AFFIDAVIT OF HEIRSHIP

Tennessee Code Annotated § 30-2-712.

Karen Johnson Davidson County
Batch# 302464 AFFIDAVITH
10/17/2019 02:36:19 PM 8 pgs
Fees: $42.00 Taxes: $0.00
20191017-0106646

STATE OF TENNESSEE

COUNTY OF DAVIDSON

The undersigned, being duly sworn, deposes and says:

1. My full name is Sandra Trotter Lee. I will refer to myself in this Affidavit as the Affiant.

2. I reside at 1703 Eastland Avenue, Nashville, TN 37206.

3. I have personal knowledge of the matters stated in this Affidavit.

4. On January 11, 1981, Joseph Robert Pugh died in Smyrna, Tennessee. I will refer to this person as the Decedent.

5. The real property to which this Affidavit applies is located at 1064 Bakers Grove Road (Parcel ID 13700005500) in Davidson County, Tennessee, more fully described as the 2.75 acre single family lot located at the S/E corner of Bakers Grove Road and Bakers Grove Lane.

6. Facts concerning my relationship to the Decedent are that I am a friend of the Woodroof-Brown family.

7. Additional facts pertinent to determine who is legally entitled to the estate of the Decedent at the time of the Decedent's death are:

Joseph Robert ("JR") Pugh acquired the property at 1064 Bakers Grove Road in Hermitage, Tennessee on January 27, 1947. JR and his wife Ora Katherine Pugh resided here until their respective deaths. JR and Ora had one child, a daughter, Katherine Pugh Woodroof. Katherine Pugh Woodroof was the sole heir of her parent's estate.

Katherine married John Julius Woodroof. Katherine and John J. Woodroof acquired the property at 2008 Bakers Grove Lane (Parcel ID 13700005400) on October 21, 1958. Katherine and John J Woodroof resided here until their respective deaths. Katherine and John J. Woodroof had two children, John Robert Woodroof and Katherine Woodroof Brown.

Katherine. Pugh Woodroof died on August 1, 1989, with her estate (including the property at 1064 Bakers Grove Road) going to her husband, John J. Woodroof. John J. Woodroof died on July 29, 2007 and, in the Last Will and Testament dated August 8, 1989 (copy attached hereto) devised his estate (including the property at 1064 Bakers Grove Road and the property at 2008 Bakers Grove Lane) in equal shares to his two surviving children, John Robert Woodroof and Katherine Woodroof Brown.

John Robert Woodroof and Katherine Woodroof Brown are the rightful owners of the property located at 1064 Bakers Grove Road.

8. Attached are death records of Joseph Robert Pugh, Katherine Pugh Woodroof and John Julius Woodroof, and the last Will and Testament of John Julius Woodroof, which support the statements made in this affidavit.

Sandra Trotter Lee
Affiant

Sworn to and subscribed before me this 17 day of October, 2019.

My Commission expires: 7/2/2022

Notary Public

VANESSA TROTTER NOTARY PUBLIC STATE OF TENNESSEE DAVIDSON COUNTY MY COMMISSION EXPIRES 7-2-2022

Prepared by:
Austin Brown
4225 Harding Pike
Nashville, Tn. 37205
615-517-7929

STATE OF TENNESSEE
Office of Vital Records

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

75059
24
19094 — BIRTH NO.

1 81 002685 8
STATE FILE NO.

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

DECEASED

1. DECEASED—NAME: Joseph R (Buck) Pugh
6. DATE OF DEATH (MONTH, DAY, YEAR): 1-11-81
3a. AGE—LAST BIRTHDAY (YEARS): 71
3b. UNDER 1 YEAR — MONTHS / DAYS
3c. UNDER 1 DAY — HOURS / MINUTES
4. DATE OF BIRTH (MONTH, DAY, YEAR): 5-4-1909
5. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.): W
6. SEX: M
7a. COUNTY OF DEATH: Ruyherford
7b. CITY, TOWN OR LOCATION: Smyrna
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): YES
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.): Smyrna Hospital
7e. IF HOSP. OR INST., INCLUDE DOA, OP/Emer. Rm., Inpatient Chronic): I P
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Tenn. 43
9. CITIZEN OF WHAT COUNTRY: USA.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME):
12a. SOCIAL SECURITY NUMBER (OF NONE, SPECIFY): 415 10 4020
12b. SERVICE IN ARMED FORCES (SPECIFY YES OR NO): No
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Switchman
13b. KIND OF BUSINESS OR INDUSTRY: L & N R R CO.
14a. RESIDENCE—STATE: Tenn.
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Hermitage
14d. STREET AND NUMBER: R R 1
14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): No
14f. CENSUS TRACT NO.

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

PARENTS AND INFORMANT

15. FATHER—NAME: J.R.Pugh
16. MOTHER—MAIDEN NAME: Ada Ellis
17. INFORMANT—NAME AND MAILING ADDRESS: Mrs.Katherine Woodroof. Granny Wright Ln. Rl Hermitage

DISPOSITION

18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial
18b. DATE (MONTH, DAY, YEAR): 1-13-81
18c. CEMETERY OR CREMATORY—NAME: Mapleview
18d. LOCATION—CITY OR TOWN, STATE: Smyrna.Tenn.
19a. FUNERAL DIRECTOR (SIGNATURE): Clarence Ellis
19b. LICENSE NO.: 1341
19c. EMBALMER (SIGNATURE): William R. Appleton
19d. LICENSE NO.: 3310
20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Ellis Funeral Home.2627 Nolensville Rd.
REGISTRAR—SIGNATURE: Mary D. Sanders
DATE RECEIVED BY LOCAL REGISTRAR: Jan 16 1981

CERTIFIER

22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSES STATED — SIGNATURE: S.B. Pinto
DEGREE OR TITLE: M.D.
22b. DATE SIGNED (MONTH, DAY, YEAR): 1-13-81
23a. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSES STATED — SIGNATURE:
TITLE:
23b. DATE SIGNED (MONTH, DAY, YEAR):
24a. CERTIFIER—NAME (TYPE OR PRINT): S. B. PINTO, M.D.
24b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): SMYRNA, TN 37167

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE. ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 72 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

CAUSE

25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) — INTERVAL BETWEEN ONSET AND DEATH
(a) IMMEDIATE CAUSE: Pneumonia, L. Lower Lobe — 4 7 C
(b) DUE TO, OR AS A CONSEQUENCE OF: Influenza
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST
(c) DUE TO, OR AS A CONSEQUENCE OF:

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): Diabetes, Lymphocytic Leukemia
26. AUTOPSY (YES OR NO): NO
27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
27b. DATE OF INJURY (MONTH, DAY, YEAR):
27c. HOUR:
27d. DESCRIBE HOW INJURY OCCURRED:
27e. INJURY AT WORK (SPECIFY YES OR NO):
27f. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)):
27g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):

PHLH FORM NO. 56.10
REVISED 1-78

11637989

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

Lisa Piercey, MD, MBA, FAAP
Commissioner

11637989

Date Issued: Oct-11-2019

CERTIFICATION OF VITAL RECORD

Metropolitan Government of Nashville and Davidson County

Bill Boner, Mayor

FREDIA S. WADLEY, M.D.
LOCAL REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY, TN

AUG 10 1989

Fredia S. Wadley, M.D.

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

8903644

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Katherine J. Woodroof
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): 8-1-89
4. SOCIAL SECURITY NUMBER (of Decedent): 415-52-0511
5a. AGE – LAST BIRTHDAY (Years): 56
6. DATE OF BIRTH: 11-8-32
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tn.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
8a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [X] Inpatient 2 ER/Outpatient 3 DOA; OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Donelson
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): John Woodroof
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Sales Clerk
12b. KIND OF BUSINESS/INDUSTRY: Western Auto
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Hermitage
13d. STREET AND NUMBER OR RURAL LOCATION: 2008 Granny Wright Lane
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37076
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No
Specify, if yes:
15. RACE – American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): High School; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Joseph Pugh
18. MOTHER'S NAME (First, Middle, Maiden Surname): Ora Neal

INFORMANT

19a. INFORMANT'S NAME (Type/Print): John Woodroof
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2008 Granny Wright Lane Hermitage Tn. 37076

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Mapleview
20c. LOCATION – City or Town, State: Smyrna, Tn.
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Clyde Green
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 1343
21c. SIGNATURE OF EMBALMER: ▶ J. Brewer
21d. LICENSE NUMBER OF EMBALMER: 2969
22a. NAME AND ADDRESS OF FUNERAL HOME: Ellis Funeral Home 2627 Nolensville Road Nashville, Tennessee 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 775

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Marjorie M. Jones
24. DATE FILED (Month, Day, Year): August 10, 1989

CERTIFIER

25a. PHYSICIAN – To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
1 [X] SIGNATURE AND TITLE OF PHYSICIAN: ▶ F. M. Minch M.D.
25b. LICENSE NUMBER: MD010470
25c. DATE SIGNED (Month, Day, Year): 8/7/89
26a. MEDICAL EXAMINER – On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated.
2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER
26c. DATE SIGNED (Month, Day, Year)

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE IL AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): F. M. Minch, M.D.

CAUSE OF DEATH

28. PART I – Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Stroke	2 wk
	DUE TO (OR AS A CONSEQUENCE OF):	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Complications of metastatic Lung Cancer	6 mo
	DUE TO (OR AS A CONSEQUENCE OF):	
	c.	
	DUE TO (OR AS A CONSEQUENCE OF):	
	d.	

SEE INSTRUCTIONS ON OTHER SIDE

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

29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [ ] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY: M
31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
31d. DESCRIBE HOW INJURY OCCURRED
31e. PLACE OF INJURY – At home, farm, street, factory, office building, etc. (Specify)
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

BIRTH NO: _____

202-06-002

PH-1659
REV 1/89

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 070 1279

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): JOHN JULIUS WOODROOF
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): July 29, 2007
4. SOCIAL SECURITY NUMBER (of Decedent): 410-38-9091
5a. IF LESS THAN 1 DAY OLD (Years): 79
5b. UNDER 1 YEAR (Mos.): 5c. UNDER 1 DAY (Hours): (Min.): (Sec.):
6. DATE OF BIRTH (Month, Day, Year): JUN 03, 1928
7. BIRTHPLACE (City and State or Foreign Country): NASHVILLE, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 2008 Bakers Grove Ln.
9c. CITY, TOWN, OR LOCATION OF DEATH: Hermitage
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): WIDOWED
11. SURVIVING SPOUSE (If wife, give maiden name):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): PRINTER
12b. KIND OF BUSINESS/INDUSTRY: GENESCO
13a. RESIDENCE-STATE: TN
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: HERMITAGE
13d. STREET AND NUMBER OR RURAL LOCATION: 2008 BAKERS GROVE LN.
CENSUS TRACT:
13e. INSIDE CITY LIMITS? 1 [ ] Yes 2 [X] No
13f. ZIP CODE: 37076
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 [ ] Yes, 2 [X] No
15. RACE-American Indian, Black, White, etc. (Specify): WHITE
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): FRANK E. WOODROOF
18. MOTHER'S NAME (First, Middle, Maiden Surname): NANNIE MAYCHE

INFORMANT

19a. INFORMANT'S NAME (Type/Print): JOHN R. WOODROOF
19b. RELATIONSHIP TO DECEASED: SON
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1264 YOUNG RD LEBANON, TN 37090

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, Crematory, or other): MAPLEVIEW CEMETERY
20c. LOCATION (City or Town, State): SMYRNA, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶JUDD SELLARS
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5266
21c. SIGNATURE OF EMBALMER: ▶JUDD SELLARS
21d. LICENSE NUMBER OF EMBALMER: 5267
22a. NAME AND ADDRESS OF FUNERAL HOME: SELLARS FUNERAL HOME 313 W. BADDOUR PKWY, LEBANON TN 37087
22b. LICENSE NUMBER OF FUNERAL HOME: 1128

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶Robert J. Rhodes Jr. D.R.
24. DATE FILED (Month, Day, Year): August 03, 2007

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1 [ ] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER:
25c. DATE SIGNED (Month, Day, Year):
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated. 2 [X] SIGNATURE AND TITLE OF MEDICAL EXAMINER: ▶
26b. LICENSE NUMBER: 31292
26c. DATE SIGNED (Month, Day, Year): 07/30/2007

PHYSICIAN OR MEDICAL EXAMINER CHOOSING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Amy R. McMaster, M.D.; 850 R.S. Gass Blvd., Nashville, TN 37216; MEC07-2472

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. (Approximate Interval Between Onset and Death)

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Atherosclerotic cardiovascular disease
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b. DUE TO (OR AS A CONSEQUENCE OF):
c. DUE TO (OR AS A CONSEQUENCE OF):
d.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year):
31b. TIME OF INJURY:
31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
31d. DESCRIBE HOW INJURY OCCURRED:
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify):
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

PH-1859 (REV. 6/05)
BIRTH ID.
RDA 1350

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

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

[redacted]

Tonya Y. Foreman
Local Registrar

Date Issued AUG 03 2007

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

CERTIFICATION OF VITAL RECORD

Last Will and Testament

OF

JOHN JULIUS WOODROOF

I, JOHN JULIUS WOODROOF, of Nashville, Davidson County, Tennessee, being of sound mind and disposing memory, do hereby make, publish and declare this to be my Last Will and Testament, revoking all prior wills and codicils to wills heretofore made by me.

FIRST

I direct that all of my just debts, including my funeral expenses and the costs of administration of my Last Will and Testament be paid out of my estate as soon as practicable after my death.

SECOND

I hereby nominate and appoint my daughter, Kathy Lynn Brown of Nashville, Davidson County, Tennessee, as Executrix of this my Last Will and Testament and direct that no bond or other security be required of my said Executrix for the faithful performance of her duties as such.

THIRD

I, hereby give, devise and bequeath all of my property, real, personal and mixed, of every kind and nature as follows: One half (½) to my son, John Robert Woodroof and one half (½) to my daughter Kathy Lynn Brown. In the event either of my children predecease me then that child's share shall be divided equally among his/her children living at the time of my death.

IN TESTIMONY WHEREOF, I, John Julius Woodroof have hereunto set my hand on this page, at Nashville, Tennessee, on this the 9 day of August, 1989.

John Julius Woodroof
JOHN JULIUS WOODROOF

Page One of My Will: (J.J.W.)

We, the undersigned attesting witnesses to this Will are personally acquainted with the testator. We are of the opinion that he is of sound mind and in full possession of his faculties, and we subscribe our names hereto as witnesses to this Will at his request, in his presence and in the presence of each other, this 9th day of August, 1989.

Knox D Talley residing at 36 Millwood Dr
Nashville, Tn 37217

Linda L Clark residing at 141 Reese Dr
Nashville Tn 3721.

AFFIDAVIT

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Knox D. Talley, Jr and Dinah L. Clack

being severally duly sworn, depose and say that:

We are acquainted with John Julius Woodroof, who executed the annexed Last Will and Testament, consisting of two typewritten pages, dated August 9, 1989, on that date at Nashville, Tennessee, by subscribing his name at the end thereof in the presence of each of us.

At the time of subscribing said Will, John Julius Woodroof declared the instrument so subscribed by him to be his Last Will and Testament and we thereupon signed our names as witnesses at the end of said instrument at his request and in his presence and sight and in the presence and sight of each other.

At the time of executing said Last Will and Testament, John Julius Woodroof was over the age of eighteen years and in our opinion was of sound mind, memory and understanding and not under any restraint or in any respect incompetent to make a Last Will and Testament and that each of said witnesses was then at least eighteen years of age.

The annexed Last Will and Testament was examined by the undersigned witnesses at the time this affidavit was made.

Knox D Talley Jr

Dinah L Clack

SWORN to and subscribed before me this 9th day of August, 1989.

Teresa Hutton
NOTARY PUBLIC

My commission expires: 11-12-90