THIS INSTRUMENT PREPARED BY:

LAW OFFICE OF SHANNON WALKER, PLLC
102 Woodmont Blvd., Suite 200
Nashville, TN 37205
(615) 345-0227

Karen Johnson Davidson County
Batch# 255962 AFFIDAVITH
07/12/2019 08:57:53 AM 34 pgs
Fees: $172.00 Taxes: $0.00
20190712-0067965

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Comes now, the Affiants, RONALD L. SANFORD and CARL W. SANFORD, being of lawful age, and who having first been duly sworn according to law, each deposes and states:

1. VIRTRUE H. DONALDSON was married to EBB DONALDSON and they remained married until the death of EBB DONALDSON. VIRTRUE H. DONALDSON never remarried.

2. Four (4) children were born to the marriage of VIRTRUE H. DONALDSON and EBB DONALDSON; namely, ESTELLE DONALDSON, ROBERT L. DONALDSON, CLARENCE E. DONALDSON and LAURA L. SANFORD. No other children were born to or adopted by VIRTURE H. DONALDSON or EBB DONALDSON.

3. ROBERT L. DONALDSON died on February 4, 1949, and was a resident of Hermitage, Davidson County, Tennessee. ROBERT DONALDSON had no descendants. See Certificate of Death, Exhibit 1 and Obituary, Exhibit 2.

4. CLARENCE E. DONALDSON died on September 7, 1969, and was a resident of Nashville, Davidson County, Tennessee. CLARENCE E. DONALDSON had no descendants. See Certificate of Death, Exhibit 3 and Obituary, Exhibit 4.

5. EBB DONALDSON died on March 12, 1971, and was a resident of Old Hickory, Davidson County, Tennessee. See Certificate of Death, Exhibit 5.

6. LAURA L. SANFORD died on October 29, 1972, and was a resident of Old Hickory, Davidson County, Tennessee. One (1) child was born to and survived LAURA L. SANFORD; namely, LEONARD B. SANFORD. No other children were born to or adopted by LAURA L. SANFORD. See Certificate of Death, Exhibit 6.

7. LEONARD B. SANFORD is the sole heir at law of LAURA L. SANFORD.

8. VIRTRUE H. DONALDSON died on November 14, 1973, and was a resident of Old Hickory, Davidson County, Tennessee. See Certificate of Death, Exhibit 7 and Obituary, Exhibit 4.

9. The heirs at law of VIRTRUE H. DONALDSON are her daughter, ESTELLE DONALDSON and her grandson, LEONARD B. SANFORD, both having survived her.

10. LEONARD B. SANFORD, an unmarried widower, died testate on May 16, 2015, and was a resident of Madison, Davidson County, Tennessee. LEONARD B. SANFORD is survived by his two (2) children; namely, RONALD L. SANFORD and CARL W. SANFORD. No other children were born to or adopted by LEONARD B. SANFORD. See Certificate of Death, Exhibit 8 and Obituary, Exhibit 9.

11. RONALD L. SANFORD and CARL W. SANFORD are the heirs at law of LEONARD B. SANFORD.

12. LEONARD B. SANFORD left a Last Will and Testament ("Will") bearing a date of March 27, 1997. See copy of Will of LEONARD B. SANFORD, Exhibit 10. The Will was never probated. LEONARD B. SANFORD did not execute any other Wills or Codicils to his Will after March 27, 1997.

13. In Item III of the Will, the residuary estate was directed to be distributed to the Trustee of the Revocable Living Trust established by LEONARD B. SANFORD on March 27, 1997. Under Item IV and Item V of the Revocable Living Trust of LEONARD B. SANFORD, all trust principal is to be distributed to CARL W. SANFORD and RONALD L. SANFORD, outright. See copy of Revocable Living Trust Agreement of Leonard B. Sanford, Exhibit 11.

14. The surviving beneficiaries under the Revocable Living Trust Agreement of LEONARD B. SANFORD and the heirs at law of LEONARD B. SANFORD are one and the same.

15. ESTELLE DONALDSON died intestate on November 12, 2018, and was a resident of Old Hickory, Davidson County, Tennessee. See Certificate of Death, Exhibit 12, and Obituary, Exhibit 13. ESTELLE DONALDSON was never married and had no descendants.

16. The heirs at law of ESTELLE DONALDSON are her great-nephews RONALD L. SANFORD and CARL W. SANFORD, both having survived her.

[Signatures on following pages]

This Affidavit of Heirship is freely given, pursuant to T.C.A. §30-2-712, to establish and reflect the heirship of VIRTRUE H. DONALDSON, ESTELLE DONALDSON and LEONARD B. SANFORD on June 27, 2019.

Further Affiant saith not.

THIS, the 27th day of June 2019.

RONALD L. SANFORD

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Sworn to and subscribed before me, this 27th day of June 2019.

Notary Public

My Commission Expires: March 8, 2021

SHANNON D. WALKER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES MARCH 8, 2021

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned authority, a Notary Public for said county and State, RONALD L. SANFORD, 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 executed the within instrument for the purpose therein contained.

WITNESS my hand, at office, this 27th day of June 2019.

Notary Public

My Commission Expires: March 8, 2021

SHANNON D. WALKER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES MARCH 8, 2021

This Affidavit of Heirship is freely given, pursuant to T.C.A. §30-2-712, to establish and reflect the heirship of VIRTRUE DONALDSON, ESTELLE DONALDSON and LEONARD B. SANFORD on June 27, 2019.

Further Affiant saith not.

THIS, the 27 day of June 2019.

CARL W. SANFORD

STATE OF FLORIDA)
COUNTY OF Orange.)

Sworn to and subscribed before me, this 27 day of June 2019.

Notary Public

My Commission Expires: Oct. 7, 2020

STATE OF FLORIDA)
COUNTY OF Orange.)

Personally appeared before me, the undersigned authority, a Notary Public for said county and State, CARL W. SANFORD, 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 executed the within instrument for the purpose therein contained.

WITNESS my hand, at office, this 27 day of June 2019.

Notary Public

My Commission Expires: Oct. 7, 2020

NOTARY PUBLIC STATE OF FLORIDA
NIESHIA GREEN
MY COMMISSION # FF 999838
EXPIRES: October 7, 2020
Bonded Thru Notary Public Underwriters

DEPARTMENT OF PUBLIC HEALTH — CERTIFICATE OF DEATH — DIVISION OF VITAL STATISTICS

STATE OF TENNESSEE

COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS

0824 — 543 — 49 020[illegible]

1. NAME: Robert (First) Lee (Middle) Donaldson (Last) — 2. DATE OF DEATH: Feb. 4, [illegible] (Month, Day, Year)

3. COLOR OR RACE	4. SEX	5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY)	6. DATE OF BIRTH (MONTH DAY YEAR)	7. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YR. MONTHS	IF UNDER 1 YR. DAYS	IF UNDER 24 HR. HOURS	IF UNDER 24 HR. MINS.
White	Male	Single	Jan. 10	40				

8. PLACE OF DEATH
A. COUNTY: Davidson — B. CIVIL DISTRICT: 1
C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL): Nashville
D. LENGTH OF STAY IN THIS PLACE:
E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address and Location): Old Brickyard Pond - Crutcher & Benedict

9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission)
A. STATE: Tennessee — B. COUNTY: Davidson — C. CIVIL DISTRICT: 4
D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL): Hermitage
E. STREET ADDRESS (IF RURAL, GIVE LOCATION): R#1

10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, - Even - if - Retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. SOCIAL SECURITY NUMBER
Hotel	Maintenance	411-18-0561

12. WAS DECEASED EVER IN U.S. ARMED FORCES? SPECIFY, YES, NO, OR UNKNOWN	IF YES, GIVE WAR AND DATES OF SERVICE	13. BIRTHPLACE (State or Foreign Country)	14. CITIZEN OF WHAT COUNTRY?
No		Wilson Co., Tennessee	U.S.A.

15. FATHER'S NAME	16. MOTHER'S MAIDEN NAME	17. INFORMANT	ADDRESS
Ebb Donaldson	Victrude Hunter	Ebb Donaldson	R#1, Hermitage, Tenn.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) Suicide by Drowning — INTERVAL BETWEEN ONSET AND DEATH: 975

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20A. AUTOPSY	20B. FINDINGS AT AUTOPSY
		YES ☐ NO ☐	

21A. ACCIDENT / SUICIDE / HOMICIDE (SPECIFY)	21B. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office Bldg., etc.)	21C. PLACE OF INJURY CITY, TOWN OR RURAL	COUNTY	STATE
Suicide	Pond	Nashville,	Davidson Co.,	Tennessee

21D. TIME OF INJURY (MONTH DAY YEAR HOUR)	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
[illegible]		Drowned

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE

SIGNATURE	M.D. ☐ OTHER (SPECIFY)	ADDRESS	DATE
[signature]	[illegible]	City Health Department	2[illegible]

23A. BURIAL, CREMATION, REMOVAL (SPECIFY)	23B. DATE OF BURIAL, CREMATION, OR REMOVAL	23C. NAME OF Cemetery or Crematory	23D. LOCATION (City, Town or County)
	Feb. 5, 1949	Rutland	Mt. Juliet, Tenn.

24. FUNERAL DIRECTOR	ADDRESS	25. REGISTRATION DIST. NO.	26. DATE SIGNED BY LOCAL REG.	27. REGISTRAR'S SIGNATURE
[illegible] Co.	Nashville	2190	[illegible]	[illegible]

Page 5 of 34
EXHIBIT 1

VITAL RECORDS
COUNTY Davidson
ROLL NO. 1949 - #2
BOOK 1949
PAGE 2079
BIRTH:
DEATH: ✓
TENNESSEE STATE
LIBRARY AND ARCHIVES

I hereby certify this document to be a true and exact copy of the original document as it appears on microfilm filed in the Tennessee State Library and Archives.

Director, Public Services, TSLA

Date June 18, 2019

Newspapers by Ancestry
www.newspapers.com
ean (Nashville, Tennessee) · 5 Feb 1949, Sat · Page 1
Printed on May 1, 2019

Foul Play Ruled Out In Drowning Death

City homicide officers yesterday dismissed suspicions of foul play in the drowning death of Robert Lee Donaldson, Route 1, Hermitage, Tenn.

Donaldson's body was found in the old brickyard pond at Crutcher and Benedict sts., East Nashville yesterday. He was identified by papers found in a billfold.

Investigators said that Donaldson had been reported missing Jan 10, after being last seen at Second ave., S., and Shelby st.

The body was discovered by Robert Ellers, state game and fish inspector.

A neighbor of the victim, Lewis Hurt, said Donaldson had been employed as a maintenance man at the Noel hotel and had been dispondent for several days before his disappearance.

The investigating officers were Sgt. N. L. Luther, W. D. Monohan, O. W. Pride and Special Investigator John Fields of the district attorney general's office.

Funeral services will be held at 2 p.m. today at the Berryville Baptist church with Revs. Joe W. Martin Jr., and R. N. Cawthorn officiating.

He is survived by his parents, Mr. and Mrs. Ebb Donaldson; two sisters, Mrs. Buford Sanford and Miss Estelle Donaldson; a brother, Clarence Donaldson, all of Hermitage.

Burial will be in Rutland cemetery at Mt. Juliat, Tenn.

Clipped By:



afrazier9948
Wed, May 1, 2019

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STATE OF TENNESSEE
Office of Vital Records

EXHIBIT 3

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH — DIVISION OF VITAL STATISTICS

FILE NO. 69-026461

1994
33
1994

8-81-9

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

1033

TYPE OR PRINT IN PERMANENT BLUE OR BLACK INK.

86501

BIRTH NO.

DECEASED

USUAL RESIDENCE (Where deceased lived, if death occurred in institution, give residence before admission.)

PARENTS AND INFORMANT

DECEASED — NAME (First, Middle, Last)			DATE OF DEATH (Month, Day, Year)
1. Clarence E. Donaldson			2. September 7, 1969
RACE (White, Negro, American Indian, Etc. (Specify))	SEX	AGE — Last Birthday (Years) / Under 1 Year: Mos. / Days / Under 1 Day: Hours / Min.	DATE OF BIRTH (Month, Day, Year)
3. White	4. Male	5a. 50 / 5b. / 5c.	6. September 12, 1918
COUNTY OF DEATH	CITY, TOWN, OR LOCATION OF DEATH	INSIDE CITY LIMITS (Specify Yes or No)	HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number)
7a. Davidson	7b. Madisone	7c. Yes	7d. Nashville Memorial
STATE OF BIRTH (If not in U.S.A., name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)
8. Tennessee	9. U.S.A.	10 Married	11. La Von Dantel
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	
12. 410-28-8716	13a. Factory	13b. Ford Glass Plant	
RESIDENCE — STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (Specify Yes or No) / STREET AND NUMBER
14a. Tennessee	14b. Davidson	14c. Nashville	14d. Yes / 14e. 1217 Sussex Court
FATHER — NAME	MOTHER — MAIDEN NAME	INFORMANT — NAME / MAILING ADDRESS	
15. Ebb Donaldson	16. Virtrue Hunter	17. La Von Donaldson 1217 Sussex Court	

A EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 72 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

298

CERTIFIER

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE.

PERMIT REQUIRED PRIOR TO TRANSPORTATION OF BODY BY COMMON CARRIER FOR REMOVAL FROM STATE.

BURIAL

FORM VS-10 REV. 1-68

INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify)	LOCATION (Street or R.F.D. No., City or Town, State)
20a.	20b.	20c.

PHYSICIAN — CERTIFICATION: I ATTENDED THE DECEASED AND DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

21a. SIGNATURE: James M. High — DEGREE: MD — 21b. DATE SIGNED (Month, Day, Year): Sep 29, 69

MEDICAL EXAMINER — CERTIFICATION: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE — TITLE — 22b. DATE SIGNED (Month, Day, Year)

CERTIFIER — NAME (Type or Print)	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)
23a. James M. High MD	23b. 925 Gallatin Rd, Madison Tenn 37115

BURIAL, CREMATION, REMOVAL (Specify)	DATE (Month, Day, Year)	CEMETERY OR CREMATORY — NAME	LOCATION — City or Town, State
24a. Burial	24b. Sept 9, 1969	24c. Rutland	24d. Mt Juliet, Tennessee

FUNERAL HOME — NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	REGISTRAR'S SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR
25. Hibbett & Hailey Inc. Donelson, Tenn 37214	26a.	26b. 10-2-69

11301227

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.

Edward G. Bishop III
Edward G. Bishop III
State Registrar

1 1 2 3 0 1 2 2 7

Date Issued: Jun-18-2019

CERTIFICATION OF VITAL RECORD

EXHIBIT 4

Donaldson, Mr. Robert James

DONALDSON, Mr. Robert James — Age 86. Thursday, November 26, 1987. Survived by sons, Robert James Donaldson, Jr., Wayne, NJ, Miles Donaldson, Marion, IN, Hale Donaldson, Nashville, Terry Donaldson, Atens, OH, daughter, Judy Herman, Providence, RI, sister, Ruth Eckstein, New Washington, OH, fifteen grandchildren, eight great grandchildren. Mr. Donaldson was a residence of Ohio for 83 years, a graduate of Miami University of Ohio in 1923 and a graduate of North Western University in 1924. Funeral services will be held in the Woodlawn Chapel of Roses, Monday November 30, 1987 at 2:30 p.m. with Chaplain Luther Watson officiating. Visitation with the family will be Sunday from 2-4 and 7-9 p.m. Family members will serve as pallbearers. Interment Woodlawn Memorial Park. Arrangements by WOODLAWN FUNERAL HOME, 383-4754

Donaldson, Clarence E.

DONALDSON, Clarence E. — September 8, 1969 at a local hospital. Survived by wife, Mrs. Clarence E. Donaldson; step-sons, Donald Ferguson; Michael Ferguson, all of Nashville; parents, Mr. and Mrs. Ebb Donaldson; sisters, Mrs. Buford Sanford, Miss Estelle Donaldson; nephew, Leonard Sanford, all of Old Hickory. Remains are at Hibbett & Hailey Funeral Home. Services will be conducted Tuesday, September 9 at 1:00 o'clock from the Berryville Baptist Church by Rev. Earl Hooper. Honorary pallbearers: Employes of Ford Glass Plant and Men's Sunday School Class at Berryville Baptist Church. Active: Lewis Draper, Marvin Baker, Charlie Walker, Austin Locke, James Shrader, Clarence Hudgens. Interment Rutland Cemetery. HIBBETT & HAILEY, directors. 883-2361.

Donaldson, Virture Hunter (Mrs. Ebb)

DONALDSON, Virture Hunter (Mrs. Ebb). — November 14, 1973. Survived by daughter, Estelle Donaldson, grandson, Leonard Sanford, great-grandsons, Carl and Ronnie Sanford, all of Old Hickory. Remains are at Hibbett and Hailey Funeral Home where services will be conducted Friday, November 16, at 10 o'clock by Rev. Earl Hooper and Rev. Charles Fouracre. Honorary pallbearers: David Donaldson, J. T. Donaldson, Woodrow Hunter, Avron Hunter, James Ray Goodman, Richard Lee Goodman, Browning Fuller, Active pallbearers: Raymond Tomlinson, Robert Burton, O. B. Hunter, Paul Hunter, Boss Draper, Selton Gregory. Interment Rutland Cemetery. HIBBETT and HAILEY, Directors, 883-2361.

EXHIBIT 5

WINFIELD DUNN
GOVERNOR

Eugene W. Fowinkle, M.D., M.P.H.
Commissioner

STATE OF TENNESSEE
DEPARTMENT OF PUBLIC HEALTH
NASHVILLE 37219

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH FILE NO.
DIVISION OF VITAL STATISTICS

BIRTH NO.

DECEASED — NAME (FIRST / MIDDLE / LAST)	DATE OF DEATH (MONTH, DAY, YEAR)
1. EBB DONALDSON	2. MARCH 12, 1971

3. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY))	4. SEX	5a. AGE — LAST BIRTHDAY (YEARS)	5b. UNDER 1 YEAR (MOS. / DAYS)	5c. UNDER 1 DAY (HOURS / MIN.)	6. DATE OF BIRTH (MONTH, DAY, YEAR)
White	Male	85			June 2, 1885

7a. COUNTY OF DEATH	7b. CITY, TOWN, OR LOCATION OF DEATH	7c. INSIDE CITY LIMITS (SPECIFY YES OR NO)	7d. HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
Davidson	Madison	Yes	Imperial Manor

8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	9. CITIZEN OF WHAT COUNTRY	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
Tennessee	U. S. A.	Married	Virtrue Hunter

12a. SOCIAL SECURITY NUMBER	12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE)	13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	13b. KIND OF BUSINESS OR INDUSTRY
-8716-		Carpenter	Construction

14a. RESIDENCE — STATE	14b. COUNTY	14c. CITY, TOWN, OR LOCATION	14d. INSIDE CITY LIMITS (SPECIFY YES OR NO)	14e. STREET AND NUMBER
Tennessee	Davidson	Old Hickory	Yes	4120 Old Hickory Blvd.

15. FATHER — NAME	16. MOTHER — MAIDEN NAME	17. INFORMANT — NAME / MAILING ADDRESS
Patrick Donaldson	Fannie Lane	Virtrue Hunter Donaldson - Same

18. PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)]

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Congestive Failure	3 weeks
DUE TO, OR AS A CONSEQUENCE OF: (b)	Arteriosclerotic Heart Disease	10 years
DUE TO, OR AS A CONSEQUENCE OF: (c)		

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

Benign prostatichypertrophy

19a. AUTOPSY (YES OR NO)	19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
No	

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	20b. DATE OF INJURY (MONTH, DAY, YEAR)	20c. HOUR	20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
		M.	

20e. INJURY AT WORK (SPECIFY YES OR NO)	20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

21a. PHYSICIAN — CERTIFICATION: I ATTENDED THE DECEASED AND DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
SIGNATURE: Edward B Rhea DEGREE: M.D
21b. DATE SIGNED (MONTH, DAY, YEAR): 4-12-71

22a. MEDICAL EXAMINER — CERTIFICATION: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.
SIGNATURE: TITLE:
22b. DATE SIGNED (MONTH, DAY, YEAR):

23a. CERTIFIER — NAME (TYPE OR PRINT)	23b. MAILING ADDRESS (STREET OR R.F.D. NO. / CITY OR TOWN / STATE / ZIP)
Edward B. Rhea, M. D.	2203 Elliott, Old Hickory, Tenn.

24a. BURIAL, CREMATION, REMOVAL (SPECIFY)	24b. DATE (MONTH, DAY, YEAR)	24c. CEMETERY OR CREMATORY — NAME	24d. LOCATION (CITY OR TOWN / STATE)
Burial	Mar. 14, 1971	Rutland	Mt. Juliet, Tenn.

25. FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	26a. REGISTRAR — SIGNATURE	26b. DATE RECEIVED BY LOCAL REGISTRAR
Hibbett-Hailey, Inc., Nashville, Tenn.	Esther D. Groh	4-14-71

I hereby certify the above to be a true and correct copy of the original record on file in this Department. Valid Only when embossed seal of the Tennessee Department of Public Health and multi-color seal of State Registrar are affixed.

APR 15 1971
Bruce Hall Jr.
STATE REGISTRAR

Eugene W. Fowinkle
Commissioner

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT 6

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH — DIVISION OF VITAL STATISTICS

FILE NO. 72-031193

1994
33
1994
BIRTH NO.

12-75-1
THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

163
TYPE OR PRINT IN PERMANENT BLUE OR BLACK INK.

10501

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

DECEASED — NAME (FIRST / MIDDLE / LAST)			DATE OF DEATH (MONTH, DAY, YEAR)
1. Laura	Lee	Sanford	2. October 29, 1972

RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY))	SEX	AGE — LAST BIRTHDAY (YEARS)	UNDER 1 YEAR: MO.	DAYS	UNDER 1 DAY: HOURS	MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)
3. White	4. Female	5a. 60	5b.		5c.		6. November 30, 1911

COUNTY OF DEATH	CITY, TOWN, OR LOCATION OF DEATH	INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER GIVE STREET AND NUMBER)
7a. Davidson	7b. Madison	7c. Yes	7d. Nashville Memorial

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Tennessee	9. U.S.A.	10. Widowed	11. None

SOCIAL SECURITY NUMBER	SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE)	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY
12a.	12b. No	13a. Attendant	13b. Ladies Hermitage assn.

RESIDENCE — STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER
14a. Tennessee	14b. Davidson	14c. Old Hickory	14d. Yes	14e. 110 6th Street

PARENTS AND INFORMANT

FATHER — NAME	MOTHER — MAIDEN NAME	INFORMANT — NAME	MAILING ADDRESS
15. Ebb Donaldson	16. Virtue Hunter	17. Leonard Sanford	1610 Boulevard St.

18. PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)] — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I.

11 NOV 1972

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEMS 18)
20a.	20b.	20c. M.	20d.

INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)
20e.	20f.	20g.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE: MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 72 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

CERTIFIER

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE.

PERMIT REQUIRED PRIOR TO TRANSPORTATION OF BODY BY COMMON CARRIER OR REMOVAL FROM STATE.

BURIAL

PHYSICIAN — CERTIFICATION
I ATTENDED THE DECEASED AND DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
SIGNATURE — DEGREE
21a. [signature] MD
DATE SIGNED (MONTH, DAY, YEAR) 21b. 11-2-72

MEDICAL EXAMINER — CERTIFICATION
ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.
SIGNATURE — TITLE
22a.
DATE SIGNED (MONTH, DAY, YEAR) 22b.

CERTIFIER — NAME (TYPE OR PRINT) 23a.
MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 23b.

BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE (MONTH, DAY, YEAR)	CEMETERY OR CREMATORY — NAME	LOCATION (CITY OR TOWN, STATE)
24a. Burial	24b. Oct. 31, 1972	24c. Hermitage Memorial	24d. Hermitage Tennessee

FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 25. Hillett & Haile - Donelson, Tenn 37214

REGISTRAR — SIGNATURE: 26a. Esther D. Groh

DATE RECEIVED BY LOCAL REGISTRAR: 26b. 11-9-72

FORM 128 REV. 1-69

11301228

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

Edward A. Bishop III

Edward G. Bishop III
State Registrar

1 1 3 0 1 2 2 8

Date Issued JUN 18 2019

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT 7

CERTIFICATE OF DEATH 12-75-1

TENNESSEE DEPARTMENT OF PUBLIC HEALTH — FILE NO. 73-034951

VITAL RECORDS

1994
1994
BIRTH NO.

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

5086

TYPE OR PRINT IN PERMANENT BLUE OR BLACK INK.

DECEASED

Item #1 Victim

034951X11973

1. DECEASED — NAME (FIRST) Virtrue	(MIDDLE) Hunter	(LAST) Donaldson		2. DATE OF DEATH (MONTH, DAY, YEAR) November 14, 1973	
3. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)) White	4. SEX Female	5a. AGE — LAST BIRTHDAY (YEARS) 86	5b. UNDER 1 YEAR MOS. / DAYS	5c. UNDER 1 DAY HOURS / MIN.	6. DATE OF BIRTH (MONTH, DAY, YEAR) October 15, 1887
7a. COUNTY OF DEATH Davidson		7b. CITY, TOWN, OR LOCATION OF DEATH Old Hickory	7c. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	7d. HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 4120 Old Hickory Blvd	
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Tennessee	9. CITIZEN OF WHAT COUNTRY U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed	11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) None		
12a. SOCIAL SECURITY NUMBER	12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE) No	13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Housewife	13b. KIND OF BUSINESS OR INDUSTRY Home		
14a. RESIDENCE — STATE Tennessee	14b. COUNTY Davidson	14c. CITY, TOWN, OR LOCATION Old Hickory	14d. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	14e. STREET AND NUMBER 4120 Old Hickory Blvd	
15. FATHER — NAME Robert L. Hunter	16. MOTHER — MAIDEN NAME Mollie Walker	17. INFORMANT — NAME Leonard Jeffords	1610	MAILING ADDRESS Bondurant St.	

ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).

APPROXIMATE INTERVAL

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	20b. DATE OF INJURY (MONTH, DAY, YEAR)	20c. HOUR M.	20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM NO.)	
20e. INJURY AT WORK (SPECIFY YES OR NO)	20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		

ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 72 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

668 CERTIFIER

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE.

PERMIT REQUIRED PRIOR TO TRANSPORTATION OF BODY BY COMMON CARRIER OR REMOVAL FROM STATE.

BURIAL

21a. PHYSICIAN — CERTIFICATION — I ATTENDED THE DECEASED AND DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. SIGNATURE [signature] DEGREE MD — 21b. DATE SIGNED (MONTH, DAY, YEAR) 11-21-73

22a. MEDICAL EXAMINER — CERTIFICATION — ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE — TITLE — 22b. DATE SIGNED (MONTH, DAY, YEAR)

23a. CERTIFIER — NAME (TYPE OR PRINT)	23b. MAILING ADDRESS (STREET OR R.F.D. NO.)	CITY OR TOWN	STATE ZIP
24a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	24b. DATE (MONTH, DAY, YEAR) Nov 16, 1973	24c. CEMETERY OR CREMATORY — NAME Rutland	24d. LOCATION Mt Juliet, Tenn
25. FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Hibbett + Haile Donelson, Tenn 37217	REGISTRAR — SIGNATURE [signature]		26. DATE RECEIVED BY LOCAL REGISTRAR 11-26-73

PHLH FORM NO. 55-10
REVISED 11-72

11301229

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

Edward G. Bishop III

Edward G. Bishop III
State Registrar

1 1 2 3 0 1 2 2 9

Date Issued JUN 18 2019

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT 8

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Leonard Buford Sanford
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 16, 2015
4. TIME OF DEATH (Military): 6:02 PM
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): February 25, 1931
7. BIRTHPLACE (City and State or Foreign Country): Old Hickory, Tennessee

TYPE/PRINT IN PERMANENT BLACK INK

8a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
8a. 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 Skyline Madison Campus
8c. CITY OR TOWN: Madison
8d. COUNTY OF DEATH: Davidson County

9. MARITAL STATUS: ☐ Married ☐ Married, but separated ☑ Widowed ☑ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): N/A
11a. DECEDENT'S USUAL OCCUPATION: Supervisor
11b. KIND OF BUSINESS/INDUSTRY: Ford Class
12. SOCIAL SECURITY NUMBER: 415-44-9905
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Madison
13d. STREET AND NUMBER: 1253 Shawnee Rd
13e. INSIDE CITY LIMITS: ☑ Yes ☐ No
13f. ZIP CODE: 37115-5467
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): Buford William Sanford
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Laura Lee Donaldson

DISPOSITION

20a. INFORMANT'S NAME: Ron L Sanford
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1253 Shawnee Rd, Madison, TN 37115-5467
21a. METHOD OF DISPOSITION: ☑ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Entombment ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Hermitage Memorial Gardens
21c. LOCATION - City or Town and State: Old Hickory, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: Doug Raines
22b. LICENSE NUMBER: 2300
22c. SIGNATURE OF EMBALMER: Trena Mueller
22d. LICENSE NUMBER: 6643
23a. NAME AND ADDRESS OF FUNERAL HOME: Hermitage Funeral Home, 535 Shute Ln, Old Hickory, TN 37138
23b. LICENSE NUMBER OF FUNERAL HOME: 540

REGISTRAR

24. REGISTRAR'S SIGNATURE: Laura Lee Reilly
25. DATE FILED (Month, Day, Year): May 18, 2015

CERTIFIER

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.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE ITEMS WITHIN 48 HOURS

27a. SIGNATURE OF CERTIFIER
27b. LICENSE NUMBER: 48448
27c. DATE SIGNED (Month, Day, Year): 5/18/15
27d. NAME AND ADDRESS: Laura Tharpe, 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. Enter only one cause on a line.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Dementia unknown type
Due to (or as a consequence of): b.
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.

Approximate Interval: Onset to death:

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I: Atherosclerotic Cardiovascular Disease

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)

TH-1830 (Rev. 10/2011)

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.

8051605

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

8051605

Date Issued: MAY 18 2015

CERTIFICATION OF VITAL RECORD

Dignity MEMORIAL

MENU

‹ OLD HICKORY, TN

OBITUARY

Leonard B. Sanford

FEBRUARY 25, 1931 – MAY 16, 2015



PLAY TRIBUTE MOVIE

Leonard B. Sanford, age 84, of Madison, passed away May 16, 2015. Preceded in death by wife, Mary Ruth Sanford; parents, Buford W & Laura Sanford. Survived by children, Carl W Sanford, Ron L Sanford; grandchildren, Jese Farmer, Jared Olson, Jacob Sanford; great-grandchildren, Aidan Farmer, Connor Farmer; aunt, Estelle Donaldson; friends, Heide Kelly, Ruby Maxwell, Ralph Sanford, Stan Sanford. Mr. Sanford served as 1st Sgt. in the Tennessee Army National Guard and was a retired supervisor for Ford Glass with over 35 years of service. Funeral Service 1 pm Tuesday, May 19, 2015 in the Hermitage Funeral Home Chapel with Rev Buddy Jarrell officiating. Interment to follow at Hermitage Memorial Gardens with Anthony Wessels, Bud Schoening, Ronnie Palmer, Tracy Maxwell, Ralph Sanford & Jared Olson serving as active pallbearers. Honorary pallbearers are Fermo Depasquo, Carl Smith and Larry Kelly. Visitation 4 - 8 pm Monday and 10 am - 1 pm Tuesday. In lieu of flowers, memorial contributions may be made to Alive Hospice, Inc. Visit the online obituary: www.hermitagefh.com.

1800flowers.com

SEND FLOWERS SHOW YOUR SHARE RECEIVE

LAST WILL AND TESTAMENT
OF
LEONARD B. SANFORD

I, Leonard B. Sanford, a citizen of the United States residing in Davidson County, Tennessee, do make, publish and declare this my Last Will and Testament, hereby revoking all prior Wills and Codicils.

ITEM I

Definitions

As used in this Will, the following definitions shall apply:

A. Family Description. My wife, Mary R. Sanford, is referred to herein as "my wife." I have two (2) children from a previous marriage. They are Carl W. Sanford and Ronald L. Sanford. The terms "child" or "children" when referring to my children shall only mean the children named herein and any other children born to or adopted by my wife and me and these words shall be construed herein in the appropriate number and gender as the context requires.

B. In referring to any person, a word of one gender shall be deemed to include the other, and a reference to the singular shall include the plural, and vice-versa, if the context indicates that such a reading would be appropriate. If a successor Executor is appointed, then reference to the word "Executor" shall be deemed to refer to such successor Executor.

C. The terms "issue", "child" or "children" as used in this Will shall include adopted persons. Provided, however, if any beneficiary adopts the child of his or her spouse, such terms shall not include such adopted child unless the beneficiary was married to such spouse at the time of either such beneficiary's death or the death of such spouse, whichever occurred earlier.

D. Item title headings are general descriptions only and are not to be construed as adding, deleting, altering or replacing the contents of any Item.

ITEM II

Payment of Expenses, Claims and Taxes

I direct that all of my just and legal debts (except secured debts, which may be paid off or retained in the discretion of my Executor) including unpaid charitable pledges and the cost of

administration of my estate, be paid as soon as may be convenient after my death. My Executor, in their sole and absolute discretion, may pay from my domiciliary estate all or any portion of the costs of ancillary administration and similar proceedings in other jurisdictions. Except as otherwise provided herein, I direct that all such debts and expenses and any estate, inheritance, generation-skipping transfer and other taxes of the same nature which are payable because of my death with respect to the property comprising my estate for such tax purposes, whether or not such property passes under this Will and whether such taxes are payable by my estate or by any recipient or beneficiary of any such property, shall be paid by my Executor and charged against the funds or property being held by the Trustee of that certain Revocable Living Trust Agreement (the "Revocable Living Trust") which I created on today's date, but prior to the execution of this Will, and apportioned in the manner set forth in the Revocable Living Trust. Any interest and penalties payable with respect to said taxes shall be a charge against the income from the funds or property so distributed. Provided, however, my Executor shall, to the extent possible and practicable, seek reimbursement for recovery of, or contribution toward the payment of federal or state estate tax attributable to property in which I had a qualifying income interest for life, over which I had a power of appointment, or which is included in my gross estate by reason of Section 2036 of the Code from such property which such tax is not otherwise paid or payable. I direct my Executor to request the Trustee of the Revocable Living Trust either to pay such debts, expenses, and taxes directly or to distribute to my estate the necessary funds for my Executor to pay such debts, expenses and taxes. My Executor, in their sole and absolute discretion, may use the proceeds of any life insurance payable to my estate for the payment of debts or taxes.

ITEM III

Distribution of Remaining Estate to Revocable Living Trust

All the rest, residue and remainder of my property shall be distributed to the Trustee of the Revocable Living Trust, to be held, administered and distributed by the Trustee according to the provisions of the Revocable Living Trust.

ITEM IV

Executor's Powers

In addition to any powers or duties provided by other provisions in this Will or by law, my Executor shall have the following powers:

A. The powers enumerated in the provisions of Section 35-50-110 Tennessee Code Annotated, including the introductory paragraph and all subparagraphs thereof to the extent applicable. The provisions dealing with real property shall be applicable to all real property which I own and is not owned by the Revocable Living Trust at my death whether or not the Executor holds legal title to such property. Said provisions (as in force on the date of execution of this Will) are hereby incorporated herein by reference as fully as though copied herein verbatim, notwithstanding that said statute may be amended hereafter or repealed.

B. Any power conferred upon the Trustee of the Revocable Living Trust which would be appropriate for dealing with property to be held in trust following the close of my estate's administration while any such property is instead held in my estate.

C. The power to exercise any election available to my estate with regard to claiming any administration expense of my estate either as a deduction for any death tax or income tax purpose. Said elections may be made in such manner as will minimize the total tax burden on my estate and shall not require adjustments as between the income and principal accounts of my estate. I hereby relieve my Executor of any liability to any beneficiary by reason of making or failing to make any such election.

ITEM V

Appointment of Executor

A. I appoint Carl W. Sanford and Ronald L. Sanford to serve as Co-Executors (referred to herein as "Executor") of this Will. If one of them does not survive me or is unwilling or unable to serve or continue to serve, then the other shall serve as sole Executor.

B. I direct that my Executor shall not be required to give any bond for the performance of their duties. Purchasers from, lenders to and others dealing with them shall not be required to inquire as to the occasion for such sale, loan or other transaction, nor to see to the application of the purchase, loan or other money or property. Written receipts and/or canceled checks retained by my Executor shall be good and sufficient discharges for the sum therein stated to have been received. Transfer agents and other persons dealing with my Executor may deal with them as if they were the sole owner of the property dealt with.

C. I direct that no inventory or other court accounting be required in accordance with Section 30-2-601 of the Tennessee Code Annotated (as in force on the date of execution of this Will). The

Executor's only responsibility for statements and accountings shall be to furnish a complete final accounting to the Trustee of the Revocable Living Trust.

IN WITNESS WHEREOF, I have hereunto set my hand to this my Last Will and Testament, this 27 day of March, 1997.

Leonard B. Sanford
LEONARD B. SANFORD

The foregoing instrument was signed, published and declared by the said LEONARD B. SANFORD as and for his Last Will and Testament on the day and year written above, in our presence, and in the presence of each of us who, at his request, in his presence and in the presence of each other, have subscribed our names as witnesses this 27th day of March, 1997.

WITNESS — ADDRESS Hendersonville, Tn.

WITNESS — ADDRESS Hermitage, Tn.

AFFIDAVIT BY WITNESSES TO WILL

STATE OF TENNESSEE
COUNTY OF Davidson

Each of the aforesaid witnesses, being William R. Joutz, Jr. and David E Nash subscribed to the foregoing Will of LEONARD B. SANFORD, executed on this 27th day of March, 1997, having been requested by the said LEONARD B. SANFORD to make and sign this Affidavit, and having first been duly sworn before the Notary Public whose name appears below, hereby state that the said LEONARD B. SANFORD was over eighteen (18) years of age, was of sound mind, declared the foregoing instrument to be his Last Will and Testament, published and executed it by signing it in the presence of all of us who were all present at the same time and we, in his presence, at his request, and in the presence of each other, subscribed our names as witnesses on the said 27th day of March, 1997.

WITNESS

WITNESS

Sworn to and subscribed to before me this 27th day of March, 1997.

NOTARY PUBLIC

My Commission Expires: 11/21/99

EXHIBIT 11

REVOCABLE LIVING TRUST AGREEMENT OF LEONARD B. SANFORD

I, Leonard B. Sanford, on this 27 day of MARCH, 1997, by this instrument create a trust with myself, Leonard B. Sanford, ("Trustee"). In consideration of the premises and mutual covenants herein contained, I have conveyed, granted, assigned and delivered to the Trustee the property specifically set forth in Schedule A attached hereto, receipt of which the Trustee hereby acknowledges, to have and to hold in trust for the following uses and purposes and subject to the conditions, powers and agreements hereinafter set forth. This property, together with any other property accepted by the Trustee which may, after the date of this Trust be transferred to the Trustee by me, the legal representatives of my estate pursuant to the provisions of my last will and testament, my agent under a power-of-attorney executed by me, or any other person, as well as the proceeds from such property, and the securities or other assets in which such proceeds may be invested and reinvested, shall constitute the "Trust Estate".

ITEM I

My Power to Amend or Revoke This Agreement

This Declaration of Trust Agreement ("Agreement" or "Leonard B. Sanford Revocable Living Trust Agreement") may be amended and revoked by me at any time during my life. Provided, however, any amendment which substantially alters the duties and responsibilities of the Trustee shall be effective as of the date the Trustee agrees to such amendment. During any period in which I am incapacitated, my right of revocation, amendment, substitution, withdrawal and right to serve as Trustee shall be suspended. Upon my death, the trust under this Agreement shall be irrevocable.

ITEM II

Distributions to Me During My Lifetime

During my lifetime, the Trustee shall hold, manage, invest or reinvest the Trust Estate and shall collect and receive the income thereon and, after the payment of all proper charges and expenses, shall pay to me or apply for my benefit such amounts of trust income and principal as I may from time to time request. The Trustee may accumulate any of the net income not paid or applied for my benefit and add it to the principal of this Trust at least annually and thereafter to hold, administer and dispose of it as a part of the Trust Estate. The Trustee shall not, during my lifetime, make any gifts directly to any third parties designated by me. Instead, such gift property shall first be deemed to have

been distributed to me and I shall then be deemed to have consummated such gift, unless I direct otherwise in writing. During any period in which I am incapacitated, the Trustee is authorized to distribute to me or apply for my benefit such amounts of the income and principal as the Trustee determines, in his or her sole and absolute discretion, is necessary to provide for my health and maintenance in reasonable comfort, including the costs of sitters or nurses so that I may continue to live in my home. Upon my death, the Trust Estate shall be distributed in accordance with the remaining provisions of this Agreement.

ITEM III

Collection of Amounts Payable to My Trustee Following My Death and Distributions to My Estate to Pay Expenses, Claims and Taxes

Following my death, my Trustee shall collect and pay the following amounts:

A. The Trustee shall collect and add to the Trust Estate: (i) amounts payable under insurance on my life in which the Trustee or the Trust is the designated beneficiary; (ii) amounts payable under my employee benefit plans, retirement accounts or any other plan or account in which the Trustee or the Trust is the designated beneficiary; (iii) property payable to the Trustee or the Trust by the legal representative of my estate pursuant to the provisions of my will; and (iv) property payable by any other person, whether pursuant to the provisions of such person's last will or otherwise. The Trustee shall then deal with and dispose of these additions as part of the Trust Estate as provided in this Trust.

B. The Trustee shall pay all of my just debts (except secured debts, which may be paid off or retained in the discretion of my Trustee) including unpaid charitable pledges, funeral expenses, and the cost of administration of my estate, as soon as may be convenient after my death. My Trustee, in the Trustee's sole and absolute discretion, may pay all or any portion of the costs of ancillary administration and similar proceedings in other jurisdictions. Except as otherwise provided herein, I further direct that all estate, inheritance, generation-skipping transfer and other taxes of the same nature which are payable because of my death with respect to the property comprising my estate for such tax purposes, whether or not such property passes under this Agreement and whether such taxes are payable by my estate or by any recipient or beneficiary of any such property, shall be paid by my Trustee as an expense of administration and without apportionment, and with no right of reimbursement from any recipient or beneficiary of any such property. Provided, however, if a personal representative of my probate estate is appointed within six months after my death, then the Trustee shall pay all or any part of the expenses, claims and taxes of my estate for which the personal

representative of my estate has requested to be so paid or distributed. The cash requested by my personal representative shall be used to pay any or all of such expenses, claims or taxes, together with any interest thereon or other additions thereto, without reimbursement from my estate or any other person. Such requests by my personal representative shall be made in writing and delivered to the Trustee if such fiduciaries are not one and the same person. Notwithstanding the above to the contrary, my Trustee shall, to the extent possible and practicable, seek reimbursement for, recovery of, or contribution toward the payment of federal or state estate tax by my fiduciary attributable to property in which I have a qualifying income interest for life, over which I have a power of appointment, or which is included in my gross estate by reason of Section 2036 of the Code from such property which such tax is not otherwise paid or payable. All such payments, except interest and penalties, shall, to the extent possible, be charged generally against the principal of the Trust Estate which would otherwise pass under the provisions of Item V (the "Residuary Trust Estate"), and any interest and penalties so paid shall be charged against the income thereof. Each portion of my Residuary Trust Estate with respect to which a federal or state generation skipping transfer tax, if any, is payable, including any interest or penalties thereon, shall be charged directly with such tax. Notwithstanding anything above to the contrary, to the extent that any property (other than the property passing under my Will and property held under this Trust) is included in my gross estate, any taxes or other charges payable following my death with respect to the inclusion of such property in my gross estate shall be paid by a charge without interest against the share of my Residuary Trust Estate passing to the beneficiary who received the benefit of such property to the extent possible, but, if not, then my Trustee shall seek reimbursement for such taxes from such beneficiary.

ITEM IV

Gifts of Tangible Personal Property

The following provisions shall be applicable to the distribution of the tangible personal property held in this Trust after my death:

A. I intend to prepare a signed and dated memorandum setting forth my wishes concerning the distribution of certain items of the tangible personal property held in this Trust after my death. It is my desire that my Trustee locate such signed and dated memorandum and distribute such items to the individuals designated as recipients in such memorandum. If, however, no such memorandum is found and identified as such by my Trustee within ninety (90) days after my death, then such memorandum shall be deemed null and void and all of the tangible personal property held in this Trust shall be distributed in the same manner as provided for in

paragraph B of this Item. In addition, any tangible personal property that is not listed on such memorandum or any tangible personal property that is listed on such memorandum as a gift to a beneficiary who is not living at the time of my death and for whom no effective alternate provision has been made, shall be distributed in the same manner as provided for in Paragraph B of this Item.

B. My Trustee shall give the remaining household furnishings, personal effects, automobiles and all other tangible personal property held in this Trust (except cash on hand or deposit) to my children who survive me, to be divided between or among such children in as nearly equal shares, as to the value thereof, as shall be practicable and in such manner, as to the individual items thereof, as such children shall desire. In the event that such children cannot agree upon such division, the division of such property between or among my children by my Trustee shall be conclusive and final.

ITEM V

Remainder of My Trust Property to My Children

After my death, my Trustee shall distribute the remainder of my Trust Estate as follows:

A. Except as provided in Paragraph B of this Item, following my death, this Trust shall terminate and my Trustee shall divide all the remaining principal and undistributed income of the Trust Estate into two (2) separate and equal shares. One (1) such share shall be distributed to Carl W. Sanford, if he is then living, and one (1) such share shall be distributed to Ronald L. Sanford, if he is then living, with the issue then living of a deceased beneficiary named herein taking such deceased beneficiary's share, per stirpes. If a deceased beneficiary named herein does not have issue then living, then his/her share shall pass in equal amounts to the other named beneficiaries, if then living, or deceased with issue then living, with the then living issue of a deceased beneficiary named herein taking such deceased beneficiary's share, per stirpes. If all of the named beneficiaries and their issue are not then living, then such property shall pass to the persons who may then be my heirs-at-law, as determined under the laws of the State of Tennessee, then in force as if I had died intestate on such date.

B. If any beneficiary under this Item is under the age of twenty-five (25) at the time when he or she is entitled to receive a distribution in accordance with this Item, then my Trustee shall continue to hold said beneficiary's share in a separate trust named and held for the benefit of said beneficiary. The Trustee is authorized to distribute the trust income and principal of the

separate trust, as the Trustee deems necessary, in the Trustee's sole and absolute discretion, for said beneficiary's health, support, education, and maintenance in reasonable comfort. Any amounts of income not so distributed shall be added to principal at least annually by the end of each calendar year. When said beneficiary attains age twenty-five (25), or upon said beneficiary's death prior thereto, the trust shall terminate and the Trustee shall distribute all of the remaining principal and undistributed income to said living beneficiary or the surviving issue of the deceased beneficiary, per stirpes. If a beneficiary dies without issue then living, then such property shall be distributed in accordance with the provisions of Paragraph A of this Item to such persons who would then be entitled to take the share of such deceased beneficiary's ancestor who is a named beneficiary described in Paragraph A of this Item had I died on such date.

C. During the period of the administration of my estate prior to the division of this trust into separate shares or separate trusts under the provisions of Paragraphs A and B of this Item, the Trustee is authorized to distribute the net income and principal of this trust to the permissible beneficiaries of the beforementioned shares described in Paragraph A of this Item, in such amounts as the Trustee, in its sole and absolute discretion, deems advisable in order to adequately provide for the beneficiaries' support, education, health and maintenance in reasonable comfort. All such distributions to a permissible beneficiary shall be considered as an interest free advancement against the share that will be set aside for the benefit of or distributed to such beneficiary pursuant to Paragraph A and B of this Item. The aggregate of any advancement to or for the benefit of a permissible beneficiary shall be added to the value of the remaining principal and undistributed income of the Trust Estate prior to such distribution of this trust and shall be charged, without interest, against the value of the separate trust or share thereof created for the benefit of such permissible beneficiary.

D. Whenever income and/or principal may be distributed to or for the benefit of a beneficiary, such distributions may be made directly to such beneficiary or to others for the use or benefit of such beneficiary, as the Trustee deems proper. The receipt of the distributee shall be a sufficient acquittance for the Trustee. Further, such distributions may be made without the intervention of any guardian or the approval of any court.

E. Any income from any trust herein created accrued for any beneficiary which is undistributed at the time of the death of such beneficiary shall not be payable to the estate of such beneficiary, but shall be payable to the next income beneficiary of such trust or share thereof. No apportionment or accounting shall be made to the estate of any deceased beneficiary of such trust for any amount of income undistributed on the date of death of such beneficiary.

F. Notwithstanding anything in this Agreement to the contrary, no trust created hereunder shall continue beyond twenty-one (21) years after the death of the last to die of those beneficiaries who are living on the date of my death. Upon the expiration of such period, the principal and undistributed income thereof shall vest in the then income beneficiaries of the trust with each beneficiary receiving the portion of the share held for his or her benefit upon attaining the age of twenty-one (21). Provided, however, if there is more than one income beneficiary of any such share, then each beneficiary shall receive an equal share of the trust principal held for his or her benefit. Provided, further, if any beneficiary should die prior to receiving the principal vested in such beneficiary, then such principal shall be immediately distributed to such beneficiary's estate.

G. No part of any Trust Estate herein created, nor the income therefrom, is to be subject to execution or other legal process for any obligation of any beneficiary or subject to the claims of creditors of any beneficiary in any manner, nor shall any beneficiary have the power to sell or mortgage or encumber the same, or any part thereof, nor anticipate the same, or any part thereof, by assignment or otherwise.

H. Notwithstanding any provisions to the contrary, I shall always have the right to exercise a general power of appointment by my Will, specifically referring to the reservation of this general power of appointment in this Paragraph of this Item, to appoint all of the Trust Estate to my estate.

ITEM VI

Trustee's Powers

In the administration of the trusts herein created and the distribution of the income and principal thereof, the Trustee, in addition to and not by limitation of the duties or powers provided elsewhere in this Agreement or by law, shall have the following powers:

A. The Trustee shall have power and authority to do any act or thing reasonably necessary or advisable to the proper administration and distribution of any trust created under this Agreement, and in extension and not in limitation of the powers provided by applicable law, the Trustee shall have full power and authority as to any properties, real, personal or mixed, at any time comprising a part of any trust hereunder and without the necessity of notice to, or license or approval of, any court or person during the term of such trust and for purposes of division and distribution after its termination and in continuing discretion of the Trustee; provided, however, the Trustee shall be under no obligation to change any investments distributed to the Trust from

my estate on account of the character, but only when deemed advisable to do so because of changing conditions and after careful investigation and consideration. In addition, the Trustee shall have the powers enumerated in the provisions of Section 35-50-110 Tennessee Code Annotated, including the introductory paragraph and all subparagraphs thereof to the extent applicable. Said provisions (as in force on the date of execution of this Agreement) are hereby incorporated by reference herein as though fully copied verbatim, notwithstanding that said statute may be amended hereafter or repealed.

B. The Trustee may purchase real property and may establish a reasonable reserve for the repair, maintenance or improvement of any real property which the Trustee holds in trust. The reserve may be funded from trust income, and any reference to net income in this Agreement shall mean gross income less expenses charged to income and less the amounts set aside under this paragraph.

C. Any Corporate Trustee is specifically authorized and empowered to invest any part or all of the principal of any trust created herein in stock, securities, common trust funds or other obligations of said Trustee or any of its affiliates or any entities which may be related or otherwise connected to it.

D. The Trustee may purchase life insurance on the life or lives of any person or persons in whom any beneficiary of any trust established in this Agreement has an insurable interest. The Trustee, in purchasing and maintaining such life insurance, may elect any type of option deemed appropriate by the Trustee.

E. Except as otherwise provided, the Trustee is authorized to commingle any and all trusts created herein having the same inclusion ratio for the purposes of investment and administration, provided adequate records of each trust and each beneficiary's interest in such trust are maintained.

F. Whenever it shall become necessary to divide assets between the trusts herein created, or within any of said trusts, or to distribute any of said assets or to satisfy a pecuniary amount, such division or distribution shall be made in any manner deemed proper by the Trustee and may be made in cash or in kind, or partly in cash and partly in kind. Also, the judgment of the Trustee on the relative value of such assets shall be binding and conclusive on all interested parties.

G. The Trustee may terminate any trust created in this Agreement if the Trustee feels that the trust is insufficient in size to be properly administered for the best interest of the trust beneficiary or beneficiaries. Upon such termination, the principal and undistributed income thereof shall be distributed to the then permissible income beneficiaries of the terminated trust with each beneficiary receiving the share held for his or her benefit.

Provided, however, if there is more than one permissible income beneficiary of any such share, then each such beneficiary shall receive a pro rata portion of such share except that a parent shall take to the exclusion of his or her issue unless the Trustee determines, in its sole and absolute discretion, after taking into account the transfer tax effects of such distribution, that distributing to the issue is more appropriate.

H. The Trustee shall not be required to render an accounting to any court; however, an annual accounting of each trust herein created shall be rendered to the then trust income beneficiaries (or their guardians).

I. The Trustee is authorized to act hereunder through an agent or attorney-in-fact by and under power of attorney duly executed by the Trustee in carrying out any of the powers and duties herein authorized.

ITEM VII

Appointment of Trustees

The following provisions shall control the initial appointment of a Trustee:

A. I shall serve as Trustee until my resignation or incapacity. I appoint Carl W. Sanford and Ronald L. Sanford as Co-Trustees of the trusts established hereunder in the event that I, for any reason, cannot serve as Trustee. If one of them does not survive me or is unable or unwilling to serve or continue to serve in such capacity, the other shall serve as sole Trustee.

B. I direct that my Trustee shall not be required to give any bond for the performance of its duties. Purchasers from, lenders to and others dealing with it shall not be required to inquire as to the occasion for such sale, loan or other transaction, nor to see to the application of the purchase, loan or other money or property. Written receipts and/or canceled checks retained by my Trustee shall be good and sufficient discharges for the sum therein stated to have been received. Transfer agents and other persons dealing with my Trustee may deal with it as if it was the sole owner of the property dealt with.

C. The Trustee may from time to time receive reasonable compensation for services and such expenses may be charged, in the Trustee's discretion, to either income or principal.

ITEM VIII

Successor Trustee Removal

The following provisions shall control the appointment and removal of a successor Trustee:

A. Any Trustee under this Agreement shall have the right to resign from such capacity on sixty (60) days written notice to the beneficiaries, and, except for myself unless I am incapacitated, may be removed as such Trustee by written notice thereof delivered to said Trustee and signed by me, if I am then living and not under an incapacity, or, if not, by a majority of the then adult permissible income beneficiaries hereunder who are not under an incapacity, or, if none, the natural or legal guardians (if they are already appointed) of minor beneficiaries or beneficiaries under an incapacity. In the event of my death, resignation or incapacity as Trustee, then Carol W. Sanford and Ronald L. Sanford, or the survivor then living shall serve as Trustee in my place. In the event Carl W. Sanford and Ronald L. Sanford or the survivor then living are then unable or unwilling to serve or continue to serve as Trustee, a successor Corporate Trustee shall be appointed. The successor Corporate Trustee shall be such bank or trust company, authorized to administer trusts, having a combined market value of assets under administration either as a fiduciary or investment manager at the time of appointment in excess of Fifty Million Dollars ($50,000,000.00) which shall be designated for this purpose by the same individual(s) who at that time could remove a Trustee.

B. It is my intent that the trusts created herein shall always, at any point in time, have the same persons as Trustees. Accordingly the appointment and removal powers shall be exercised only in a manner consistent with this intent.

C. The removal of a Trustee under this Item shall not be dependent upon the showing of cause, the approval of any court, or the appointment of guardians for any persons under an incapacity or yet unborn. In accepting the appointment as Trustee of the trusts created herein, each such Trustee agrees to accept the provisions herein governing appointment and removal and also agrees that it shall not assess a fee relating to the termination of any of the trusts created herein.

ITEM IX

Miscellaneous Definitions

As used in this Agreement, the following definitions shall apply:

A. I have two (2) children. They are Carl W. Sanford and Ronald L. Sanford. The terms "child" or "children" when referring to my children shall only mean the children named herein and these words shall be construed herein in the appropriate number and gender as the context requires.

B. In referring to any person, a word of one gender shall be deemed to include the other, and a reference to the singular shall include the plural, and vice-versa, if the context indicates that such a reading would be appropriate. If a successor Trustee is appointed, then reference to the word "Trustee" shall be deemed to refer to such successor Trustee.

C. Upon the termination or division of any trust created herein, the term "issue" is to be interpreted so as to insure that living parents do not share any distributions of principal with their issue, but rather the parent would take to the exclusion of his or her issue. In addition, the terms "issue", "child" or "children" as used in this Agreement shall include adopted persons. Provided, however, if any beneficiary adopts the child of his or her spouse, such terms shall not include such adopted child unless the beneficiary was married to such spouse at the time of either such beneficiary's death or the death of such spouse, whichever occurred earlier. Throughout this Agreement, a child in gestation, who is later born alive, shall be regarded as a child in being during the period of gestation, in determining whether any person has died without leaving surviving issue, and in determining, on the termination of any trust created hereunder, whether such child is entitled to share in the disposition of the trust's then remaining principal and undistributed income; provided, however, for all other purposes such child's rights shall accrue from the child's date of birth.

D. The term "education" is to be construed liberally and is to include, but is not necessarily limited to, undergraduate as well as post graduate institutions, institutions for children or adults subject to learning disabilities, vocational or trade schools. Expenses incurred in education shall be deemed to include all costs incident to obtaining such education as well as transportation expenses for a reasonable number of trips between home and the educational institution.

E. For the purposes of this Agreement, a person will be deemed to be incapacitated if at least two (2) of his or her attending physicians certify in writing to the Trustee or Successor Trustee that his or her physical and/or mental state is so deteriorated that he or she is no longer able to attend to his or her own affairs without assistance. After a person is deemed to be incapacitated, he or she will continue to be so deemed until the Trustee receives a medical opinion letter written by at least one of his or her attending physicians stating that such person's physical and/or mental state is such that he or she is once again

able and capable of attending to his or her own affairs without assistance.

F. Item title headings are general descriptions only and are not to be construed as adding, deleting, altering or replacing the contents of any Item.

G. This Agreement and all dispositions hereunder shall be governed by and interpreted in accordance with the laws of the State of Tennessee.

IN WITNESS WHEREOF, the parties hereto subscribe their names on the day and year first above written.

TRUSTOR:

LEONARD B. SANFORD

TRUSTEE:

LEONARD B. SANFORD

STATE OF TENNESSEE
COUNTY OF Davidson

Before me on this 27th day of March, 1997, personally appeared LEONARD B. SANFORD, to me known to be the person described as the Trustor and Trustee in, and who executed the foregoing Revocable Living Trust Agreement, and he duly acknowledged that he executed the same, to be his free act and deed for the uses and purposes therein mentioned.

Witness my hand and official seal the date aforesaid.

Notary Public

My Commission Expires: 11/21/99

REVOCABLE LIVING TRUST AGREEMENT

SCHEDULE A

The foregoing list of assets is not intended to be complete. It forms the legal basis for the trust to come into existence. The list contains some of the primary assets in your estate. This exhibit does not need to be updated as additional assets are acquired or in the event any of the listed assets are sold.

MARITAL RIGHTS DISCLOSURE

We, the undersigned, have been advised by Russell T. Cook that we each have marital rights with respect to each other's property. Currently, under Tennessee law, each of us has the right to claim an amount not less than one-third (1/3) of the other's probate estate. This spousal claim may exist for the benefit of the survivor upon the death of either one of us. In order to help alleviate the possibility that such a claim may be made, we have been told that we may be able to execute ante nuptial agreements concerning the distribution of our respective properties. We have declined to do so.

Signed this 27 day of MARCH, 1997.

Leonard B. Sanford

Mary R. Sanford

STATE OF TENNESSEE
COUNTY OF Davidson

Before me, the undersigned, a Notary Public for the state and county aforesaid, personally appeared Leonard B. Sanford and Mary R. Sanford, to me known or proved to me on the basis of satisfactory evidence, and who acknowledged that they executed the foregoing instrument and acknowledged that it was executed as a free act and deed.

Witness my hand and seal this 27th day of March, 1997.

Notary Public

My Commission Expires: 11/21/99

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT 12

CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 063815

DECEDENT

1. DECEDENT'S LEGAL NAME: ESTELLE LOUISE DONALDSON
2. SEX: FEMALE
3. DATE OF DEATH: 11/17/2018
4. TIME OF DEATH: 08:10 AM
5a. AGE: 104
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH: 07/04/1914
7. BIRTHPLACE: RUTLAND, TN
8a. PLACE OF DEATH: NURSING HOME/LONG TERM CARE
8b. FACILITY NAME: NHC HEALTHCARE HENDERSONVILLE
8c. CITY OR TOWN: HENDERSONVILLE
8d. COUNTY OF DEATH: SUMNER
9. MARITAL STATUS: NEVER MARRIED
10. SURVIVING SPOUSE (name prior to first marriage):
11a. DECEDENT'S USUAL OCCUPATION: HOUSEKEEPER
11b. KIND OF BUSINESS/INDUSTRY: TN SCHOOL FOR THE BLIND
12. SOCIAL SECURITY NUMBER: 410-07-1415
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY OR TOWN: OLD HICKORY
13d. STREET AND NUMBER: 4120 OLD HICKORY BOULEVARD
13e. INSIDE CITY LIMITS?: YES
13f. ZIP CODE: 37138
14. WAS DECEDENT EVER IN U.S. ARMED FORCES?: NO
15. DECEDENT'S EDUCATION: 8TH GRADE OR LESS
16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO
17. DECEDENT'S RACE: WHITE

PARENTS

18. FATHER'S NAME: EBB DONALDSON
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: GERTRUDE HUNTER

20a. INFORMANT'S NAME: RON STANFORD
20b. RELATIONSHIP TO DECEDENT: GREAT NEPHEW
20c. MAILING ADDRESS: 638 SUTTON HILL ROAD, NASHVILLE, TN 37204

DISPOSITION

21a. METHOD OF DISPOSITION: BURIAL
21b. PLACE OF DISPOSITION: RUTLAND CEMETERY
21c. LOCATION: MOUNT JULIET, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ /s/ BRAD RAINES
22b. LICENSE NUMBER: 4992
22c. SIGNATURE OF EMBALMER: ▶ /s/ Dawn Renee' Everett
22d. LICENSE NUMBER: 6024
23a. NAME AND ADDRESS OF FUNERAL HOME: HERMITAGE FUNERAL HOME AND MEMORIAL GARDENS, 535 SHUTE LANE, OLD HICKORY, TN 37138
23b. LICENSE NUMBER: 640

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ /s/ EDWARD G. BISHOP III
25. DATE FILED: 11/20/2018

CERTIFIER

26. CERTIFIER
26a. ☒ PHYSICIAN – TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, 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, TIME, 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. CERTIFIER: ▶ /s/ RAUL COURET
27b. LICENSE NUMBER: 43521
27c. DATE SIGNED: 11/19/2018
27d. NAME AND ADDRESS: RAUL COURET, JR 264 NEW SHACKLE ISLAND ROAD STE 107, HENDERSONVILLE, TN 37075

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. ALZHEIMERS DEMENTIA	YEARS
DUE TO (OR A CONSEQUENCE OF)	b. ADULT FAILURE TO THRIVE	MONTHS
DUE TO (OR A CONSEQUENCE OF)	c.	
DUE TO (OR A CONSEQUENCE OF)	d.	

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?: NO
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?

30. MANNER OF DEATH: NATURAL
31. DID TOBACCO USE CONTRIBUTE TO DEATH?: NO
32. IF FEMALE: NOT PREGNANT WITHIN PAST YEAR
33. IF TRANSPORTATION INJURY, SPECIFY:
34a. DATE OF INJURY
34b. TIME OF INJURY
34c. INJURY AT WORK?
34d. PLACE OF INJURY
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY

FH-1650 (Rev. 8/2017) RDA 16112

10490576

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.

Edward G. Bishop III
State Registrar

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

1049057 6

Date Issued NOV 20 2018

CERTIFICATION OF VITAL RECORD

Dignity MEMORIAL

MENU

‹ OLD HICKORY, TN

OBITUARY

Estelle L. Donaldson

JULY 4, 1914 - NOVEMBER 12, 2018



PLAY TRIBUTE MOVIE

Ms. Estelle L. Donaldson, age 104, formerly of Old Hickory, Tennessee, passed away Monday, November 12, 2018. She is survived by her great nephews, Ron Sanford and Carl Sanford; great-great nephew, Jacob Sanford; and great-great niece, Jessica Sanford Farmer. The Celebration of Life Service will be on Saturday, November 17, 2018 at Hermitage Funeral Home with visitation from 10:00 am until the time of service. Interment will follow at Rutland Cemetery in Mount Juliet, Tennessee.

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