Branch Rd.
Lebanon, TN 37087

George G. Brummett, Jr.
235 Cedarwood Lane
Madison, TN 37115

Danny O. Brummett
1115 Graybar Lane
Nashville, TN 37204

Milton P. Brummett
3833 Scottwood Dr.
Nashville, TN 37211

Michael F. Brummett
911 Kirby Dr.
Nashville, TN 37217

Casandra N. Martin
610 Butternut Trace
Lavergne, TN 37086

David N. Martin
512 Decherd Lane
Smyrna, TN 37167

CARSON W. "BILL" BECK
Attorney for the Estate