Karen Johnson Davidson County
Batch# 505293 AFFIDAVITH
10/30/2020 12:40:40 PM 11 pgs
Fees: $57.00 Taxes: $0.00
20201030-0126939

This instrument prepared by:
Athens Title & Escrow LLC
5115 Maryland Way
Brentwood TN 37027

AFFIDAVIT OF HEIRSHIP IN FURTHERANCE OF TITLE

STATE OF TENNESSEE
COUNTY OF DAVIDSON

On this 28th day of October, 2020, personally appeared **Judy Hargrove**, hereinafter referred to as Affiant, being first duly sworn, deposes, and makes oath as follows:

1. That Affiant is at least eighteen (18) years of age and is a resident of Davidson County, Tennessee, residing at 215 Cottage Place, Nashville, TN 37214. I have known the family for 51 years.

2. That Affiant was personally acquainted with **Norma June Ritzman**, deceased, hereinafter referred to as Decedent, during the decedent's lifetime, and is familiar with Decedent's family history by reason of the following: **Neighbor and close friend of the family for more than fifty one years.**

3. That Decedent died on October 9, 2019, and was at the time a resident of 3198 Trails End Lane Nashville, Tennessee 37214;

4. That Decedent was survived by the following persons:

   I. **Spouse of Norma June Ritzman being Gordon Sam Ritzman having pre-deceased his wife on June 2, 2010. At the time of her death, Norma June Ritzman, was a widow and not re-married.**

   II. **Surviving Children - Robert E Lee Cleveland Jr, 215 Bennett Dr, Old Hickory, TN 37138, and Ronald Edward Cleveland, 628 Gibson Drive Madison, TN 37115, only children of born to Norma June Ritzman adopted, legitimate or illegitimate.**

   III. **That Norma June Ritzman died with a Will that was not probated but attached hereto as Exhibit "A".**

   IV. **That Norma June Ritzman has only two children born to or adopted by her.**

   V. **That a TennCare Release was obtained by the family and retained on file.**

   VI. **The facts stated above are relative to the inheritance of the following parcel of real estate commonly known as:**

   3198 Trails End Lane, Nashville, TN 37214

5. That all persons above named are at least eighteen (18) years of age.

6. That this Affidavit of Heirship is being prepared for the purposes established in Tenn. Code Ann. 30-2-712, and the Affiants acknowledge that their execution of the same is subject to and governed by the penalties set forth in Section (f) of the same statute, and that this Affidavit is not made for any fraudulent purpose.

7. That the Affiants acknowledge that this Affidavit of Heir-ship may be relied upon by third parties in order to establish chain of title by descent and distribution.

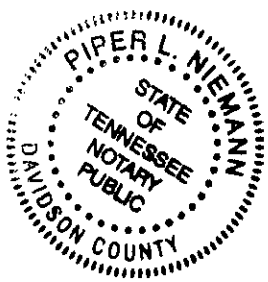
8. Attached as Exhibit "A", Will of Norma June Ritzman and "B", Death Certificate.

FURTHER AFFIANT SAYETH NOT.

Judy Hargrove, AFFIANT

SUBSCRIBED AND SWORN TO before me this 29th day of October, 2020.

(seal)



NOTARY PUBLIC

My Commission Expires: 03-07-23

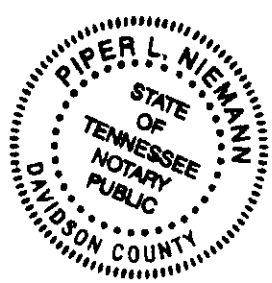
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STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, **Judy Hargrove**, the within named Affiant, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), who acknowledged that he/she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Davidson County, Tennessee this 29th day of October, 2020.

(seal)



NOTARY PUBLIC
My Commission Expires: 03-07-23

Exhibit H

LAST WILL AND TESTAMENT OF

Norma June Ritzman

I, **Norma June Ritzman**, born 7/19/1931, being a resident and citizen of Davidson County, Tennessee, being of sound and disposing mind and memory and over the age of eighteen (18), and not acting under any duress, menace, fraud, mistake, or undue influence, do hereby make, publish, and declare this to be my Last Will and Testament, and hereby expressly revoke any Will and Codicil I may have previously made.

I. MARRIAGE AND CHILDREN.

I am a widow and I have two (2) children, both adults, Robert Cleveland, born in 1947, presently residing at 215 Bennett Drive, Old Hickory, TN 37138, and Ronald E. Cleveland, born in 1950, presently residing at 628 Gibson Drive, Madison, Tennessee 37115.

II. EXECUTOR.

I hereby appoint Robert Cleveland, my son, as Executor of this my Last Will and Testament. In the event my Executor shall predecease me, or, for any reason, shall fail to qualify or cease to act as my Executor, then I hereby appoint Ronald E. Cleveland, my son, to serve as alternate Executor of my estate and Will. Should the alternate Executor assume the duty as Executor, the alternate Executor shall be deemed Executor in all aspects and shall have the same obligations, powers, authority, and rights of Executor.

My Executor shall be authorized to carry out all provisions of this Will and pay, out of my residuary estate, my funeral expenses, my just obligations and all of my just debts that may be probated, registered and allowed against my estate, including the costs of the administration of my Will and Estate. However, this provision shall not extend the statute of limitations for the payment of debts or enlarge upon my legal obligation or any statutory duty of my Executor to pay debts. My Executor is also authorized to pay for the expenses which may be incurred in reasonably safeguarding or delivering any of my property in my estate and other reasonable or necessary expenses associated with carrying out my Will.

I direct that there shall be paid out of my residuary estate, without apportionment, all estate, inheritance, succession, and other taxes, together with any interest or penalty thereon (except any generation-skipping taxes imposed by the Internal Revenue Code or by any state), assessed by reason of my death, imposed by the government of the United States, or any state or territory thereof, or by any foreign government or political subdivision thereof, in respect of all property required to be included in my gross estate or like tax purposes by any of such governments, whether the property passes under this Will or otherwise, including property over which I have a taxable power of appointment, without contribution by any recipient of any of such property.

My Executor and alternate Executor shall serve without any bond, and I hereby waive the necessity of preparing or filing any inventory, accounting, appraisal, reporting, approvals or final appraisement of my estate. I direct that no expert appraisal be made of my estate unless required by law.

III. FIDUCIARY POWERS

I direct that the Executor or Trustee of any trust created herein shall have broad discretion in the administration of my Estate and any Trust created herein without the necessity of Court approval and I authorize my Executor and/or Trustee to do every act and thing necessary or appropriate for the complete administration of my Will and of any Trust created herein. I grant unto my Executor or Trustee of any trust created herein, all applicable powers listed, enumerated, or described, or referred to, in the introductory paragraph and/or in any of the thirty three numbered sub-paragraphs of T.C.A. § 35-50-110, as it is in its present form, together with any additional powers and/or clarifications thereof which may be added by the legislature of Tennessee subsequent to execution of this Will and which become effective prior to the date of my death (all of which are hereby incorporated herein by this reference as if they were copied herein in full), and to the extent not prohibited by the laws of Tennessee, and the following non-exhaustive list of additional powers: (1) The power of any Trustee may be transferred to his/her successor(s) as may be required to carry out the instructions of this Will; (2) All rights, duties and powers as well as immunities given to my Executor or my Trustee of any trust created herein shall continue after termination of the estate and trusts created herein and until any fiduciary obligations of any third parties with respect to the application of assets entrusted to them have been made and distributed; (3) To collect the proceeds of all life insurance policies without qualifying in court. No bond shall be required and any action taken by my Executor shall constitute full acquittance to the insurance company or its agents; (4) To appoint a substitute executor or trustee, respectively, to serve in their stead; (5) To purchase life insurance on the life or lives of any person or persons in whom any beneficiary of any trust established in this Will has an insurable interest; (6) To exercise all of the powers, rights and discretions granted by virtue of any "Uniform Trustees' Powers Law", "Probate Code", and/or any other Act, Law, or Code so similarly themed adopted by the State of Tennessee; (7) To compromise claims and to abandon property which, in my Executor's opinion is of little or no value; (8) To purchase or otherwise acquire and to retain any and all stocks, bonds, notes or other securities, or shares or interest in investment trusts and common trust funds, or in any other property, real, personal or mixed, as my Executor may deem advisable, whether or not such investments or property be of the character permissible by fiduciaries, without being liable to any person for such retention or investment; (9) To settle, adjust, dissolve, windup or continue any partnership or other entity in which I may own a partnership or equity interest at the time of my death, subject, however, to the terms of any partnership or other agreement to which I am a party at the time of my death. I authorize my Executor to continue in any partnership or other entity for such periods and upon such terms as they shall determine. My Executor shall not be disqualified by reason of being a partner, equity owner or title holder in such firm from participating on behalf of my estate in any dealings herein authorized to be carried on between my Executor and the partners or equity owners of any such partnership or other entity; (10) To lease, sale, or offer on a lease purchase, any real or personal property for such time and upon such terms and conditions in such manner as may be deemed advisable by my Executor, all without court approval; (11) To sell, exchange, assign, transfer and convey any security or property, real or personal, held in my estate, or in any trust, at public or private sale, at such time and price and upon such terms and conditions (including credit) as my Executor may deem advisable and for the best interest of my estate, or any trust. I hereby waive any requirement of issuing summons, giving notice of any hearing, conducting or holding any such hearing, filing bond or other security, or in any way obtaining court authority or approval for any such sale, exchange, assignment, transfer or conveyance of

any real or personal property; (12) To pay all necessary expenses of administering the estate and any trust including taxes, trustees' fees, fees for the services of accountants, agents and attorneys, and to reimburse said parties for expenses incurred on behalf of the estate or any trust hereunder; (13) Unless otherwise specifically provided, to make distributions (including the satisfaction of any pecuniary bequest) in cash or in specific property, real or personal, or in an undivided interest therein, or partly in cash and partly in other property, and to do so with or without regard to the income tax basis of specific property allocated to any beneficiary and without making pro rate distributions of specific assets; (14) To determine what is principal and what is income with respect to all receipts and disbursements; to establish and maintain reserves for depreciation, depletion, obsolescence, taxes, insurance premiums, and any other purpose deemed necessary and proper by them and to partite and to distribute property of the estate or trust in kind or in undivided interests, and to determine the value of such property; (15) To participate in any plan of reorganization, consolidation, dissolution, redemption, or similar proceedings involving assets comprising my estate or any trust created hereunder, and to deposit or withdraw securities under any such proceedings; (16) To perform such acts, to participate in such proceedings and to exercise such other rights and privileges in respect to any property, as if she or he were the absolute owner thereof, and in connection therewith to enter into and execute any and all agreements binding my estate and any trust created hereunder; (17) To compromise, settle or adjust any claim or demand by or against my estate, or any trust, to litigate any such claims, including, without limitation, any claims relating to estate or income taxes, or agree to rescind or modify any contract or agreement; (18) To borrow money from such source or sources and upon such terms and conditions as my Executor shall determine, and to give such security therefore as my Executor may determine; and, (19) All other powers conferred upon Executors of estates at common law, without limitation.

All authorities and powers hereinabove granted unto my Executor and/or Trustee of any Trust created herein shall be exercised from time to time in her or his sole and absolute discretion and without prior or further license, authority or approval of any Court, and I intend that such powers be construed in the broadest possible extent, unless limited herein.

IV. SIMULTANEOUS DEATH OF BENEFICIARY.

If any beneficiary of this Will shall die within 60 days of my death, I hereby declare that I shall be deemed to have survived such person.

V. SPECIFIC BEQUESTS OF REAL AND/OR PERSONAL PROPERTY.

I will, give and bequeath unto the persons named below, if he or she survives me, the following Property:

Juanita Cleveland, my daughter-in-law, the shower chair I borrowed from you. Thank you for the loan of the chair.

Ronald E. Cleveland, my son, my china set and patio set. I was very glad to hear from your mother-in-law about your help during her illness and consideration to both her and Andy. I only wish you could have had a little consideration for me, being your mother. So, I leave you the above items which you gave me.

Robert Cleveland, my son, who has been there to help me through my last days. I leave to him his choice of whatever he wants of my things (i.e., personal tangible property). For example, my vehicle(s), my antiques (from my mother), my picture on the living room table, my cut glass items (glassware), my ceramic items that I made (i.e., the big white goose), my dining room suit, the rocking chair (made by my grandfather), and my jewelry.

In the event that a named beneficiary to this Will predeceases me, the bequest to such person shall lapse, and the property shall pass under the Residuary Clause of this Will. In the event that I do not possess or own any property listed above on the date of my death, the bequest of that property shall lapse.

VI. HOMESTEAD AND OTHER REAL PROPERTY.

My homestead or primary residence ("Homestead"), if I own a Homestead on the date of my death that passes through this Will, shall pass under the Residuary Clause of this Will.

In the event that I own any real property other than my Homestead, which is not otherwise effectively disposed of, at the time of my death, said real property shall pass under the Residuary Clause of this Will.

VII. ALL REMAINING PROPERTY – RESIDUARY CLAUSE.

I give, will, devise, and bequeath all of the rest, residue, and remainder of my property and estate, of whatsoever kind and character, and wherever located, including, but not limited to, real and personal property in which I may have an interest at the date of my death and which is not otherwise effectively disposed of, equally to Robert Cleveland and Ronald E. Cleveland, but if either Robert Cleveland or Ronald E. Cleveland predecease me, then his share shall lapse and pass to the survivor of them. I specifically and do intentionally leave Juanita Cleveland out of this Will.

If neither Robert Cleveland or Ronald E. Cleveland survive me, then I give, will, devise, and bequeath all of the rest, residue, and remainder of my property and estate, of whatsoever kind and character, and wherever located, including, but not limited to, real and personal property in which I may have an interest at the date of my death and which is not otherwise effectively disposed of, to Donald McKinney, my step-son, but if Donald McKinney predeceases me, then his share shall pass, per share, to his lineal descendants, natural or adopted, if any, who survive me.

VIII. DEALING WITH EXECUTOR OR TRUSTEE.

No person dealing with the Executor hereunder shall be bound to inquire into their capacity to act on the part of the said Executor, or the propriety of any actions taken by the same, or the application of any monies paid or properties transferred. 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 and Trustee shall be good and sufficient discharges for the sum therein stated to have been received. Transfer agents and other

persons dealing with my Executor and Trustee may deal with them as if they were the sole owner of the property dealt with.

IX. DISCLAIMER

All beneficiaries and their legal representative hereunder shall have the right to disclaim any gift in whole or in part by delivering such disclaimer to the Executor or Trustee according to the applicable sections of the Internal Revenue Service Code and any applicable statutes of the State of Tennessee.

X. MISCELLANEOUS PROVISIONS

I direct that the Laws of the State of Tennessee shall govern this Will and the construction thereof.

If any beneficiary to this Will is indebted to me at the time of my death, and a Promissory Note payable to me evidences said debt, then such person's portion of my estate shall be diminished by the amount of such debt.

In the event that any property or interest in property passing under this Will by operation of law, or otherwise by reason of my death shall be encumbered by mortgage or lien or shall be pledged to secure any obligation (whether the property or interest so encumbered or pledged shall be owned by me jointly or individually), it is my intention that such indebtedness shall not be charged to or paid from my estate, but that the devisee, legatee, joint owner taking by survivorship, or beneficiary receiving such property or interest in property shall take it subject to all encumbrance existing at the time of my death.

I direct that my remains be cremated and that my ashes be disposed of in Percy Priest Lake, and that otherwise the arrangements shall be made by my Executor in said Executor's discretion and according to my known wishes, if any.

XI. CONSTRUCTION INTENTIONS.

It is my intent that this Will be interpreted according to the following provisions: (1) The term "Executor", as used in this Will, shall be deemed to mean and include "Executor", "Executrix", and "Personal Representative"; (2) The masculine gender shall be deemed to include the feminine as well as the neuter, and vice versa, as to each of them; the singular shall be deemed to include the plural, and vice versa; (3) The term "Testator" as used herein is deemed to include me as Testator or Testatrix; (4) The term "or" as used herein is deemed to include "and/or"; (5) This Will is not a result of a contract between myself and any beneficiary, fiduciary or third party and I may revoke this Will at any time; (6) If a successor Executor or Trustee is appointed, then reference to the word "Executor" or "Trustee" shall be deemed to refer to such successor Executor or Trustee; (7) The term "issue", as used in this Will, 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; and, (8) The headings and labels for the paragraphs herein are for convenience only and are not a part hereof, and shall not be used in any manner to interpret or otherwise modify any provision or clause herein.

XII. IN TERROREM

In the event any person shall file or cause to be filed, a Will Contest or any sort of suit or pleading which challenges the validity of this will or which questions my competence to make this will or which challenges any provision hereof I direct that neither such person nor anyone claiming by, through or under such party, shall receive no part of my estate whether under this Will or by virtue of the laws governing intestate succession in Tennessee.

XIII. SEVERABILITY AND SURVIVAL

Each section, subsection, paragraph, sentence, and clause of this Will is hereby declared to be separable and severable. Therefore, if any part or provision of this Will, for any reason, shall be declared by a court of competent jurisdiction to be invalid, illegal, unenforceable, inoperative or otherwise ineffective, that provision shall be limited or eliminated to the minimum extent necessary so that this Will shall otherwise remain in full force and effect and enforceable. Any Court so interpreting this Will and any provision in it shall construe it in favor of survival and that interpretation after severing shall allow to the greatest extent possible the objectives of the invalid or unenforceable provision.

IN WITNESS WHEREOF, I, Norma June Ritzman, having signed this last Will in the presence of Susan Pomraky, and Justin Phillips who attested it at my request on this 3rd day of August, 2011 at Davidson County, declare this to be my Last Will and Testament.

Norma June Ritzman (Signature of Testator)
Norma June Ritzman
3198 Trails End Lane
Nashville, Tennessee 37214

WITNESSES

The above and foregoing Will of Norma June Ritzman was declared by Norma June Ritzman in our view and presence to be her Will and was signed and subscribed by the said Norma June Ritzman in our view and presence and at her request and in the view and presence of Norma June Ritzman and in the view and presence of each other, we, the undersigned, witnessed and attested the due execution of the Will of Norma June Ritzman on this the 3rd day of August, 2011 at Davidson County, Tennessee.

Witness #1		Witness #2
[Signature]	[Signature]	[Signature]
Susan Pomraky	[Name]	Justin Phillips
3326 Niagara Dr.	[Address]	2525 Lebanon Pike
Nashville, TN 37214	[Address]	Nashville, TN 37214

ATTESTATION

STATE OF TENNESSEE
COUNTY OF DAVIDSON

We, Norma June Ritzman, Susan Pomraky, and Justin Phillips, the testator and the affiants respectively, whose names are signed to the attached instrument in those capacities, personally appearing before the undersigned authority and first being duly sworn, do hereby declare to the undersigned authority under penalty of perjury that the testator declared, signed, and executed the instrument as her last will; she signed it willingly or willingly directed another to sign for her; she executed it as her free and voluntary act for the purposes therein expressed; and each of the witnesses, at the request of the testator, in his or her hearing and presence, and in the presence of each other, signed the Will as witness and that to the best of his or her knowledge the testator was at that time eighteen (18) years of age or older, of sound mind and under no constraint or undue influence.

Norma June Ritzman (Signature of Testator)
Norma June Ritzman
3198 Trails End Lane
Nashville, Tennessee 37214

Affiant # 1		Affiant #2
Susan Pomraky	[Signature]	Justin Phillips
Susan Pomraky	[Name]	Justin Phillips
3326 Niagara Dr.	[Address]	2525 Lebanon Pike
Nashville, TN 37214	[Address]	Nashville, TN 37214

Subscribed, sworn, and acknowledged before me, a Notary Public in and for Tennessee by Norma June Ritzman, the testator, and by Susan Pomraky, and Justin Phillips, the affiants this 3rd day of August, 2011.

NOTARY PUBLIC

ANTHONY BURNS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

My Commission Expires: July 6, 2015

STATE OF TENNESSEE
Office of Vital Records

Exhibit B-1

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 057075

DECEDENT (TYPE/PRINT IN PERMANENT BLACK INK)

1. DECEDENT'S LEGAL NAME: NORMA JUNE RITZMAN					2. SEX: FEMALE	3. DATE OF DEATH: 10/09/2019
4. TIME OF DEATH (Approx.): 03:23 PM	5a. AGE: 88	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH: 07/19/1931	7. BIRTHPLACE: NASHVILLE, TN	
8a. PLACE OF DEATH: NURSING HOME/LONG TERM CARE						
8b. FACILITY NAME: MT JULIET HEALTH CARE CENTER INC		8c. CITY OR TOWN: MOUNT JULIET			8d. COUNTY OF DEATH: WILSON	
9. MARITAL STATUS: WIDOWED	10. SURVIVING SPOUSE (name prior to first marriage):	11a. DECEDENT'S USUAL OCCUPATION: ACCOUNTING			11b. KIND OF BUSINESS/INDUSTRY: OPRYLAND	
12. SOCIAL SECURITY NUMBER: 4-7538	13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE	13b. COUNTY: DAVIDSON	13c. CITY OR TOWN: NASHVILLE			
13d. STREET AND NUMBER: 3196 TRAILS END LANE	13e. INSIDE CITY LIMITS?: YES	13f. ZIP CODE: 37214	14. WAS DECEDENT EVER IN US ARMED FORCES?: NO			
15. DECEDENT'S EDUCATION: ASSOCIATE DEGREE	16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO	17. DECEDENT'S RACE: WHITE				

PARENTS

18. FATHER'S NAME: FATE GRIGSBY GARTON	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: EDNA WILLIAMS

20a. INFORMANT'S NAME: ROBERT LEE CLEVELAND JR	20b. RELATIONSHIP TO DECEDENT: SON	20c. MAILING ADDRESS: 215 BENNETT DRIVE, OLD HICKORY, TN 37138

DISPOSITION

21a. METHOD OF DISPOSITION: CREMATION	21b. PLACE OF DISPOSITION: MUSIC CITY CREMATORY SERVICE	21c. LOCATION: NASHVILLE, TN	
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ /s/ CHARLES TIMOTHY RALEY	22b. LICENSE NUMBER: 5958	22c. SIGNATURE OF EMBALMER: ▶	22d. LICENSE NUMBER
22e. NAME AND ADDRESS OF FUNERAL HOME: TRISTAR CREMATION, 4962 LEBANON ROAD OLD HICKORY, TN 37138			22f. LICENSE NUMBER: 1355

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ /s/ EDWARD G BISHOP III	25. DATE FILED: 10/15/2019

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

27a. CERTIFIER: ▶ /s/ JOHN A WILLIAMS	27b. LICENSE NUMBER: 023872	27c. DATE SIGNED: 10/15/2019
27d. NAME AND ADDRESS: JOHN A WILLIAMS 300 20TH AVE NORTH 9TH FLOOR, NASHVILLE, TN 37203		

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

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. PERIPHERAL VASCULAR DISEASE	
	DUE TO (OR A CONSEQUENCE OF)	
Sequentially list conditions, if any, leading to the immediate cause. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b.	
	DUE TO (OR A CONSEQUENCE OF)	
	c.	
	DUE TO (OR 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? 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	

TN-1899 (Rev. 6-2017) RDA 9112

11672523

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

1 1 6 7 2 5 2 3

Date Issued: Dec 16 2019

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

Exhibit B-2

1083227

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2010 025190

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEDENT'S NAME (First, Middle, Last): Gordon Sam Ritzman
2 SEX: Male
3 DATE OF DEATH (Month, Day, Year): June 2, 2010
4 SOCIAL SECURITY NUMBER: -7125
5a AGE-LAST BIRTHDAY (Years): 81
5b UNDER 1 YEAR: Months / Days
5c UNDER 1 DAY: Hours / Min
6 DATE OF BIRTH (Month, Day, Year): Dec 25, 1928
7 BIRTHPLACE (City or Town, State or Foreign Country): Cedar Falls, Iowa
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a 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): Summit Medical Center
085
9c CITY, TOWN OR LOCATION OF DEATH: Hermitage
9d COUNTY OF DEATH: Davidson
10 MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Married
11 SURVIVING SPOUSE (If wife, give maiden name): Norma Garton
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Maintenance
12b KIND OF BUSINESS/INDUSTRY: Bridgewood Apts
13a RESIDENCE STATE: Tennessee
13b COUNTY: Davidson
13c CITY, TOWN OR LOCATION: Nashville
13d STREET AND NUMBER OR RURAL LOCATION: 3198 Trails End Lane
CENSUS TRACT
13e INSIDE CITY LIMITS? 1 [ ] Yes 2 [X] No
13f ZIP CODE: 37214
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [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+):

NAME OF DECEDENT (If not by physician or institution)

PARENTS

17 FATHER'S NAME (First, Middle, Last): Jack Earl Ritzman
18 MOTHER'S NAME (First, Middle, Maiden Surname): Helen Alice Card

INFORMANT

19a INFORMANT'S NAME (Type/Print): Norma Ritzman
19b RELATIONSHIP TO DECEASED: Wife
19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3198 Trails End Lane Nashville, TN 37214

DISPOSITION

20a METHOD OF DISPOSITION: 1 [ ] Burial 2 [X] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery, crematory or other place): Affiliated Crematory
20c LOCATION – City or Town, State: 2707 Gallatin Rd Nashville, TN 37216
21a SIGNATURE OF FUNERAL DIRECTOR
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 4621
21c SIGNATURE OF EMBALMER
21d LICENSE NUMBER OF EMBALMER
22a NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Funeral Home 2707 Gallatin Road, Nashville, Tennessee 37216
22b LICENSE NUMBER OF FUNERAL HOME: 331

REGISTRAR

23 REGISTRAR'S SIGNATURE
24 DATE FILED (Month, Day, Year): June 4, 2010

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 [ ] SIGNATURE AND TITLE OF PHYSICIAN: , MD
25b LICENSE NUMBER: 44801
25c DATE SIGNED (Month, Day, Year): 6/4/10
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 COMPLETING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Alice K. Henderson, MD 5653 Frist Blvd #630, Hermitage, TN 37076

CAUSE OF DEATH

28 PART I – Enter the disease, 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Aspiration pneumonia — Approximate Interval Between Onset and Death: days
DUE TO (OR AS A CONSEQUENCE OF): b. Congestive heart failure — days
DUE TO (OR AS A CONSEQUENCE OF): c.
DUE TO (OR AS A CONSEQUENCE OF): d.

SEE INSTRUCTIONS ON OTHER SIDE

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated 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? 1 [ ] Yes 2 [X] No
29b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [X] No

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

BIRTH NO.

PH 1659 (REV. 6/09) RDA 1398

12233854

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

1 2 2 3 3 8 5 4

Date Issued: May 06 2020

CERTIFICATION OF VITAL RECORD