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Karen Johnson Davidson County
Batch# 1313675 WILL
08/22/2025 11:11:30 AM 6 pgs
Fees: $32.00 Taxes: $0.00
20250822-0067374

LAST WILL AND TESTAMENT OF VERTRESE MARIE GREER

I, VERTRESE MARIE GREER, domiciled in and a resident of Davidson County, Tennessee, make, publish and declare this to be my Last Will and Testament. I revoke all wills and codicils previously made by me.

ITEM I. Appointment of Executor.

A. Appointment of Executor. I appoint my daughter Sherry Downing as Executor of this my Last Will and Testament and direct that no bond be required of her in this capacity. If Sherry Downing should not survive me, or should be for any reason unable or unwilling to qualify as Executor, or, having so qualified, should become incapacitated, die or resign, then my son Wayne Greer shall serve as successor Executor, also without bond.

ITEM II. Payment of Debts, Expenses of Administration and Taxes. I direct that all of my legally enforceable debts, any unpaid charitable pledges (regardless of whether these pledges may be enforceable obligations of my estate), my funeral expenses and the costs of administration of my estate be paid as soon as practicable after my death; provided, however, that my Executor shall not be required to pay any obligation in advance of its maturity. I further direct that there shall be paid out of my estate as an expense of administration, without apportionment, all estate, inheritance, succession and other taxes, together with any interest or penalty thereon.

ITEM III. Specific Bequests and Bequests of Tangible Personal Property.

A. Disposition of Tangible Personal Property. I give to my daughter Sherry Downing and granddaughters Gina Walker, Terri Knight, Lisa Carter, Tina Miller, Tammy Stewart, Sunday Shawah and Mandy Downing in equal shares to share as they shall agree, all my jewelry, clothing, automobile, household furnishings and all other personal property.

ITEM IV. Administration of Real Property. At the time of the making of this Last Will and Testament my daughter Sherry Downing and I own a condominium located in Davidson County at 421 General George Patton Road, Nashville, Tennessee. I give to my daughter Sherry Downing any interest I have in this real property at the time of my death.

ITEM V. Disposition of Residuary Estate. I devise and bequeath all the rest and residue of the property that I may own at the time of my death, of whatever kind and wherever located, including cash on hand and deposit in financial institutions and American Century Mutual Fund (my Residuary Estate) as follows:

1. Wayne Greer shall receive twenty-five percent of my Residuary Estate.
2. Ray Greer shall receive twenty-five percent of my Residuary Estate.
3. Sherry Downing shall receive twenty-five percent of my Residuary Estate.
4. Gina Walker, Terri Knight, Lisa Carter and Nicky Weiss shall receive twenty-five percent of my Residuary Estate to share in equal shares.

ITEM VI. Statutory Powers Granted to Executor. I authorize my Executor (including any substitute or successor personal representative) in the exercise of a reasonable discretion with respect to all property, real and personal, at any time forming part of my estate or any Trust, to exercise any or all the powers set forth in Section 35-50-110, Tennessee Code Annotated, to the extent applicable, all of which provisions and powers are incorporated herein by reference as fully as if copied herein verbatim. These powers (as set out in the statute on the date of the

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execution of this Will) are granted, notwithstanding that the statute may hereafter be amended or repealed.

ITEM VII. Definitions and Miscellaneous Provisions.

A. Definition of Children. In this Will, the terms "child" and "children" refer to my children who are now living, Wayne Greer, Ray Greer and Sherry Downing.

A. Definition of Code. Reference in this Will to the Code shall mean the Internal Revenue Code of 1986, as amended from time to time until my death.

C. Accountings and Bond. I hereby expressly excuse my Executor from filing any inventory, interim accountings and final accounting which might otherwise be required pursuant to applicable law, unless such reports are specifically requested by any beneficiary of my residuary estate.

D. Fiduciary Designations. References to Executor shall always refer to the party or parties then acting in that capacity, whether originally appointed or serving as successor(s). Any reference to the Executor shall, where appropriate, include any Executrix, Administrator c.t.a., Administratrix c.t.a. or other duly qualified personal representative serving the functions of an Executor under this Will.

E. Headings, Gender and Number. Paragraph headings are for convenience only; the content of the paragraph controls over the heading. Any reference to any party herein in whatever gender shall be deemed to mean the appropriate gender. Any reference in the plural shall include the singular and vice versa, where the context so requires.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name to this my Last Will and Testament, consisting of this and one (1) preceding typewritten page, and for the purpose of identification I have initialed each such page, all in the presence of the persons witnessing it at my request on this 22 day of Feb, 2001, at Nashville, Tennessee.

Vertrese Marie Greer
VERTRESE MARIE GREER

The foregoing instrument was signed, published and declared by the said VERTRESE MARIE GREER as and for her Last Will and Testament on the day and year written above, in our presence and in the presence of each of us who, at her request, in her presence and in the presence of each other, have subscribed our names as witnesses this 22 day of Feb, 2001, at Nashville, Tennessee.

[illegible] residing at Nashville, Tn.

Dorothy Bailey residing at Nashville, Tn.

Page 2 of my Will: V. M. G.

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STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

AFFIDAVIT BY WITNESSES TO WILL

Each of the aforesaid witnesses, being Nina Bruce and Dorothy Bailey deposes and says that said witnesses subscribed to the foregoing Will of VERTRESE MARIE GREER, executed on the 22nd day of February 2001, having been requested by the Testator to make and sign this Affidavit, and having first been duly sworn before the Notary Public whose name appears below, hereby states that the said VERTRESE MARIE GREER was over eighteen (18) years of age, was of sound mind, declared the foregoing instrument to be her Last Will and Testament, published and executed it freely, without undue influence or coercion, by initialing each page and signing the final page in the presence of all of the witnesses who were all present at the same time, and that said witnesses, in her presence, at her request, and in the presence of each other, subscribed their names as witnesses on the 22nd day of February, 2001.

Nina Bruce

Dorothy Bailey

Subscribed and sworn to before me, a Notary Public of the above County and State, this the 22nd day of February, 2001.

Notary Public

My Commission Expires: 1-25-2002

Page 3 of my Will: V. M. G.

STATE OF TENNESSEE

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IN RE: ***VERTRESE GREER***

Docket No: ***25P1441***

I, JOSEPH P. DAY, Clerk of the Circuit Court for Davidson County, in the State aforesaid, do hereby certify that the foregoing is a true and correct copy of the Order heretofore entered in the above styled case on July 17, 2025 in the Seventh Circuit Court for Davidson County, Tennessee, as same remains of record in the Minutes of said Court.

IN TESTIMONY WHEREOF, I hereunto subscribe my name and affix the seal of said Court, at office, in Nashville, on August 14, 2025.

JOSEPH P. DAY CIRCUIT COURT CLERK

JOSEPH P. DAY, Clerk,

By: _____

Deputy Clerk

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Vertrese Marie Greer
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 12, 2015
4. TIME OF DEATH (Approx.): 5:58 AM
5a. AGE-Last Birthday (Years): 98
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): January 15, 1917
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

TYPE/PRINT IN PERMANENT BLACK INK

8a. 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)

8b. FACILITY NAME (If not institution, give street and number): Alive Hospice Residence
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: ☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Beauty Operator
11b. KIND OF BUSINESS/INDUSTRY: Self Employed

[redacted]
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 421 General George Patton Road
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37221
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/Latnio. 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 the 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

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PARENTS

18. FATHER'S NAME (First, Middle, Last): Alvin Farmer
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Gertrude Batey

DISPOSITION

20a. INFORMANT'S NAME: Sherry Greer
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 421 General George Patton Road, Nashville, TN 37221

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Springhill Cemetery
21c. LOCATION - City or Town and State: Nashville, TN

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Heather Saunders
22b. LICENSE NUMBER: 5055
22c. SIGNATURE OF EMBALMER: ▶ Michael P. Illobre
22d. LICENSE NUMBER: 5353

23a. NAME AND ADDRESS OF FUNERAL HOME: West Harpeth Funeral Home,6962 Charlotte Pike, Nashville, TN 37209
23b. LICENSE NUMBER OF FUNERAL HOME: 1016

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ [signature]
25. DATE FILED (Month, Day, Year): 4/15/15

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: ▶ [signature] MD
27b. LICENSE NUMBER: 38283
27c. DATE SIGNED (Month, Day, Year): 4-14-15
27d. NAME AND ADDRESS: Shazia Fazili, M.D. 1718 Patterson Street, Nashville, TN 37203

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. Alzheimers dementia	Unknown
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	b. Due to (or as a consequence of):	
	c. Due to (or as a consequence of):	
	d. Due to (or as a consequence of):	

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)

PH-1659 (Rev. 9/2011) RDA 1399

7700816

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.

7700816

APR 15 2015

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued

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

DEPARTMENT OF HEALTH AGRICULTURE COMMERCE TENNESSEE XVI

CERTIFICATION OF VITAL RECORD

202508220067374

Certificate of Authenticity

I, Trent Linville, 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 14, 2025.

Date

Affiant Signature

08/14/2025

Date

State of Tennessee

County of Maury

Sworn to and subscribed before me this 14th day of August, 2025.

Notary's Signature

My Commission Expires: 04-22-26

Date

Notary's Seal (if on paper)

