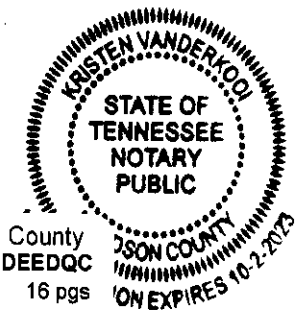
EXECUTOR'S DEED



State of Tennessee
County of Davidson

The actual consideration for this transfer is $ 1.00 .

Deborah P. Hickerson, Executor
Affiant

Subscribed and sworn to before me, this the 23rd day of April 2021.

Kristen Vanderkooi
Notary Public

My commission expires: 10/2/2023

(AFFIX SEAL)

Karen Johnson Davidson County
Batch# 632211 DEEDQC
05/10/2021 01:00:10 PM 16 pgs
Fees: $82.00 Taxes: $0.00

20210510-0062524

THIS INSTRUMENT WAS PREPARED BY
Vanderkooi Law, PLC
718 Thompson Lane, Suite 108-235, Nashville, TN 37204

Address of New Owner(s) as follows:	Send Tax Bills To:	Map-Parcel Number
Deborah P. Hickerson and Diana L. Parrott	**OWNER**	**Map 98, Parcel 45 Group 10-0-A**
2009 Kaylee Meadow Court		
Hermitage, TN 37076		

WHEREAS, Boyd D. Potts (the "Decedent") was the owner of certain property located in Davidson County, Tennessee, said property is more particularly described in Exhibit A.

WHEREAS, Boyd D. Potts was the sole owner of said property due to the passing of his wife, Barbara H. Potts on January 4, 2015 evidenced in Exhibit B.

WHEREAS, Decedent died on December 2, 2020 and his Last Will and Testament, dated November 23, 1988 is attached hereto as Exhibit C (the "Will") and Exhibit D (Death Certificate).

WHEREAS, the Will appoints his Daughter Deborah P. Hickerson as the Executor of his estate. and,

WHEREAS, pursuant to the Will, title to Decedent's above described Property vested in his daughters, Deborah P. Hickerson and Diana L. Parrott as residuary beneficiaries.

NOW, THEREFORE, FOR AND IN CONSIDERATION OF THE SUM OF ONE DOLLAR, CASH IN HAND PAID BY THE HEREINAFTER NAMED GRANTEES, AND OTHER GOOD AND VALUABLE CONSIDERATIONS, THE RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED, I,

Deborah P. Hickerson, Executor of the Estate of Boyd D. Potts

HEREINAFTER CALLED THE GRANTOR, HAS QUITCLAIMED, AND BY THESE PRESENTS DO HEREBY CONVEY UNTO

Deborah P. Hickerson and Diana L. Parrott

HEREINAFTER CALLED THE GRANTEE, HIS HEIRS AND ASSIGNS, ALL OF THE GRANTOR'S INTEREST, AS EXECUTOR OF THE DECEDENT'S ESTATE, IN AND TO A CERTAIN TRACT OR PARCEL OF LAND IN DAVIDSON COUNTY, TENNESSEE, DESCRIBED PARTICULARLY IN EXHIBIT A.

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

This is Improved, known as: **6113 Hagars Grove Pass, Hermitage, TN 37076**

Witness my hand this **23rd** day of **April 2021.**

Deborah P. Hickerson, Executor for the Estate of Boyd D. Potts

Deborah P. Hickerson, Executor

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

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

Witness my hand and official seal at Nashville, Tennessee, this **23rd** day of **April 2021.**

Kristen Vanderkooi

Notary Public

My Commission Expires: 10/2/2023

KRISTEN VANDERKOOI
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 10-2-2023

EXHIBIT A

Being Lot No. 28 on the plan of Phase Two, Hagar's Grove, of record in instrument 20050708-0079562, of Davidson County Tennessee's Register's Office.

Being the same property conveyed to Boyd D. Potts and Barbara H. Potts by Grantor, Frank Batson Homes, Inc. of record in instrument 20060118-0129263.

This conveyance is subject to Restrictions and By-Laws of record in instrument 20040603-006507, said Register's Office.

STATE OF TENNESSEE
Office of Vital Records

1500055

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Barbara Jean Potts
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): January 4, 2015
4. TIME OF DEATH (Approx.): 3:35 PM
5a. AGE - Last Birthday (Years): 80
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): May 8, 1934
7. BIRTHPLACE (City and State or Foreign Country): Williamson Co., TN

TYPE/PRINT IN PERMANENT BLACK INK

9a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☒ Other residence ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number): 2009 Kaylee Meadow Ct.
9c. CITY OR TOWN: Hermitage
9d. COUNTY OF DEATH: Davidson

6. MARITAL STATUS: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Boyd D. Potts
11a. DECEDENT'S USUAL OCCUPATION: Library Aide
11b. KIND OF BUSINESS/INDUSTRY: Education
12. SOCIAL SECURITY NUMBER: -1597
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Hermitage
13d. STREET AND NUMBER: 6113 Hagars Grove Pass
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 37076
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 he/she 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): Jesse Hood
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Mildred Pratt

INFORMANT

20a. INFORMANT'S NAME: Boyd D. Potts
20b. RELATIONSHIP TO DECEDENT: Husband
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 6113 Hagars Grove Pass Hermitage Tennessee 37076

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Williamson Memorial Gardens
21c. LOCATION-City or Town and State: Franklin, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: ► Pamela J. Stephens
22b. LICENSE NUMBER: 5116
22c. SIGNATURE OF EMBALMER: ► John Harper
22d. LICENSE NUMBER: EM: 3415
23a. NAME AND ADDRESS OF FUNERAL HOME: Williamson Memorial Funeral Home and Cremation Services 3009 Columbia Ave Franklin TN 37064
23b. LICENSE NUMBER OF FUNERAL HOME: 615

SIGNATURE

24. REGISTRAR'S SIGNATURE: ► Michael Edwards DR
25. DATE FILED (Month, Day, Year): 1/14/2015

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 AND SIGN WITHIN 48 HOURS.

27a. SIGNATURE OF CERTIFIER: ► Laura Sharpe, M.D.
27b. LICENSE NUMBER: 48448
27c. DATE SIGNED (Month, Day, Year): 1/12/15
27d. NAME AND ADDRESS: 1718 Patterson St. Nashville, TN 37203

CAUSE OF DEATH

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) 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

a. Alzheimer's Dementia — Due to (or as a consequence of)
b. _____ — Due to (or as a consequence of)
c. _____ — Due to (or as a consequence of)
d. _____

Approximate Interval Onset to death

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

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

30. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown
32. IF FEMALE: ☒ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

33. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? ☐ Yes ☐ No
34d. PLACE OF INJURY - at home, farm, street, factory, office, building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

FH-1659 (Rev. 10/2011) RDA 1399

7678599

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.

7678599

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued

CERTIFICATION OF VITAL RECORD

EXHIBIT B

LAST WILL AND TESTAMENT

OF

BOYD D. POTTS

EXHIBIT C

I, BOYD D. POTTS, a resident of and domiciled in Williamson County, Tennessee, do hereby make, publish and declare the following to be my Last Will and Testament, hereby revoking all of my prior wills and codicils.

My spouse's name is BARBARA H. POTTS, and all references in this instrument to "my spouse" are to said individual.

My only children are: Deborah Kay Potts and Diana Lynn Potts Parrott, and all references in this instrument to "my children" are to said individuals.

I DIRECT that all of my just debts, including obligations of mine secured by mortgage on, lien against, or pledge of any real property or personal property owned by me individually or jointly, my funeral expenses, including the cost of a suitable cemetery plot, if necessary, and the cost of a suitable monument at my grave, the expenses of my last illness, the cost of administration of my estate, [and any unpaid charitable pledges (regardless of whether said pledges may be enforceable obligations of my estate)] be paid as soon as may be convenient after my death; provided, however, my Personal Representative shall not be required to pay any obligation in advance of its maturity.

I GIVE and BEQUEATH all tangible personal property owned by me at the time of my death, including, but not limited to, furniture, furnishings, rugs, pictures, books, silver, plate, linen, china, glassware, objects of art, wearing apparel, jewelry, boats and automobiles, together with all policies of insurance relating thereto, to my spouse, BARBARA H. POTTS, if my spouse survives me, or, if my spouse does not survive me, to my children who survive me, to be divided among them in as nearly equal portions as they may agree or, if they are unable to agree, as my Personal Representative, in its absolute discretion, shall determine.

All the rest, residue and remainder of my property and estate, both real and personal, of whatsoever kind and wheresoever situated, of which I shall die seized or possessed or of which I shall be entitled to dispose at the time of my death (my "residuary estate"), I GIVE, DEVISE and BEQUEATH to my spouse, BARBARA H. POTTS, if my spouse survives me, or if my spouse does not survive me, to my descendants who survive me, in equal shares, per stirpes.

All estate, inheritance, legacy, succession, transfer or other death taxes (including any interest and penalties thereon) imposed by any domestic or foreign taxing authority

with respect to all property taxable by reason of my death, whether or not such property passes under this Will and whether such taxes be payable by my estate or by any recipient of any such property (other than any tax imposed by Section 2044 or Chapter 13 of the Internal Revenue Code of 1954, as amended, or any successor thereto, and any comparable tax imposed by any other taxing authority), shall be paid out of my residuary estate with no right of reimbursement from any recipient of any such property.

I NOMINATE and APPOINT as Executrix hereof, my spouse, BARBARA H. POTTS. If she shall predecease me or fail to serve, I nominate and appoint as my executrix my daughter, DEBORAH KAY POTTS.

I DIRECT that no bond or other security shall be given by or required of any person hereinabove named for the faithful performance of such person's fiduciary duties in any capacity hereunder.

My Personal Representatives, shall without diminution or restriction of the powers vested in them by law, or elsewhere in this instrument, and subject to all the privileges of this instrument, shall without the necessity of procuring any judicial authorization therefor, or

Boyd W. Potts

approval thereof, shall be vested with, and in the application and of their best judgment and discretion on behalf of the beneficiaries of this instrument, shall be authorized to exercise the powers and rights set forth in T.C.A. 35-50-110, including any and all acts amendatory thereof.

I AUTHORIZE my Personal Representative, in addition to any rights conferred on it by law and in its absolute discretion, and without the consent of any court having jurisdiction over my estate, to disclaim or renounce, in whole or in part or with reference to specific amounts, parts, fractional shares or assets, any devise, legacy, or interest in or privilege or power over any trust or other disposition provided for my benefit under the will or other instrument of any person at any time within nine (9) months after the date of the transfer (whether by reason of such person's death or otherwise) which created an interest in me.

I AUTHORIZE any person, in addition to any rights conferred on him or her by law, at any time within nine (9) months after the date of my death to disclaim or renounce, in whole or in part or with reference to specific amounts,

parts, fractional shares or assets, any devise, legacy, interest, right, privilege, or power granted to that person by this my Will. Any such disclaimer or renunciation shall be made by a duly acknowledged written instrument executed by that person or by his or her conservator, guardian, committee, executor, or administrator, delivered to my Personal Representative and filed with the clerk of the appropriate court.

Any reference in this Will to "Executor" or "Executrix" or "Personal Representative" shall mean the Executor(s) or Executrix serving from time to time under this Will, whether original or successor. No successor Personal Representative shall be liable for any act of any predecessor Personal Representative.

No person dealing with my Personal Representative in any capacity shall be bound to inquire into the capacity to act on the part of the Personal Representative or into the authority for, or propriety of, any act thereof or to see to the application or disposition of any money or other property paid, delivered or loaned to the Personal Representative.

Boyd D. Pate

During the period of administration of my estate, my Personal Representative shall be authorized to make distributions of the income of the estate to the same persons, and in the same proportions, as might be made if the administration were completed.

I AUTHORIZE my Personal Representative to administer and settle my estate without the necessity of filing an inventory or making any report or final settlement with any court to the extent permitted by law. I expressly waive appraisal of my estate in the event an appraisal shall be required by law.

In addition to and not in limitation of all common law and statutory authority and all powers otherwise granted in this Will, my Personal Representative shall have the following specific discretionary powers, duties and obligations:

To hold and retain as investments all property of every kind and description which shall at the time of my death be included in my estate;

To acquire, by purchase or otherwise, and retain temporarily or permanently all kinds of realty and personalty without regard to principles of diversification;

Boyd D. Potter

To borrow money if my Personal Representative deems it advisable in the administration of my estate upon such terms and conditions as my Personal Representative deems advisable;

To enter into leases extending beyond the period of administration of this estate;

To make distributions (including the satisfaction of any pecuniary bequest), in cash or in specific property, real or personal, or an undivided interest in such property or partly in cash and partly in such property, and to do so without regard to the income tax basis of specific property allocated to any beneficiary, including any trust; and

To exercise, in general, all powers with respect to the property included in my estate which any individual would exercise in the management of similar property owned in his own right and not to be responsible for losses, if any, resulting from honest mistakes of judgment.

In the event that my said spouse and I shall die under such circumstances that there is not sufficient evidence to determine the order of our deaths, then I shall be presumed

to have survived my said spouse and my estate shall be administered in all respects as if my spouse shall not have survived me.

As used in this Will, words in the singular shall include the plural, masculine shall include feminine and/or neuter, and vice versa.

IN WITNESS WHEREOF, I have to this my Last Will and Testament contained in 8 sheets of paper, subscribed my name this 23 day of November, 1988.

Boyd D. Potts
BOYD D. POTTS

SUBSCRIBED by BOYD D. POTTS in the presence of us and and at the same time declared by him to us and each of us to be his last Will and Testament, and thereupon we, at his request and in his presence and in the presence of each other, subscribed our names this 23rd day of November, 1988.

Barbara A. Maddox residing at 1309 Windsor Drive Franklin TN 37064
Cheryl S. Wardruff residing at 408 St. John Ct. Franklin TN 37064
W B Jr residing at 157 Fountainbridge Dr Franklin Tenn 37064

STATE OF TENNESSEE)

COUNTY OF WILLIAMSON)

We, the undersigned, being duly sworn, say:

1. We witnessed the execution of the foregoing Last Will and Testament, dated November 23, 1988, of BOYD D. POTTS. BOYD D. POTTS subscribed said Last Will and Testament at the offices of William J. Yost, 198 East Main Street, Franklin, Tennessee, on November 23, 1988, in our presence. At the time of making such subscription, BOYD D. POTTS declared the said instrument so subscribed by to be Last Will and Testament, and we thereupon signed our names as witnesses at the end of said instrument, at the request of BOYD D. POTTS and in presence, and in the presence of each other.

2. In our opinion, BOYD D. POTTS, at the time of so executing said instrument was upwards of the age of eighteen (18) years, and was in all respects competent to make a Will.

3. We make this affidavit at the request of BOYD D. POTTS.

Barbara A. Maddy

Cheryl A. Wooding

W. Yost

Sworn to and subscribed before me this

23rd day of November, 1988.

Marilyn McLee
NOTARY PUBLIC

My Commission Expires: 3-29-92

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2020 076784

1. Decedent's Legal Name: BOYD D POTTS			2. Sex: MALE	3. Date of Death: 12/03/2020
4. Time of Death (Approx.): 12:30 AM	5a. Age: 88	6. Date of Birth: 06/07/1932	7. Birthplace: HICKMAN CO, TN	
8a. Place of Death: INPATIENT				
8b. Facility Name: WILLIAMSON MEDICAL CENTER		8c. City or Town: FRANKLIN		8d. County of Death: WILLIAMSON
9. Marital Status: WIDOWED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: OFFSET STRIPPER		11b. Kind of Business/Industry: PRINTING
12. Social Security Number: -2784	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: HERMITAGE
13d. Street and Number: 6113 HAGAR'S GROVE PASS		13e. Inside City Limits? YES	13f. Zip Code: 37076	14. Was Decedent ever in US Armed Forces? YES
15. Decedent's Education: 8TH GRADE OR LESS	16. Decedent of Hispanic Origin? NO, NOT SPANISH/HISPANIC/LATINO		17. Decedent's Race: WHITE	
18. Father's Name: N JASPER POTTS		19. Mother's Name Prior to First Marriage: WILLIE WHITE		
20a. Informant's Name: DEBORAH HICKERSON	20b. Relationship to Decedent: DAUGHTER	20c. Mailing Address: 2009 KAYLEE MEADOW CT, HERMITAGE, TN 37076		
21a. Method of Disposition: BURIAL	21b. Place of Disposition: WILLIAMSON MEMORIAL GARDENS		21c. Location: FRANKLIN, TN	
22a. Signature of Funeral Director: /e/ CASEY ALLAN STEPHENS	22b. License Number: 6382	22c. Signature of Embalmer: /e/ Philip Lawrence Charland		22d. License Number: 6597
23a. Name and Address of Funeral Home: WILLIAMSON MEMORIAL FUNERAL HOME AND CREMATION SERVICES, 3009 COLUMBIA AVE, FRANKLIN, TN 37064				23b. License Number: 615
24. Registrar's Signature: /e/ EDWARD G BISHOP III		25. Date Filed: 12/06/2020		

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: /e/ MICHAEL JAMES BABB	27b. License Number: 047096	27c. Date Signed: 12/05/2020

27d. Name and Address: MICHAEL JAMES BABB 1803 BROADWAY # 631, NASHVILLE, TN 37203

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) 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	a. SARS COV2	10 DAYS
	b.	
	c.	
	d.	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: ESSENTIAL HYPERTENSION, ATRIAL FIBRILLATION

28a. Was an Autopsy Performed? NO
28b. 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: N/A		
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

PH-4554E RDA 10312

12575598

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 5 7 5 5 9 8

Date Issued: Dec 07 2020

CERTIFICATION OF VITAL RECORD

EXHIBIT D

EFILED 02/05/21 12:35 PM CASE NO. 20P2216 Richard R. Rooker, Clerk

IN THE CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE

(PROBATE DIVISION)

LETTERS TESTAMENTARY

TO: **DEBORAH P. HICKERSON** DOCKET NO: **20P2216**

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

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

WITNESS, Richard R. Rooker, Clerk of the Probate Court, at office, this ***February 5th, 2021****.*

RICHARD R. ROOKER, Clerk

_____ D.C.

STATE OF TENNESSEE)

DAVIDSON COUNTY)

I, RICHARD R. ROOKER, Clerk of the Probate Court of said County, do hereby certify that the foregoing is a true and perfect copy of the Letters Testamentary issued to **DEBORAH P. HICKERSON** as **Executor** of the estate of **BOYD D. POTTS**, deceased, and I do further certify that **DEBORAH P. HICKERSON** is still acting **Executor** of the estate of **BOYD D. POTTS** and all acts as such are entitled to full faith and credit as it appears from the official record in my office in Nashville, Tennessee, this the _____ day of _____, 20___.

RICHARD R. ROOKER, Clerk

_____ D.C.

EXHIBIT E