Karen Johnson Davidson County
Batch# 1175910 AFFIDAVITH
08/30/2024 11:08:30 AM 19 pgs
Fees: $97.00 Taxes: $0.00
20240830-0066943

THIS AFFIDAVIT OF HEIRSHIP PREPARED BY:

TERESA M. MORGAN
MORGAN LAW GROUP, PLLC
PO Box 60711
Nashville, Tennessee 37206
(615) 975-9174

AFFIDAVIT OF HEIRSHIP

Pursuant to Tenn. Code Ann. § 30-2-712, I, SHELLEY SUZANNE HERRON, being duly sworn, hereby state as follows:

1. My full name is SHELLEY SUZANNE HERRON. I currently reside at 1917 Fatherland St., Nashville, TN 37206. I am over the age of 18, of sound mind and am not executing this affidavit under duress.

2. I have personal knowledge of the heirship of real property known as 1915 Fatherland Street, Nashville, Tennessee 37206, which is located in Davidson County, Tennessee ("the Property"). Further, I have reviewed all deeds and other referenced documents in this affidavit and believe them to be true and accurate.

3. Clyde F. McCord and his wife, Mary Louise McCord purchased the Property on January 11, 1940. A copy of the warranty deed of record in Book 1113, Page 662 is attached hereto as **Exhibit A**.

4. Clyde F. McCord died intestate in Nashville, Tennessee on July 23, 1973. Clyde F. McCord is one and the same as Clyde Fountain McCord.

5. Mary Louise Eagan McCord died intestate in Nashville, Tennessee on May 30, 1981. Mary Louise Eagan McCord is one and the same as Mary Louise McCord.

6. Clyde Fountain McCord and Mary Louise Eagan McCord had three children: Sandra McCord Wood, Clyde Fountain McCord, Jr. and Marion Louise McCord.

7. As of the date of execution of this affidavit, Marion Louise McCord is unmarried and has never had children. She currently resides at the Property.

8. Clyde Fountain McCord, Jr. died intestate on February 18, 1992. He was a resident of Madison County, Alabama. An estate was opened in the Probate Court for Madison County, Alabama and Letters of Administration were granted on April 23, 1992. The sworn pleadings in the estate confirm that Clyde Fountain McCord, Jr.'s heirs at law were Sandra McCord Wood and Marion McCord. See **Exhibit B**.

9. Sandra McCord Wood died intestate in West Point, Mississippi on February 18, 2018. She was survived by her husband, Dr. William Horace Wood and her son, William Dalton Wood, II. Sandra McCord Wood's death certificate is attached as **Exhibit C**.

10. Dr. William Horace Wood died testate on March 24, 2020 in West Point, Mississippi. Article V of Dr. William Horace Wood's Last Will and Testament devises and bequeaths the rest, residue and remainder of his estate to his son, William Dalton Wood, II. Dr. William Horace Wood's Last Will and Testament and death certificate are attached as **Collective Exhibit D**.

11. As of the date of this affidavit, William Dalton Wood, II has a vested interest in one-half of the Property and Marion McCord has a vested interest in the remaining one-half.

12. I understand that this Affidavit will be recorded in the Register's Office for Davidson County, Tennessee and relied upon to evidence the heirship of the Property.

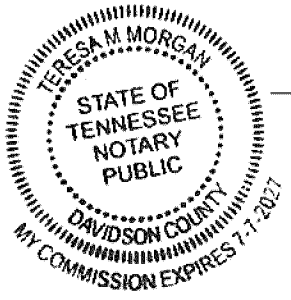
Signed on this 29th day of August, 2024.

SHELLEY SUZANNE HERRON

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, SHELLEY SUZANNE HERRON, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and while under oath acknowledged that she/he executed the foregoing Affidavit of Heirship for the purposes contained therein.

Witness my hand and official seal on this the 29th day of August, 2024.



NOTARY PUBLIC

My commission expires on 7/7/2027

EXHIBIT A

NUMBER 32454 RECORDED FEBRUARY 2ND, 1940

1915 FATHERLAND (VANBENDERIN) STREET

NASHVILLE TENNESSEE.

BARGAIN AND SALE DEED

METROPOLITAN LIFE INSURANCE COMPANY

TO

CLYDE F. MCCORD AND MARY LOUISE MCCORD HIS WIFE.

BARGAIN AND SSALE DEED

(TENNESSEE)

THIS INDENTURE MADE THIS 11TH DAY OF JANUARY 1940, BETWEEN THE METROPOLITAN LIFE INSURANCE COMPANY, A CORPORATION ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF NEW YORK, PARTY OF THE FIRST PART AND CLYDE F. MCCORD AND MARY LOUISE MCCORD, HIS WIFE OF NASHVILLE TENNESSEE, PARTIES OF THE SECOND PART;

WITNESSETH: THAT THE SAID METROPOLITAN LIFE INSURANCE COMPANY FOR AND IN CONSIDERATION OF THE SUM OF TWO THOUSAND FOUR HUNDRED AND NO/100 DOLLARS ($2,400.00) OF WHICH EIGHT HUNDRED AND NO/100 DOLLARS, ($800.00) HAS BEEN CASH IN HAND PAID, AND THE BALANCE, FOR WHICH A VENDOR'S LIEN IS HEREBY EXPRESSLY RETAINED, IS EVIDENCED BY A PURCHASE MONEY DEED OF TRUST AND NOTE IN THE AMOUNT OF ONE THOUSAND SIX HUNDRED AND NO/100 DOLLARS ($1.600.00) EXECUTED SIMULTANEOUSLY HEREWITH AND TO BE FORTH-WITH RECORDED HEREBY SELLS AND CONVEYS UNTO THE PARTIES OF THE SECOND PART, THEIR HEIRS AND ASSIGNS, FOREVER, THAT CERTAIN TRACT OF LAND SITUATED AND BEING IN THE CITY OF NASHVILLE, COUNTY OF DAVIDSON ,STATE OF TENNESSEE, AND DESCRIBED AS FOLLOWS; VIZ;

BEING THE WESTERLY 10 FEET OF LOT 26 AND THE EASTERLY 40 FEET OF LOT 27 BLOCK "C" PRIEST HOME PLACE SUBDIVISION A PLAN OF WHICH IS OF RECORD IN BOOK NO.161 PAGE 102, REGISTER'S OFFICE, DAVIDSON COUNTY, TENNESSEE

SAID WESTE LY PART OF LOT 26 AND THE EASTERLY PART OF LOT 27 FRONT TOGETHER 50 FEET ON THE NORTHERLY SIDE OF VANSINDERIN STREET, NOW FATHER LAND STREET, AND EXTENDS BACK BETWEEN PARALLEL LINES 160 FEET TO AN ALLEY.

BEING THE SAME PROPERTY CONVEYED TO METROPOLITAN LIFE INSURANCE COMPANY BY TRUSTEE'S DEED DATED AUGUST 19, 1932, AND RECORDED SEPTEMBER 2, 1932, IN BOOK NO. 913, PAGE 252, IN THE REGISTER'S OFFICE FOR DAVIDSON COUNTY, TENNESSEE.

TO HAVE AND TO HOLD THE AFORESAID LAND WITH ALL AND SINGULAR THE HEREDITAMENTS AND APPURTENANCES OF AND TO THE SAME BELONGING OR IN ANY WISE APPERTAINING TO THE SAID CLYDE F.MCCORD, AND MARY LOUISE MCCORD, HIS WIFE, THEIR HEIRS AND ASSIGNS, FOREVER.

AND THE PARTY OF THE FIRST PART COVENANTS THAT IT HAS NOT DONE OR SUFFERED ANYTHING WHEREBY THE SAID PREMISES HAVE BEEN ENCUMBERED IN ANY WAY WHATSOEVER,

IN WITNESS WHEREOF THE PARTY OF THE FIRST PART HAS CAUSED THESE PRESENTS TO BE SIGNED BY ITS DULY AUTHORIZED OFFICERS AND ITS CORPORATE SEAL TO BE HEREUNTO AFFIXED THE DAY AND YEAR FIRST ABOVE WRITTEN.

ATTEST: (SEAL)

JOHN P. ROGERS, METROPOLITAN LIFE INSURANCE COMPANY

ASSISTANT SECRETARY BY E.O.DUNLAP.

THIRD VICE PRESIDENT

STATE OF NEW YORK

COUNTY OF NEW YORK

ON THIS 11TH DAY OF JANUARY 1940 BEFORE ME APPEARED E.O.DUNLAP TO ME PERSONALLY KNOWN , WHO, BEING BY ME DULY SWORN DID SAY THAT HE IS THE THIRD VICE PRESIDENT OF THE SAID METROPOLITAN LIFE INSURANCE COMPANY, AND THAT THE SEAL AFFIXED TO SAID INSTRUMENT IS THE CORPORATE SEAL OF SAID CORPORATION AND THAT SAID INSTRUMENT WAS SIGNED AND SEALED IN BEHALF OF SAID CORPORATION , BY AUTHORITY OF ITS BOARD OF DIRECTORS, AND SAID E.O.DUNLAP ACKNOWLEDGED SAID INSTRUMENT TO BE THE FREE ACT AND DEED OF SAID CORPORATION.

WITNESS MY HAND AND OFFICIAL SEAL THE DAY AND YEAR AFORESAID.

(SEAL)

CHARLES V. HART,

NOTARY PUBLIC

CHARLES V. HART,

NOTARY PUBLIC

NASSAU CO CLK'S NO.2333

N.Y. CO. CLK'S NO.1152 REG. NO.OH665

KINGS CO. REG. NO.482,

QUEENS CO. REG. NO.8093

BRONX CO. REG. NO. 194 H 40

MY COMMISSION EXPIRES MARCH 30, 1940

U.S.R.S $2.50

RECEIVED FEBRUARY 2ND, 1940 AT 11;27 A.M.

- -

NUMBER 32463 RECORDED FEBRUARY 2ND, 1940

ALF RUTHERFORD ET AL.

APPOINTMENT OF

BOYD HARVEY

SUBSTITUTE TRUSTEE.

APPOINTMENT OF SUBSTITUTE TRUSTEE.

THIS INSTRUMENT WITNESSETH THAT WHEREAS, ON THE 12TH DAY OF APRIL 1930 BY A CERTAIN INSTALLMENT DEED EXECUTED BY MRS. GEORGIE KNIGHT ONE J.O. BERNAL BEING APPOINTED IN SAID INSTRUMENT AS TRUSTEE WHO IN CASE OF DEFAULT IN PAYMENT OF THE NOTES THERE BEING 36 NOTES FOR $10.00 EACH DESCRIBED IN SAID INSTRUMENT, WAS AUTHORIZED TO ADVERTISE AND SELL THE LAND DESCRIBED IN SAID INSTRUMENT, AND WHEREAS

IT WAS STIPULATED IN SAID INSTRUMENT THAT IF THE SAID J.O.

BOOK 0198 PAGE 0826

EXHIBIT B

IN THE PROBATE COURT FOR MADISON COUNTY, ALABAMA

STATE OF ALABAMA
COUNTY OF MADISON

CASE NO: 33714 V

Petition of Randall O. Gladden for letters of Administration upon the Estate of Clyde Fountain McCord, Jr., deceased.

TO THE HONORABLE FRANK RIDDICK, JUDGE OF PROBATE OF MADISON COUNTY, ALABAMA:

The petition of the undersigned, Randall O. Gladden, respectfully represents that Clyde Fountain McCord, Jr., departed this life on or about the 18th of February, 1992, leaving no Last Will and Testament, so far as your Petitioner knows or believes and that his death was known more than five (5) days before this day and this petition further shows that the said Clyde Fountain McCord, Jr., was at the time of his death, an inhabitant of Madison County, Alabama, and died seized and possessed of personal property in Madison County, Alabama, consisting of the attached listing, attached hereto and incorporated herein by reference as Exhibit "A", all of said property being estimated to be worth approximately $133,075.00, and probably not more. Further attached hereto and incorporated herein by reference as Exhibit "B" are the known liabilities of the deceased, in the approximate amount of $3853.82, therefore, the net worth of the estate appears to be approximately $129,221.18.

Attached hereto and incorporated herein by reference is Exhibit "C" which is a certified death certificate of Clyde Fountain McCord, Jr.

That the names, residences and ages and conditions of the heirs and distributees of the estate of said decedent, so far as your Petitioner knows and believes, are as follows:

1. Marion McCord-sister of the deceased
   1915 Fatherland Street
   Nashville, Tennessee 37206

2. Sandra Wood-sister of the deceased
   619 7th Avenue S.
   Surfside Beach, S.C. 29575

That your petitioner is a practicing attorney in Huntsville, Alabama and the heirs and distributees have filed their consent and request that he be appointed Administrator of the Estate of the deceased. That your petitioner is over the age of twenty one years and in no respect, disqualified under the laws, from serving as Administrator, believing that the said estate should be immediately administered to the end that said property may be collected and preserved for those who shall appear to have legal right of interest therein, does, therefore, by virtue of his

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33714

right under the statute, pray that your Honor will grant letters of Administration to Randall O. Gladden, upon his entering into a bond in the sum required by statute and with security or securities to be approved by Your Honor. Further the petitioner shows that all of the heirs above listed are over the age of Twenty one Years and of sound mind.

Randall O. Gladden
Petitioner
600-A Madison Street
Huntsville, AL 35801
205/533-2553

STATE OF ALABAMA
COUNTY OF MADISON

Randall O. Gladden, being duly sworn, deposes and says that the facts in the above petition are true, according to the best of his knowledge, information and belief.

Sworn and subscribed to, before me, the undersigned Notary Public, this the 22nd day of April, 1992.

Notary Public

FILED
1992 APR 23 PM 4:33
FRANK K. RUSSELL JUDGE
MADISON COUNTY, ALA.

BOOK 0102 PAGE 0399

STATE OF ALABAMA
COUNTY OF MADISON

IN THE PROBATE COURT
CASE NO: 33714

IN THE MATTER OF THE ESTATE OF CLYDE FOUNTAIN McCORD, JR., DECEASED

ORDER GRANTING LETTERS OF ADMINISTRATION:

And now, on this day comes and presents to the Court his petition in writing and under oath, praying that Letters of Administration on the estate of Clyde Fountain McCord, Jr., deceased, issue Marion McCord and Sandra Wood; which petition is examined by the Court; and it appearing to the satisfaction of the Court from the allegations contained in said petition and from other good and sufficient evidence that the said Clyde Fountain McCord, Jr., departed this life on or about the 18th of February, 1992, being at the time of his death an inhabitant of Madison County, Alabama; that he died leaving assets in Madison County, Alabama, which assets are personal and are estimated to be worth about $133,075.00, but leaving no will, testament or other writing relative to the disposal or distribution of his estate and that the death of said decedent was known more than five days before this day; and it appearing to the satisfaction of the Court that, Randall O. Gladden the said petitioner, is a licensed practicing attorney in Huntsville, Alabama, is over the age of twenty one years, an inhabitant of this State, and a fit person under the law and in the estimation of the Court to serve as Administrator and no person having appeared to oppose the granting of Letters of Administration to the said Randall O. Gladden or to show cause why the prayer of said petitioner should not be granted; it is Ordered by the Court that the prayer for Letters of Administration be granted and that petitioner shall make and file bond in the penal sum of Two Hundred Sixty Six Thousand One Hundred Fifty Dollars and 00/100, ($266,150.00), conditioned and payable according to the statute in such cases made and provided, with such surety or sureties as may be approved by the Court; Letters of Administration shall not issue until said bond is approved and filed; it is further Ordered that said petitioner be recorded.

And now again comes the petitioner and presents to the Court for approval his bond in the form as by this Court heretofore required with Old Republic Surety Group as surety thereon, and the Court being sufficiently advised concerning said bond and surety, it is ordered and adjudged by the Court that said bond be taken, approved and recorded.

It is therefore ORDERED, ADJUDGED and DECREED by the Court that Letters of Administration on the estate of said deceased be granted to the said Randall O. Gladden and he be and is hereby authorized to administer said estate; it is further Ordered that the said Randall O. Gladden proceed immediately to collect and take into his possession all of the goods, chattels, money,

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books, papers and evidence of debt of said deceased and make due return under oath to this Court of a full inventory thereof within two months according to the provisions of the Code of Alabama, 1975, 43-2-312.

It is further ORDERED that said administrator make supplemental inventories of the decedents estate coming to his or her knowledge or possession after making the first inventory.

This 23rd day of April, 1992.

Frank H Riddick
Judge of Probate

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Form 1008-3 (Rev. Jan. 1956) LETTERS OF ADMINISTRATION (Code 1940, Tit. 61, Sec. 82)

Printed and for Sale by Roberts & Son, Birmingham

BOOK 0198 PAGE 0836 33714

THE STATE OF ALABAMA }
Madison County } COURT OF PROBATE

Letters of Administration on the estate of Clyde Fountain McCord, Jr., deceased,

are hereby granted to Randall O. Gladden, who has duly qualified

and given bond as such administrator, and is authorized to administer such estate.

Witness my hand, and dated this 23rd day of April, 19 92.

MICROFILMED

Frank H Riddick
Judge of Probate

20240830006943

THE STATE OF ALABAMA)
_____ County)

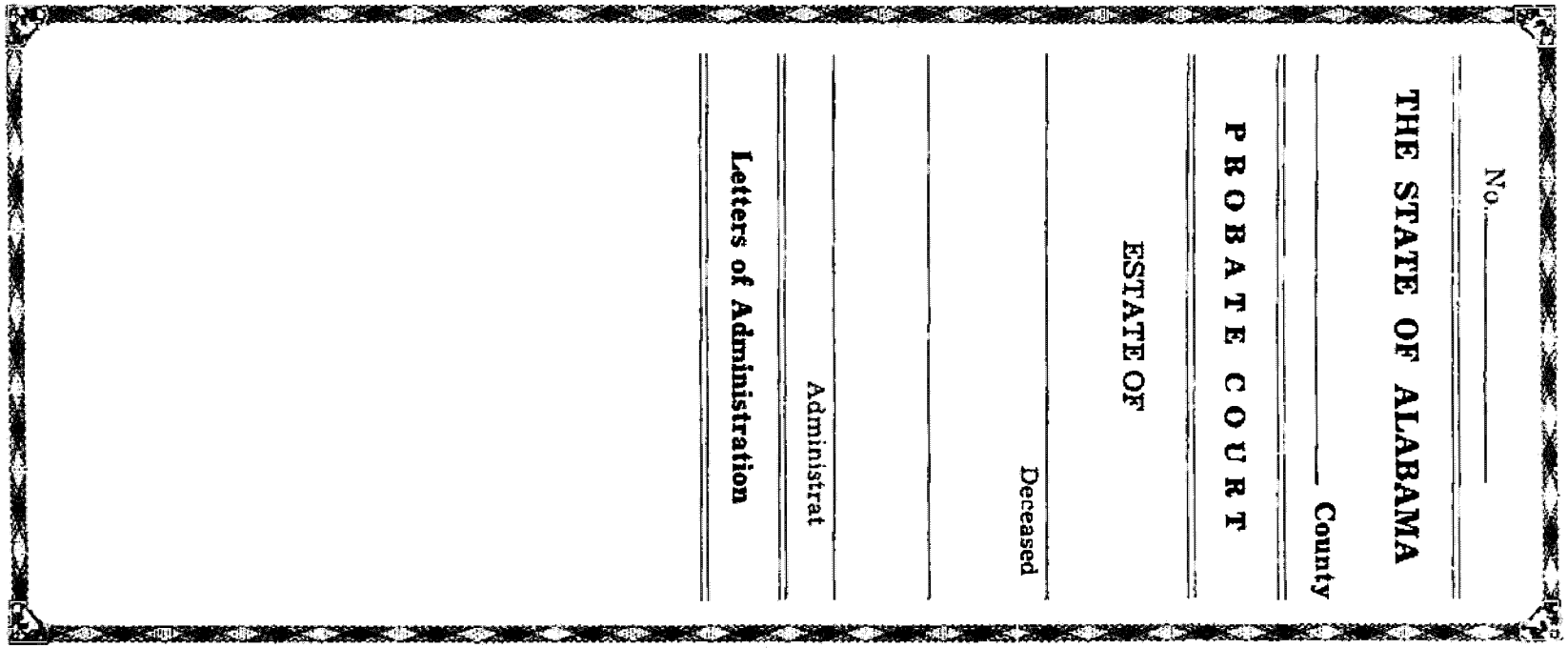
I, _____, Judge of Probate in and for said County and State, hereby certify that the within and foregoing is a true, correct and complete copy of the Letters of Administration issued to

_____ as Administrat____ of the

estate of _____, deceased, as the same appears of record in my office, and are still in full force and effect.

Given under my hand and seal of office, this the_____ day of_____ 19____

_____
Judge of Probate



20240830006943

STATE OF ALABAMA
COUNTY OF MADISON

IN THE PROBATE COURT
CASE NUMBER: 33714

ORDER ON FINAL SETTLEMENT OF THE ESTATE OF CLYDE FOUNTAIN McCORD, JR.

This matter came before the Court on petition of Randall O. Gladden, Administrator of the deceased. The deceased, Clyde Fountain McCord, Jr., departed this life on the 18th day of February, 1992.

The deceased was a resident of Madison County, Alabama, when he departed this life, intestate, and left certain personal property. On the 23rd day of April, 1992, the petitioner was appointed Administrator of the estate of Clyde Fountain McCord, Jr., and did thereupon qualify by filing bond in the principal amount of $266,150.00 with Old Republic Surety Group as suretys thereon.

More than six months have passed from the granting of said letter of administration and no claims have been filed against the estate. The petitioner has listed the heirs and distributees to the best of his knowledge and belief.

The Petitioner has filed with the Court a Petition for final settlement and a final accounting of the above-stated estate.

All known debts of the estate have been satisfied.

All known expenses of said estate have been satisfied in full.

The Court finds that there are no claims against the estate. That, after exercise of due diligence and upon diligent inquiry, was unable to determine any creditors of said decedent other than those who have already been paid in full. That all claims and legal charges filed against said estate have been paid and satisfied in full; and

All assets of said estate have been disbursed to the rightfuls heirs at law and/or according to the consent of the heirs at law; and

It is, therefore, **ORDERED, ADJUDGED AND DECREED** that the prayer of the petition of Randall O. Gladden, as Administrator of the estate of Clyde Fountain McCord, Jr., deceased, for a final settlement of said estate be and the same is hereby granted.

It is, therefore, **ORDERED, ADJUDGED AND DECREED** that the

MICROFILMED

estate of Clyde Fountain McCord, Jr., deceased, be and the same is hereby declared to be fully and finally settled, and Randall O. Gladden, as Administrator of said estate, be and is hereby fully and finally discharged from any and all further liability.

It is, therefore, **ORDERED, ADJUDGED AND DECREED** that the surety bond heretofore filed in this estate be discharged.

IT IS, THEREFORE, ORDERED AND ADJUDGED that this Estate be finally settled as stated herein above.

DONE AND ORDERED this the 5 day of January, 1998.

Judge of Probate

EXHIBIT C

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

12917289

FILING DATE 02/21/2018

CERTIFICATE OF DEATH
STATE OF MISSISSIPPI

STATE FILE NUMBER 123-2018-002190

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): SANDRA VIRGINIA WOOD	2. GENDER: FEMALE	3a. HOUR OF DEATH: 23:18	3b. DATE OF DEATH (Month, Day, Year): 02/18/2018

4. RACE (Check one or more races to indicate what the decedent considered himself or herself to be): ☒ White ☐ Black or African American ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Native Hawaiian ☐ Samoan ☐ Asian Indian ☐ Guamanian or Chamorro ☐ Other Asian (Specify) ☐ Other Pacific Islander (Specify) ☐ American Indian or Alaska Native (Name of the enrolled tribe or principal tribe) ☐ Other (Specify)

5a. AGE AT LAST BIRTHDAY	ONLY IF UNDER 1 YEAR 5b. MOS	5c. DAYS	ONLY IF UNDER 1 DAY 5d. HOURS	5e. MINS	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTH PLACE (State or Foreign Country)
83 Years					01/11/1935	TENNESSEE

8. PLACE OF DEATH (Check only one box): 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 (Specify)

9a. FACILITY NAME (If not a facility, give street address, room number, or other location) Or hospital, also give ID number	9b. CITY, TOWN OR LOCATION OF DEATH	9c. ZIP CODE	9d. COUNTY OF DEATH
NORTH MS MEDICAL CENTER - WEST POINT (13I)	WEST POINT	39773	CLAY

10. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or level of school completed at time of death. ☐ 8th grade or less ☐ 9th - 12th grade; no diploma ☐ High school graduate or GED completed ☐ Some college, 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

11. MARITAL STATUS AT TIME OF DEATH	12. SURVIVING SPOUSE (give legal name prior to first marriage)	13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No)
☑ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown	DR WILLIAM H WOOD	NO

14. 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)

15. SOCIAL SECURITY NUMBER	16a. USUAL OCCUPATION (Kind of work done during most of working life)	16b. KIND OF BUSINESS OR INDUSTRY
5645	EARLY CHILDHOOD EDUCATOR	EDUCATION

17a. RESIDENCE - STATE	17b. COUNTY	17c. CITY OR TOWN	17d. ZIP CODE	17e. STREET AND NUMBER OR RURAL LOCATION (Include apartment number)	17f. INSIDE CITY LIMITS (Yes or No)
MISSISSIPPI	CLAY	WEST POINT	39773	14 COURT STREET	YES

18. FATHER'S OR PARENT'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)	19. MOTHER'S OR PARENT'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)
CLYDE FOUNTAIN MCCORD SR	MARY LOUISE EAGAN

20a. INFORMANT - NAME (Type or print)	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS (Street and number, City or town, State, ZIP Code)
DR WILLIAM H WOOD	HUSBAND	14 COURT STREET WEST POINT, MS 39773

21a. DISPOSITION OF BODY (Specify: Burial, Cremation, Removal, etc.)	21b. CEMETERY/CREMATORY - NAME	21c. LOCATION (City and State)	22a. FUNERAL DIRECTOR - SIGNATURE AND LICENSE NUMBER
BURIAL	RED BAY CITY CEMETERY	RED BAY, ALABAMA	ELECTRONICALLY SIGNED BY TYLER D. HIGGINBOTHAM FS-0799

22b. FUNERAL HOME (Who first assumed custody of body)	22c. FUNERAL HOME LICENSE NUMBER	22d. MAILING ADDRESS (Street and number, City or town, State, ZIP Code)
CALVERT FUNERAL HOME (13D)	FE 9417	P. O. BOX 77, WEST POINT, MS 39773

22e. FUNERAL HOME (If body was embalmed prior to disposition) — 22f. MAILING ADDRESS (Street and number, City or town, State, ZIP Code)

23a. PERSON WHO PRONOUNCED DEATH - NAME AND TITLE (Type or print)	23b. PRONOUNCED DEAD (Month, Day, Year)	23c. PRONOUNCED DEAD (Time)
M CLEVELAND RN	ON 02/18/2018	AT 23:18

24a. NAME OF CERTIFYING PHYSICIAN OR CORONER (Type or print)	24b. MAILING ADDRESS (Street and number, City or town, State, ZIP Code)
BRYAN DAWKINS	150 MEDICAL CENTER DRIVE, WEST POINT, MS 39773

This section to be completed by Physician if NOT a medical examiner: 25a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. ELECTRONICALLY SIGNED BY SIGNATURE ▸ BRYAN DAWKINS, MD MD/DO; 25b. DATE SIGNED (Month, Day, Year) 02/19/2018; 25c. STATE LICENSE NUMBER 23775; 25d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) BRYAN DAWKINS

This section to be completed by coroner or medical examiner ONLY: 25e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE ▸; 25f. TITLE; 25g. DATE SIGNED (Month, Day, Year)

26. CAUSE OF DEATH PART I - Enter the cause of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, failure or heart failure without showing the etiology. List only one cause on each line. DO NOT USE ABBREVIATIONS.

		Interval between onset and death
IMMEDIATE CAUSE (final disease or condition resulting in death) →	(a) DEMENTIA	5 YEARS
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 (Enter one cause only)	
	(c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only)	
	(d) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only)	

27. PART II - OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.

28a. AUTOPSY (Yes or No)	28b. AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH (Yes or No)	29. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)
NO	NO	NO

30. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown

31. IF FEMALE: ☐ NOT pregnant within the past year ☐ PREGNANT at the 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

32a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)	32b. DATE OF INJURY (Month, Day, Year)	32c. TIME OF INJURY	32d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED

32e. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

32f. INJURY AT WORK (Yes or No)	32g. PLACE OF INJURY (Specify: Home, Farm, Street, Factory, Office building, etc.)	32h. LOCATION (Street or route number) (City or town) (State)

Mississippi State Department of Health — Revised 07/01/2013 — Form 314

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

3/1/2018

Judy Moulder
STATE REGISTRAR

WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK

202408300066943

EXHIBIT D

Last Will and Testament
OF
WILLIAM HORACE WOOD

I, William Horace Wood, of Clay County, Mississippi, being over the age of eighteen (18) years and of sound and disposing mind and memory, do hereby make, publish and declare this to be my Last Will and Testament, revoking all previous Wills or Codicils heretofore made by me.

ARTICLE I

I do hereby direct that all of my just debts which may be probated, registered and allowed against my estate be paid as soon as may conveniently be done.

ARTICLE II

I do hereby nominate, constitute and appoint my son, William Dalton Wood, II, and my niece, Donna Powell Davis, or the survivor of them, Co-Executors of this my Last Will and Testament and direct that they not be required to make any bond, inventories, accounts, or reports to any Court for their actions as Co-Executors of this my Last Will and Testament. I nominate my niece, Donna Powell Davis, to sign any checks or handle any financial accounts on my Estate.

My Co-Executors shall have all powers necessary to carry out the terms of this my Will. Such powers shall include, but not be limited to, all powers as are granted to Trustees pursuant to the Mississippi Uniform Trust Code, being §91-8-101 et seq of the Mississippi Code of 1972. My Co-Executors shall have all other powers as stated in this Last Will and Testament so long as such powers are not inconsistent with the laws of this jurisdiction.

ARTICLE III

To my niece, Donna Powell Davis, should she survive me, I do hereby give, will and devise my home and real property located and situated at 14 Court Street, West

W.H.W.
W.H.W.

Point, Clay County, Mississippi. It is my wish and desire that my home not be sold immediately.

ARTICLE IV

I do further give, will and bequeath to Donna Powell Davis, should she survive me, the contents of my home located at 14 Court Street, West Point, Clay County, Mississippi, including the Blanton Flatware, except that I do give, will and bequeath to my son, William Dalton Wood, II, should he survive me, any specific items he may desire to have from my home, including but not limited to my coin collection, my silver collection, and any books he may select from my library.

It is my wish and desire that the contents and furniture in my home remain in the family and not be sold unless it is absolutely necessary, in the discretion of my Co-Executors.

ARTICLE V

I do hereby give, will, devise and bequeath all of the rest, residue and remainder of my property, both real, personal and mixed of whatsoever kind and character and wheresoever located or situated which I may own or to which I may be entitled to at the time of my death, to my son, William Dalton Wood, II or if he is deceased, to his issue *per stripes*.

In the event William Dalton Wood, II predeceases me and does not have any issue, then in that event, I do give, will, devise, and bequeath all the rest, residue and remainder of my property, both real, personal and mixed of whatsoever kind and character and wheresoever located or situated which I may own or to which I may be entitled to at the time of my death to my niece, Donna Powell Davis, should she survive me, or her issue, *per stripes*.

Made, published and declared as and for my Last Will and Testament at West Point, Mississippi, on this the 13 day of March, 2020.

William Horace Wood

WILLIAM HORACE WOOD

WHW
W.W.H.
W/HW

WITNESSES:

The above and foregoing Last Will and Testament of William Horace Wood was declared and acknowledged by William Horace Wood in our presence and was subscribed and signed by him in our presence, and at his request and in his presence and in the presence of each other, we, the undersigned witnesses have attested the due execution of the Last Will and Testament of William Horace Wood.

WITNESS OUR SIGNATURES, this the 13th day of March, 2020.

WITNESSES:

W.H.W

W.~~W.H.~~

~~H.~~ W

202408300066943

AFFIDAVIT OF ATTESTING WITNESSES

STATE OF MISSISSIPPI
COUNTY OF CLAY

The undersigned Michelle D. Easterling and Willie Johnson depose and say:

(1) That they are the attesting witnesses whose signatures appear on the attached or foregoing Last Will and Testament;

(2) That on March 13th, 2020, in the presence of each of the undersigned witnesses, William Horace Wood signed the attached or foregoing Last Will and Testament at the end thereof and each of the undersigned witnesses saw the Testator sign the Last Will and Testament;

(3) That at the time he signed the Last Will and Testament, the Testator declared the instrument so signed by him to be the Testator's Last Will and Testament;

(4) That each of the undersigned witnesses, at the request of the Testator, and in the Testator's presence, and in the presence of each other, thereupon signed as a witness thereto; and

(5) That the Testator, at the time of the execution of the Last Will and Testament, was at least eighteen (18) years of age, was of sound mind, memory and understanding, and was under no restraint or undue influence or in any respect incompetent to make a Last Will and Testament.

PRINTED NAME: Michelle D Easterling
SIGNATURE: Michelle D Easterling

PRINTED NAME: Willie Johnson
SIGNATURE: Willie Johnson

SWORN TO AND SUBSCRIBED before me, on this the 13th day of March, 2020.

STATE OF MISSISSIPPI NOTARY PUBLIC ID # 118053 BONNIE W. DUKE Commission Expires Oct. 13, 2020 CLAY COUNTY

Bonnie W. Duke
NOTARY PUBLIC

My commission expires:
10/13/20

W.H.W.
W.H.W.

STATE OF MISSISSIPPI

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

13874740

CERTIFICATE OF DEATH
STATE OF MISSISSIPPI

FILING DATE 03/26/2020

STATE FILE NUMBER 123-2020-006866

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)	2. GENDER	3a. HOUR OF DEATH	3b. DATE OF DEATH (Month, Day, Year)
DR WILLIAM HORACE WOOD	MALE	20:47	03/24/2020

4. RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
☒ White ☐ Black or African American ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Native Hawaiian ☐ Samoan ☐ Asian Indian ☐ Guamanian or Chamorro
☐ Other Asian (Specify) ☐ Other Pacific Islander (Specify)
☐ American Indian or Alaska Native (Name of the enrolled tribe or principal tribe) ☐ Other (Specify)

5a. AGE AT LAST BIRTHDAY	ONLY IF UNDER 1 YEAR 5b. MOS. / 5c. DAYS	ONLY IF UNDER 1 DAY 5d. HOURS / 5e. MINS	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTH PLACE (State or Foreign Country)
86 Years			03/17/1934	ALABAMA

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

9a. FACILITY NAME (If not a facility, give street address, room number, or other location)	9b. CITY, TOWN OR LOCATION OF DEATH	9c. ZIP CODE	9d. COUNTY OF DEATH
14 COURT STREET	WEST POINT	39773	CLAY

10. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or level of school completed at time of death.
☐ 8th grade or less ☐ 9th - 12th grade, no diploma ☐ High school graduate or GED completed ☐ Some college, 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

11. MARITAL STATUS AT TIME OF DEATH	12. SURVIVING SPOUSE (Give name prior to first marriage)	13. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes or No)
☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown		NO

14. 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)

15. SOCIAL SECURITY NUMBER	16a. USUAL OCCUPATION (Kind of work done during most of working life)	16b. KIND OF BUSINESS OR INDUSTRY
5124	PROFESSOR	COLLEGE

17a. RESIDENCE - STATE	17b. COUNTY	17c. CITY OR TOWN	17d. ZIP CODE	17e. STREET AND NUMBER OR RURAL LOCATION (Include apartment number)	17f. INSIDE CITY LIMITS (Yes or No)
MISSISSIPPI	CLAY	WEST POINT	39773	14 COURT STREET	YES

18. FATHER'S OR PARENT'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)	19. MOTHER'S OR PARENT'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)
ELMER E WOOD	HESTER BLANTON

20a. INFORMANT - NAME (Type or print)	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS (Street and number, City or town, State, ZIP Code)
DONNA DAVIS	NIECE	363 EAST WESTBROOK STREET WEST POINT, MS 39773

21a. DISPOSITION OF BODY (Specify: Burial, Cremation, Removal, etc.)	21b. CEMETERY/CREMATORY - NAME	21c. LOCATION (City and State)	22a. FUNERAL DIRECTOR - SIGNATURE AND LICENSE NUMBER
BURIAL	RED BAY CITY CEMETERY	RED BAY, ALABAMA	ELECTRONICALLY SIGNED BY JESSICA ROMANOWSKI FS-9885

22b. FUNERAL HOME (Who first assumed custody of body)	22c. FUNERAL HOME LICENSE NUMBER	22d. MAILING ADDRESS (Street and number, City or town, State, ZIP Code)
CALVERT FUNERAL HOME (13D)	FE 9417	P. O. BOX 77, WEST POINT, MS 39773

23a. FUNERAL HOME (If body was transferred prior to disposition)	23d. MAILING ADDRESS (Street and number, City or town, State, ZIP Code)

24a. PERSON WHO PRONOUNCED DEATH - NAME AND TITLE (Type or print)	24b. PRONOUNCED DEAD (Month, Day, Year)	24c. PRONOUNCED DEAD (Time)
BETSY NEAL RN	ON 03/24/2020	AT 20:47

24d. NAME OF CERTIFIER (Type or print)	24e. MAILING ADDRESS (Street and number, City or town, State, ZIP Code)
ALVIN CARTER JR	P O BOX 773, WEST POINT, MS 39773

This section is to be completed by Physician or State Medical Examiner
25a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE ▶ MD/DO
25b. TITLE
25c. DATE SIGNED (Month, Day, Year)
25d. STATE LICENSE NUMBER

This section is to be completed by County Coroner
25e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. ELECTRONICALLY SIGNED BY
SIGNATURE ▶ ALVIN CARTER JR
25f. TITLE CLAY COUNTY CORONER
25g. DATE SIGNED (Month, Day, Year) 03/25/2020

26. CAUSE OF DEATH 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, cardiac or heart failure without showing the etiology. List only one cause on each line. DO NOT USE ABBREVIATIONS.

		Interval between onset and death
IMMEDIATE CAUSE (final disease or condition resulting in death)	(a) CARDIOPULMONARY ARREST	SUDDEN
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 ESOPHAGEAL CANCER-	
	(c) DUE TO, OR AS A CONSEQUENCE OF	
	(d) DUE TO, OR AS A CONSEQUENCE OF	

27. PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.

28a. POSTMORTEM EXAMINATION? (Yes or No)	28b. POSTMORTEM EXAMINATION FINDINGS AVAILABLE? (Yes or No)	29. REFERRED TO STATE MEDICAL EXAMINER? (Yes or No)
NO	NO	NO

30. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☒ Unknown

31. IF FEMALE, ☐ NOT pregnant within the past year ☐ PREGNANT at the 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

This section MUST be completed if Death NOT due to natural causes

32a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)	32b. DATE OF INJURY (Month, Day, Year)	32c. TIME OF INJURY	32d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED

32e. IF TRANSPORTATION INJURY, SPECIFY ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

32f. INJURY AT WORK (Yes or No)	32g. PLACE OF INJURY (Specify: Home, Farm, Street, Factory, Office building, etc.)	32h. LOCATION Street or route number City or town State

Mississippi State Department of Health Revised 04/01/2019 Form 511

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

3/27/2020 Judy Moulder

Judy Moulder
STATE REGISTRAR

WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK

202408300066943

TRUE COPY CERTIFICATION

Pursuant to Tenn. Code Ann. § 66-24-101(d)(3) – As Amended on July 1, 2021

I, **Teresa Morgan**, Tennessee BPR No. 033448, 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 August 29, 2024.

Teresa Morgan 8/30/2024

TERESA MORGAN **DATE**

PO BOX 60711
NASHVILLE, TN 37206
Phone: (615) 975-9174
Fax: (615) 577-3649
Email: teresa@morganlawgroup.us

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Sworn and subscribed before me on August 30, 2024.

Crystal Marcrum-Potter

NOTARY PUBLIC
My Commission Expires: July 7, 2027

CRYSTAL MARCRUM-POTTER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 7-7-2027