Karen Johnson Davidson County
Batch# 985447 AFFIDAVIT
03/28/2023 08:43:30 AM 5 pgs
Fees: $27.00 Taxes: $0.00
20230328-0022263

Prepared By And Return To:
James Randall Thomas
9454 Parks Rd, Utica, KY 42376

AFFIDAVIT – DEATH OF TRUSTEE

STATE OF Ky
COUNTY OF Daviss

James Randall Thomas, successor trustee of the Revocable Thomas Living Trust, dated August 10, 2000, being of legal age, being first duly sworn, deposes and says:

That, **James Franklin Thomas and Frances Louise Evans Thomas**, the decedents mentioned in the attached certified copy of Certificates of Death, are the same person as **JAMES F. THOMAS AND FRANCES E. THOMAS, TRUSTEES, OR THEIR SUCCESSORS IN TRUST, UNDER THE REVOCABLE THOMAS LIVING TRUST, DATED AUGUST 10, 2000, AND ANY AMENDMENTS THERETO** title holders by deed dated August 10, 2000, recorded August 11, 2000, as document number. 200008110079767, in the official records of Davidson County, Tennessee and covering the property situated in the Town/City/Township of Nashville, County of Davidson and State of Tennessee and described as follows:

REAL ESTATE IN DAVIDSON COUNTY, TENNESSEE, BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEING LOT NO. 203 ON THE MAP OF MIRO MEADOWS, AS OF RECORD IN BOOK 1424, PAGE 94, REGISTER'S OFFICE, DAVIDSON COUNTY, TENNESSEE.

SAID LOT NO. 203 FRONTS 83 FEET ON THE EAST SIDE OF GOODBAR DRIVE AND RUNS BACK BETWEEN LINES, 123.4 FEET ON THE NORTH LINE AND 116 FEET ON THE SOUTH LINE TO A DEAD LINE IN THE REAR ON WHICH IT MEASURES 83.7 FEET.
PARCEL ID NO: 120 02 0 003.00

FOR TITLE REFERENCE SEE DEED DATED AUGUST 10, 2000, RECORDED, AUGUST 11, 2000, IN , AS DOCUMENT NO. 200008110079767, IN THE OFFICIAL RECORDS OF DAVIDSON, TN.

Commonly known as: 1008 Goodbar Drive, Nashville, TN 37217

Article Three – Appointment of Trustee of trust provides that if either James Franklin Thomas or Frances E. Thomas, is through resignation, discharge, incapacity or death, unable or unwilling to act as Trustee, James Randall Thomas shall be the successor Trustee. That at the date hereof, James Randall Thomas is the successor Trustee of the above named trust.

Dated: March, 24, 2023

J. Randall Thomas

James Randall Thomas, Successor Trustee

STATE OF Ky

COUNTY OF Daviess

On this 24 day of March, 2023 before me, the undersigned notary public, personally appeared, proved to me through satisfactory evidence of identification, which was drivers license to be the persons whose names are signed on the preceding document, and acknowledged to me that they signed it voluntarily and for its stated purpose.

Printed Name: Jerika K Thomas

Notary Public, State of Ky,
County of: Daviess

My Commission Expires: 6/25/26
Acting in the County of: Christian

JERIKA K. THOMAS
Notary Public
Commonwealth of Kentucky
Commission Number KYNP53572
My Commission Expires Jun 25, 2026

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 066224

DECEDENT

TYPE/PRINT IN PERMANENT BLACK INK

NAME OF DECEDENT - First, Middle, Last, Suffix

1. DECEDENT'S LEGAL NAME	2. SEX	3. DATE OF DEATH
FRANCES LOUISE EVANS THOMAS	FEMALE	10/16/2018

4. TIME OF DEATH (Approx.)	5a. AGE	5b. UNDER 1 YEAR Months	Days	5c. UNDER 1 DAY Hours	Minutes	6. DATE OF BIRTH	7. BIRTHPLACE
08:25 AM	83					10/23/1934	ALEXANDRIA, TN

8a. PLACE OF DEATH: ER/OUTPATIENT

8b. FACILITY NAME	8c. CITY OR TOWN	8d. COUNTY OF DEATH
SOUTHERN HILLS MEDICAL CENTER	NASHVILLE	DAVIDSON

9. MARITAL STATUS	10. SURVIVING SPOUSE (name prior to first marriage)	11a. DECEDENT'S USUAL OCCUPATION	11b. KIND OF BUSINESS/INDUSTRY
WIDOWED		BOOKKEEPER	TELECOMMUNICATIONS

12. SOCIAL SECURITY NUMBER	13a. RESIDENCE-STATE OR FOREIGN COUNTRY	13b. COUNTY	13c. CITY OR TOWN
-7620	TENNESSEE	DAVIDSON	NASHVILLE

13d. STREET AND NUMBER	13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT EVER IN US ARMED FORCES?
1008 GOODBAR DRIVE	YES	37217	NO

15. DECEDENT'S EDUCATION	16. DECEDENT OF HISPANIC ORIGIN?	17. DECEDENT'S RACE
HIGH SCHOOL GRADUATE OR GED COMPLETED	NO, NOT SPANISH/HISPANIC/LATINO	WHITE

PARENTS

18. FATHER'S NAME	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE
ROBERT GARLAND EVANS	LILLIAN LEE REEVES

20a. INFORMANT'S NAME	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS
JAMES RANDALL THOMAS	SON	9454 PARKS ROAD, UTICA, KY 42376

DISPOSITION

21a. METHOD OF DISPOSITION	21b. PLACE OF DISPOSITION	21c. LOCATION
BURIAL	HILLVIEW MEMORIAL CEMETERY	ALEXANDRIA, TN

22a. SIGNATURE OF FUNERAL DIRECTOR	22b. LICENSE NUMBER	22c. SIGNATURE OF EMBALMER	22d. LICENSE NUMBER
▶ /s/ WILLIAM R. APPLETON	2700	▶ /s/ Richard S Morrison III	3137

23a. NAME AND ADDRESS OF FUNERAL HOME	23b. LICENSE NUMBER
WOODBINE FUNERAL HOME, INC., 3620 NOLENSVILLE ROAD, NASHVILLE, TN 37211	396

REGISTRAR

24. REGISTRAR'S SIGNATURE	25. DATE FILED
▶ /s/ EDWARD G. BISHOP III	12/02/2018

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	27b. LICENSE NUMBER	27c. DATE SIGNED
▶ /s/ JAMES ELROD	15888	11/28/2018

27d. NAME AND ADDRESS: JAMES ELROD 5653 FIRST BLVD SUITE 630, HERMITAGE, TN 37076

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. CONGESTIVE HEART FAILURE	YEARS
DUE TO (OR A CONSEQUENCE OF)	b. AORTIC STENOSIS	YEARS
DUE TO (OR A CONSEQUENCE OF)	c.	
DUE TO (OR A CONSEQUENCE OF)	d.	

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I

DIABETES MELLITUS, HYPERTENSION, CHRONIC KIDNEY DISEASE

29a. WAS AN AUTOPSY PERFORMED? NO

29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?

30. MANNER OF DEATH	31. DID TOBACCO USE CONTRIBUTE TO DEATH?	32. IF FEMALE:
NATURAL	NO	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

TH-1659 (Rev. 8/2017) RDA 10112

10492812

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

1 0 4 9 2 8 1 2

Date Issued 0[illegible] 2018

CERTIFICATION OF VITAL RECORD

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0406046

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): James Franklin Thomas
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): December 10, 2004
4. SOCIAL SECURITY NUMBER: -6993
5a. AGE LAST BIRTHDAY (Years): 79
5b. UNDER 1 YEAR: MONTHS / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Mar 4, 1925
7. BIRTHPLACE (City and State or Foreign Country): Montgomery County, TN
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
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): Frances Evans
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Template Maker
12b. KIND OF BUSINESS/INDUSTRY: Aircraft Manufacturing
13a. RESIDENCE STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1008 Goodbar Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37217
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 For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): John James Thomas
18. MOTHER'S NAME (First, Middle, Maiden Surname): Penelope Barnes

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Mrs. Frances Thomas
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1008 Goodbar Drive Nashville, Tennessee 37217

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): Hillview Memorial Cemetery
20c. LOCATION-City or Town, State: Alexandria, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: William R. Appleton
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2700
21c. SIGNATURE OF EMBALMER: Jason Peek
21d. LICENSE NUMBER OF EMBALMER: 5659
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Inc. 3620 Nolensville Rd., Nashville, Tennessee 37211-
22b. LICENSE NUMBER OF FUNERAL HOME: 396

REGISTRAR

23. REGISTRAR'S SIGNATURE: Tonya L. Ruttlen
24. DATE FILED (Month, Day, Year): December 17, 2004

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 [X] SIGNATURE AND TITLE OF PHYSICIAN: MD
25b. LICENSE NUMBER: MD 024187
25c. DATE SIGNED (Month, Day, Year): 12/17/04
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 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER:
26c. DATE SIGNED (Month, Day, Year):

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

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Michael T. Beckham, M.D. 3901 Central Pike Suite 257, Hermitage, TN 37076

SEE INSTRUCTIONS ON OTHER SIDE

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. Colon Cancer
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: Ascvd, Renal failure, Cerebrovascular Accident
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
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. 8-99)

RDA 1399

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.

Tonya L Ruttlen
Tonya L Ruttlen
Local Registrar

DEC 17 2004
Date Issued

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

CERTIFICATION OF VITAL RECORD

202303280022263

Tennessee Certification of Electronic Document

I, Justin W. Denomme, do hereby make oath that I am a licensed attorney and/or the custodian of the original version of the electronic document tendered for registration herewith and that this electronic document is a true and exact copy of the original document executed and authenticated according to law on 3/24/23 (date of document).

Affiant Signature

3/24/23
Date

State of Rhode Island

County of Providence

Sworn to and subscribed before me this 24 day of March, 2023.

Notary's Signature

MY COMMISSION EXPIRES: 11/23/2024

NOTARY'S SEAL

Katya Virginia Medeiros
Notary Public, State of Rhode Island
My Commission Expires 11/23/2024