Karen Johnson Davidson County
Batch# 1416842 WILL
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Fees: $67.00 Taxes: $0.00
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AOC- 060
Rev. 12-10
Page 1 of 1

Commonwealth of Kentucky
Court of Justice www.courts.ky.gov

CERTIFICATION OF COURT RECORDS

Case No. 25-P-474
Court Madison District
County Madison

IN RE: Greer Carson Hubbard — PLAINTIFF/PETITIONER

VS.

_____ — DEFENDANT/RESPONDENT

I, David M. Fernandez,

Clerk of the Madison District Court, do certify that the following are true and correct copy(s) of the:

Petition for Probate of will, the order probating will, and the Last Will of Greer Hubbard.

IN TESTIMONY WHEREOF, witness my hand as Clerk aforesaid, May 1, 2026.

David M. Fernandez Clerk

By: _____ D.C.

CIRCUIT COURT CLERK SEAL MADISON COUNTY

202605060040932

AOC-805.1 Rev. 12-23 Page 1 of 1 Doc. Code: OPP; OWF; or OFID Commonwealth of Kentucky Court of Justice www.kycourts.gov KRS 394.145; 395.015; 395.016	**ORDER PROBATING WILL; AND/OR APPOINTING EXECUTOR/ADMINISTRATOR**	Case No. 25-P-00474 Court DISTRICT/PROBATE County Madison Division

IN RE: Estate of GREER CARSON HUBBARD

ENTERED
SEP 10 2025
MADISON DISTRICT COURT
DAVID FERNANDEZ, CLERK

☑ Petition filed this 07 day of AUGUST, 2025.

☑ Will tendered this 07 day of August, 2025.

Upon hearing, the Will offered was proven by Self-Proving and **ORDERED PROBATED** as the Last Will and Testament of Decedent this 10 day of September, 2025.

The Court appoints: ANNA FAIRLIGHT HUBBARD as ☒ Executor/Executrix OR

☐ Administrator/Administratrix of said estate and fixes bond in the sum of $ 650,000.00 ☐ with surety OR

☒ without surety.

(*Check if Executor/Executrix or Adminstrator/Administratrix is a nonresident*)

☐ The Court designates _____, whose address is _____

_____, as agent for the service of process in any action filed against the above-appointed Executor/Executrix or Administrator/Administratrix as personal representative or personally if the action accrued in the administration of the estate.

September 10, 2025
Date

Judge's Signature

Distribution: Case File
Revenue Cabinet (Petition and Order)

I HEREBY CERTIFY THE FOREGOING TO BE A TRUE COPY AS FILED IN THE OFFICE OF THE MADISON CIRCUIT CLERK. WITNESS MY HAND AND SEAL THIS 1st DAY OF May 2026
DAVID FERNANDEZ, CLERK
MADISON CIRCUIT/DISTRICT/FAMILY COURTS
BY: _____ D.C.

SEAL
MADISON COUNTY, KY

202605060040932

☐

1947

Pty Memo *DATE OF DEATH 07-19-25*

☐ BUCKLER, JOHN	COURT DESIGNATED WORKER	@90028693965
☐ HUBBARD, GREER CARSON	DECEDENT	@90028693926
☐ BUCHANAN , NATASHA	FAMILY MEMBER	
☐ HUBBARD , ANNA FAIRLIGHT	PLAINTIFF / PETITIONER	@90028693931

☐ Bail Credit Denied ☐ Danger to self or others ☐ Flight Risk

ENTERED
SEP 10 2025
MADISON DISTRICT COURT
DAVID FERNANDEZ, CLERK

PROBATE HEARING
Sch Memo: *APPOINTMENT FOR EXECUTRIX*
NEED ORIGINAL WILL AND FEE 50.00
ORDERS TENDERED

Copy of self proving will entered

executrix appointed

09/10/2025 3 01:31 PM 202605060040932

COMMONWEALTH OF KENTUCKY

8140025

REGISTRAR OF VITAL STATISTICS

CERTIFIED COPY

FILED
AUG 07 2025
MADISON DISTRICT COURT
CASE NO. 25D-00722
DAVID FERNANDEZ, CLERK

KENTUCKY CERTIFICATE OF DEATH

116 2025283340

To Be Completed By: Funeral Director (Must Be Typed)

1a. DECEDENT'S LEGAL NAME (First, Middle, Last) (Include AKA's if any): GREER CARSON HUBBARD						1b. IF FEMALE, DECEDENT'S LAST NAME PRIOR TO FIRST MARRIAGE: N/A	2. SEX: MALE
3. ACTUAL OR PRESUMED DATE OF DEATH (Month/Day/Year): July 19, 2025	4. SOCIAL SECURITY NUMBER: [redacted]	5a. AGE-LAST BIRTHDAY (Years): 77	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH: 08/21/1947	7. COUNTY OF DEATH: MADISON	
8. PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ Dead on Arrival OTHER: ☐ Hospice Facility ☐ Nursing Home/Long Term Care Facility ☒ Residence ☐ Other (Specify)							
9. FACILITY NAME (If not institution, give street and number): 250 SCHOOL HOUSE ROAD					10. CITY OR TOWN, STATE AND ZIP CODE: BEREA, KY 40403		
11. BIRTHPLACE (City and State or Foreign Country): RICHMOND, VIRGINIA	12. MARITAL STATUS: ☐ Married ☐ Married but Separated ☐ Widowed ☒ Divorced ☐ Never Married ☐ Unknown				13. SURVIVING SPOUSE (If wife, give name prior to first marriage)		
14. DECEDENT'S USUAL OCCUPATION (Kind of work done during most of working life.) (Do not use retired): FORESTRY	15. KIND OF BUSINESS/INDUSTRY: FORESTRY SERVICE				16. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		
17a. RESIDENCE - State: KENTUCKY	17b. COUNTY: MADISON	17c. CITY OR TOWN: BEREA	17d. STREET AND NUMBER: 250 SCHOOL HOUSE ROAD		17e. ZIP CODE: 40403	17f. INSIDE CITY LIMITS? ☐ Yes ☒ No	

18. 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's 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)

19. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if the 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) _____

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

21. FATHER'S NAME (First, Middle, Last): JAMES MITCHELL HUBBARD		22. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): JANIE WHITLOW	
23a. INFORMANT'S NAME: ANNA HUBBARD	23b. RELATIONSHIP TO DECEDENT: DAUGHTER	23c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 4809 TANGLEWOOD DRIVE, NASHVILLE, TN 37216	
24. METHOD OF DISPOSITION (Check only one): ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)	25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): WILBERT VAULT CREMATORY	26. LOCATION - City, Town, and State: SOMERSET, KY	
27. SIGNATURE OF FUNERAL SERVICE LICENSEE (Or person acting as such): BRANDI S. MITCHELL (Must Use Blue/Black Ink) \ Electronic signature is legally acceptable pursuant to KRS 369.107 & KRS 369.116 — DATE SIGNED (MM/DD/YYYY): 07/22/2025	28. KY LICENSE NUMBER (of licensee): 7278	29. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY: REPPERT FUNERAL HOME, INC. 116 N. BROADWAY BEREA, KY 40403	

To Be Completed By: Medical Certifier

30. DATE PRONOUNCED DEAD (MM/DD/YYYY): 07/19/2025	31. ACTUAL OR PRESUMED TIME OF DEATH: APPROX. 1200	32. WAS MEDICAL EXAMINER OR CORONER CONTACTED? ☒ Yes ☐ No

33. CAUSE OF DEATH
PART I. Enter the chain of events - diseases, injuries, or complications - that caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. BLUNT FORCE TRAUMA	SECOND(S)
Sequentially list conditions, if any, leading to the cause listed on line a.	DUE TO (OR AS A CONSEQUENCE OF): b. FALL FROM LADDER APPROXIMATELY 30 FEET	SECOND(S)
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): c.	
	DUE TO (OR AS A CONSEQUENCE OF): d.	

PART II. Enter other significant conditions contributing to death, but not resulting in the underlying cause given in Part I

I HEREBY CERTIFY THE FOREGOING TO BE A TRUE COPY AS FILED IN THE OFFICE OF THE MADISON CIRCUIT/DISTRICT/FAMILY COURTS
WITNESS MY HAND AND SEAL
THIS 7 DAY OF AUG, 2025
DAVID FERNANDEZ, CLERK
MADISON CIRCUIT/DISTRICT/FAMILY COURTS
BY: _____ D.C.

35. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No	37. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown	36. IF FEMALE: ☐ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within past year	
38. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No			

39. DATE OF INJURY (Month/Day/Year) (Spell Month): APPROX. July 19, 2025	40. TIME OF INJURY: APPROX. 1200	41. INJURY AT WORK? ☐ Yes ☒ No	42. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area): HOME	43. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) N/A		
44. DESCRIBE HOW INJURY OCCURRED: FALL FROM LADDER CUTTING TREE LIMBS APPROXIMATELY 30 FEET				45. LOCATION OF INJURY (Street and Number, City or Town, State, Zip Code): 250 SCHOOL HOUSE ROAD, BEREA, KY 40403		

46. TO BE COMPLETED BY CERTIFIER
To the best of my knowledge, death occurred at the time, date, and place, and due to cause(s) and manner stated.
SIGNATURE: JIMMY CORNELISON (Must Use Blue/Black Ink) Electronic signature is legally acceptable pursuant to KRS 369.107 and KRS 369.116

47. DATE CERTIFIED (MM/DD/YYYY): 07/25/2025	48. LICENSE NUMBER: 434	49. TITLE OF CERTIFIER: CORONER

50. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (ITEM 33): JAMES (JIMMY) CORNELISON
MADISON COUNTY CORONER, 910 WACO LOOP/PO BOX 500, WACO, KY 40385

51. REGISTRAR'S SIGNATURE: Jeffrey E. Sparks Jr.	52. DATE FILED (MM/DD/YYYY): 07/28/2025

This is to certify that this is a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered at the Kentucky Office of Vital Statistics under the file number shown.

DATE ISSUED 07/28/2025

Jeffrey E. Sparks Jr.
State Registrar

2026050

FORM VS NO. 1-A
(REVISED 06/2015)

DOCUMENT CONTAINS A WATERMARK - HOLD UP TO LIGHT TO VERIFY AUTHENTICITY

AOC-805 Doc. Code: PPW; PWR; or PAF
Rev. 12-23
Page 1 of 3

Commonwealth of Kentucky
Court of Justice www.kycourts.gov

KRS 394.145; 395.015; 395.016

FILED
AUG 07 2025
MADISON DISTRICT COURT
DAVID FERNANDEZ, CLERK

PETITION FOR PROBATE OF WILL; AND/OR APPOINTMENT OF EXECUTOR/ADMINISTRATOR

11 11:50

Case No. 25-P-474
Court District
County Madison
Division

IN RE: Estate of GREER CARSON HUBBARD

249-80-5337

Decedent's Information: SSN: [redacted] Birthdate: 08.21.47 Date of Death: 7.19.25

Last Address: 500 [redacted] BEACH GROVE RD BEREA, KY 40403

MAILING: PO BOX 42 BIG HILL KY 40405

Decedent died: ☐ Intestate (without a Will) ☑ Testate (with a Will)

PETITION FOR
- ☑ **PROBATE OF WILL**
- ☑ **APPOINTMENT OF EXECUTOR/EXECUTRIX**
- ☐ **APPOINTMENT OF ADMINISTRATOR/ADMINISTRATRIX**

Petitioner states there has been no previous administration in the Decedent's estate in Kentucky or elsewhere. Further, Petitioner states that the statements in the caption are true, and that the names of the surviving spouse, heirs at law and next of kin known to Petitioner are as follows (*use additional paper if necessary*):

Name: ANNA FAIRLIGHT HUBBARD Relation: DAUGHTER Age: 47
Address: 4909 Tanglewood Dr
Nashville TN 37216

Name: NATASHA J. BUCHANAN Relation: DAUGHTER Age: 32
Address:

Name: Relation:
Address:

I HEREBY CERTIFY THE FOREGOING TO BE A TRUE COPY AS IS FILED IN THE OFFICE OF THE MADISON CIRCUIT CLERK. WITNESS MY HAND AND SEAL OF OFFICE THIS 1st DAY OF May 2025
DAVID FERNANDEZ, CLERK
MADISON CIRCUIT/DISTRICT/FAMILY COURTS
BY: D.C.

Decedent owned/had interest in the following **real estate** with estimated market values as noted:
① HOME TN: 509 S 11TH ST. NASHVILLE TN (co-owned) myself & sister ② Home TN HESTERBERG
③ PROPERTY NUNNELLY TN ④ ± 6 ACRES LITTLESVILLE JOHNS NC

Estimated Total: $ 650,000

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Decedent owned/had interest in the following **personal property** with estimated market values as noted:
4 TRUCKS, 2 BOATS, FARM EQUIPMENT, TOOLS, GENERATORS

Estimated Total: $ 20,000

Petitioner is indebted to or owes Decedent $_____.

☐ Petitioner applies for probate of Decedent's Will, filed herewith, which is his/her Last Will and Testament.

☐ Petitioner prays ANNA-MICAHH FAIRLIGHT HUBBARD, whose address is 4909 Tanglewood Dr Nashville TN 37216 be appointed ☑ Executor/Executrix ☐ Administrator/Administratrix of said estate and who offers as surety on the bond the following: _____.

(Check if applicable) ☐ The above-named Executor/Executrix or Administrator/Administratrix requesting appointment is a nonresident of this state and designates JOHN BUCKLER, a resident of this county, residing at 305 PINNACLE DR BEREA KY 40403 as his/her agent for the service of process in any action filed against him/her as personal representative or personally, provided that such personal action accrued in the administration of the estate.

All the foregoing statements are true.

Petitioner's Signature: _____ Phone No.: 615-594-3614

Petitioner's Name *(Printed)*: ANNA MICAHH FAIRLIGHT HUBBARD

Petitioner's Address: 4909 Tanglewood Dr Nashville TN 37216

The foregoing was duly subscribed, sworn and acknowledged before me by Anna F. Hubbard this 7 day of August, 2025

For Notaries: My commission expires: _____. My notary ID number is : _____.

S. Jennings D.C.
Notary Public, State At Large or Circuit Clerk/D.C.

This certifies this Petition was prepared or subscribed by the undersigned in accordance with the meaning and tenor of Kentucky Civil Rule No. 11. ***(Attorney must prepare and present separate order. You may use AOC-805.1, AOC-806, or AOC-840, as appropriate.) (To be filed in duplicate.)***

Attorney's Signature: _____ Phone No.: _____

Attorney's Name *(Printed)*: _____

Address: _____

WAIVER

We, the undersigned, surviving spouse and next of kin of the above-named Decedent, resident of _____ County, Kentucky, hereby waive notice of the hearing of the Petition and if applicable, the presentation of said Decedent's Will for probate and/or appointment of fiduciary, and request the Court to appoint _____ as ❑ Executor/Executrix ❑ Administrator/Administratrix.

_____	_____
_____	_____
_____	_____
_____	_____

FILED
AUG 07 2025
MADISON DISTRICT COURT
DAVID FERNANDEZ, CLERK

07-212-1.1/mydoc

LAST WILL OF GREER HUBBARD

I, GREER HUBBARD, a resident of Madison County, Kentucky, make this Last Will, hereby revoking all previous wills and codicils heretofore made by me.

FIRST: I direct that my just debts, funeral expenses, costs of administration, and all estate, inheritance, succession and transfer taxes imposed by the United States or any state, which become payable by reason of my death, be paid out of my residuary estate as soon as practicable after my death.

SECOND: I give, devise and bequeath all of my property which constitutes the probate assets of my estate to my two daughters, Anna Micaiah Fairlight Hubbard andNatasha July Buchanan. If my daughter, Natasha July Buchanan, dies before me, then her share of my estate shall pass instead to her sister, Anna Micaiah Fairlight Hubbard. If my daughter, Anna Micaiah Fairlight Hubbard dies before me, then her share of my estate shall pass instead to her child or children in equal shares.

THIRD: If my daughter, Natasha July Buchanan, is a minor at my death and requries a guardian of her person, I nominate my sister, Nancy Lee Dodge, to serve in that capacity.

FOURTH: a) If any beneficiary hereunder is under twenty-eight (28) years of age at my death, then I direct that said beneficiary's share of my estate be held in trust until he or she reaches twenty-eight years of age. I hereby nominate and appoint my sister, Nancy Lee Hubbard, as trustee for any such trust.

b) The trustee of any trust created above shall have all powers allowed by law and shall not be subject to the jurisdiction of any court or required to post and bond or surety to serve as trustee. This trustee shall hold, manage and control all of the aforesaid property as a trust estate for the following uses and purposes:

1. Until the 28th birthday of said beneficiary, the trustee shall collect the income from the property comprising the trust estate, and shall pay or use all, part or none of the net income and principal of the trust, in the trustee's sole discretion, for the benefit of said beneficiary, which may include his or her general care, education and advancement in life, and, in the event of illness, emergency or extraordinary or unusual circumstances, medical care and assistance, as the trustee, in his or her sole discretion, may deem necessary after taking into consideration any other funds readily available for such purposes. Any net income not currently distributed shall be annually added to the principal of the trust.

2. When the said beneficiary reaches 28 years of age, the trustee shall distribute the remaining income and principal of the trust estate to, or for, his or her benefit. If he or she should

I HEREBY CERTIFY THE FOREGOING TO BE A TRUE COPY AS FILED IN THE OFFICE OF THE MADISON CIRCUIT CLERK. WITNESS MY HAND AND SEAL THIS 15 DAY OF May, 2026
DAVID FERNANDEZ, CLERK
MADISON CIRCUIT/DISTRICT/FAMILY COURTS
BY: _____ D.C.
2026050600409332

die prior to receiving a complete distribution from the trust estate, then his or her share shall instead be distributed in fee simple and per stirpes to said beneficiary's issue. But if there should be no issue surviving at the time of distribution from the trust estate, said trust corpus shall be distributed to his or her legal heirs.

3. I grant the trustee or alternate the continuing, absolute, discretionary power to deal with any property, real or personal, held in trust, as freely as I might in the handling of my affairs. Such power may be exercised independently and without the prior or subsequent approval of any court or judicial authority, and no person dealing with the trustee shall be required to inquire into the propriety of any of his or her actions. Without limiting the generality of the foregoing and in addition to all other powers granted by law in KRS 386.810, I grant the trustee or alternate the absolute power and discretion to use, invest, lease, mortgage, sell or otherwise dispose of any or all of my property, real or personal, held in trust.

4. No court appointment or confirmation of the trustee shall be required, nor shall any formalities including inventories, accountings and settlements be required. If any provision of law takes precedence over this directive, thus requiring court appointment of my trustee, then I direct that no surety be required of said trustee to serve.

FIFTH: I nominate and appoint my daughter, Anna Micaiah Fairlight Hubbard, as the personal representative of my estate. If she fails to qualify or cannot serve or ceases to serve for any reason, then I nominate and appoint my sister, Nancy Lee Dodge, as alternate personal representative of my estate. I direct that my personal representative and my alternate personal representative can qualify and serve without surety on any bond. I give my personal representative and alternate all powers conferred by law, as well as the power to sell real property without court authority. Furthermore, I give my alternate personal representative the power to sell items and to decide what items to sell and what items to deliver to any trustee acting under the terms stated herein.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this 21st day of July, 2007.

Greer Hubbard, testator

202605060040932

We witnessed the execution of this last will and have signed as subscribing witnesses in the presence of the testator and in the presence of each other, on this the 21st day of July, 2007.

Thana Connelly
witness

Berea, Kentucky
address

witness

Berea, Kentucky
address

202605060040932

State of Kentucky

Madison County

Before me, the undersigned notary public, on this day personally appeared Greer Hubbard and Thana Connelly and Ethan Connelly, known to me to be the testator and witnesses, respectively, whose names are signed to the foregoing instrument, and all of these persons being by me first duly sworn, Greer Hubbard declared to me and to the witnesses that he had willingly signed and that he had executed this last will as his free and voluntary act for the purposes therein expressed; and each of the witnesses stated to me, in the presence and hearing of Greer Hubbard, that they signed the last will as witnesses and that to the best of their knowledge, Greer Hubbard was eighteen years of age or older, of sound mind and under no constraint or undue influence.

Greer Hubbard

witness

witness

Subscribed, sworn to and acknowledged before me by Greer Hubbard and sworn to before me by the witnesses, Thana Connelly and Ethan Connelly, this 21st day of July, 2007.

My commission expires: 12-10-2009.

Notary Public

Prepared by:

Steven Connelly
Attorney
P.O. Box 1077
438 Chestnut Street
Berea, KY 40403

Tennessee Certification of Electronic Document

I, George E. Mudter, Jr., 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 May 1, 2026 (date of document).

Affiant Signature

Date: May 6, 2026

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Sworn and subscribed before me this 6 day of May, 20 26.

Notary Public

My Commission Expires:

KELLY E. COX
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON
MY COMM. EXPIRES SEPTEMBER 8, 2025

202605060040932