

## **AUTHORIZING DOCUMENTS**

There is no Agreement, as the transfer is due to the death of an individual who held an attributable interest in the Licensee. See attached death certificate and Court's Order Probating Will and Appointing the Executor.



## COMMONWEALTH OF KENTUCKY

REGISTRAR OF VITAL STATISTICS  
CERTIFIED COPY

6199348

## KENTUCKY CERTIFICATE OF DEATH

116 202050932

Case #: E202012210055

1a. DECEDENT'S LEGAL NAME (First, Middle, Last) (Include AKA's if any) <b>MARILYN LEIGH EVANS</b>				1b. IF FEMALE, DECEDENT'S LAST NAME PRIOR TO FIRST MARRIAGE <b>SMALL</b>		2. SEX <b>FEMALE</b>
3. ACTUAL OR PRESUMED DATE OF DEATH (Month/Day/Year) (Spell Month) <b>December 20, 2020</b>		4. SOCIAL SECURITY NUMBER <b>405-54-0894</b>		5a. AGE-LAST BIRTHDAY (Years) <b>79</b>	5b. UNDER 1 YEAR Months: Days: Hours: Minutes:	5c. UNDER 1 DAY Hours: Minutes:
6. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> Dead on Arrival OTHER: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input checked="" type="checkbox"/> Decedent's Residence <input type="checkbox"/> Other (Specify):				6. DATE OF BIRTH (MM/DD/YYYY) <b>05/27/1941</b>		7. COUNTY OF DEATH <b>HARDIN</b>
9. FACILITY NAME (If not institution, give street and number) <b>2514 RIDGESTONE DRIVE</b>				10. CITY OR TOWN, STATE AND ZIP CODE <b>ELIZABETHTOWN, KY 42701</b>		
11. BIRTHPLACE (City and State or Foreign Country) <b>GRAYSON COUNTY, KENTUCKY</b>				12. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		13. SURVIVING SPOUSE (If wife, give name prior to first marriage) <b>BILLY REED EVANS</b>
14. DECEDENT'S USUAL OCCUPATION (Kind of work done during most of working life.) (Do not use retired) <b>BROADCASTER</b>				15. KIND OF BUSINESS/INDUSTRY <b>RADIO STATION</b>		16. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
17a. RESIDENCE - State <b>KENTUCKY</b>		17b. COUNTY <b>HARDIN</b>		17c. CITY OR TOWN <b>ELIZABETHTOWN</b>		17d. STREET AND NUMBER <b>2514 RIDGESTONE DRIVE</b>
17e. ZIP CODE <b>42701</b>		17f. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
18. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death.) <input type="checkbox"/> 8th Grade or Less <input type="checkbox"/> 9th -12th Grade, No Diploma <input type="checkbox"/> High School Graduate or GED Completed <input type="checkbox"/> Some College Credit but No Degree <input type="checkbox"/> Associates Degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's Degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's Degree (e.g., MA, MS, MEd, MEd, MSW, MBA) <input type="checkbox"/> 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.) <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> 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) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Samoan <input type="checkbox"/> Other Asian (Specify): <input type="checkbox"/> Other Pacific Islander (Specify): <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe): <input type="checkbox"/> Other (Specify):						
21. FATHER'S NAME (First, Middle, Last) <b>EEL SMALL</b>				22. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>GEORGIA LEACH</b>		
23a. INFORMANT'S NAME <b>BILLY REED EVANS</b>				23b. RELATIONSHIP TO DECEDENT <b>SPOUSE</b>		
24. METHOD OF DISPOSITION (Check only one): <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify):				25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>GSC CREMATIONS</b>		
26. LOCATION - City, Town, and State <b>ELIZABETHTOWN, KY</b>						
27. SIGNATURE OF FUNERAL SERVICE LICENSEE (Or person acting as such) <b>LORA A. DIXON</b> (Must Use Blue/Black Ink) Electronic signature is legally acceptable pursuant to KRS 369.107 & KRS 369.118				DATE SIGNED (MM/DD/YYYY) <b>12/21/2020</b>		28. KY LICENSE NUMBER (of licensee) <b>5528</b>
29. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY <b>BROWN FUNERAL HOME 306 COLLEGE STREET ELIZABETHTOWN, KY 42701</b>						
30. DATE PRONOUNCED DEAD (MM/DD/YYYY) <b>12/20/2020</b>				31. ACTUAL OR PRESUMED TIME OF DEATH <b>APPROX. 0414</b>		32. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
33. 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. 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 <b>DYSPHAGIA; APHASIA</b>				34. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined		
35. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				36. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No		
37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown				38. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within past year		
39. DATE OF INJURY (Month/Day/Year) (Spell Month)		40. TIME OF INJURY		41. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		42. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)
43. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify):						
44. DESCRIBE HOW INJURY OCCURRED:				45. LOCATION OF INJURY (Street and Number, City or Town, State, Zip Code)		
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: <b>R. CORY LUCAS, MD</b> (Must Use Blue/Black Ink) Electronic signature is legally acceptable pursuant to KRS 369.107 and KRS 369.118				47. DATE CERTIFIED (MM/DD/YYYY) <b>12/24/2020</b>		
50. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (ITEM 33) <b>ROBERT LUCAS HOSPATUS, 3532 EPHRAIM MCDOWELL DR, LOUISVILLE, KY 40205</b>				48. LICENSE NUMBER <b>48234</b>		
51. REGISTRAR'S SIGNATURE <b>Christina S. Stewart</b>				49. TITLE OF CERTIFIER <b>PHYSICIAN</b>		
52. DATE FILED (MM/DD/YYYY) <b>12/28/2020</b>						

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 12/28/2020

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

DOCUMENT CONTAINS A WATERMARK - HOLD UP TO LIGHT TO VIEW







**ORDER PROBATING WILL AND  
APPOINTING EXECUTOR/EXECUTRIX**

Case No. 21-P-00087  
Court District Probate  
County 047  
Division Etown

**IN RE: Estate of MARILYN LEIGH EVANS**

Decedent's Date of Death: December 20, 2020

SSN: 405-54-0894

The Petition for probate of the Will of the above-named Decedent and for appointment of an Executor/Executrix came on for hearing on 1/29, 2021. The Will was produced in open court and was ☒ self-proved under KRS 394.225 OR ☐ proved by \_\_\_\_\_.

**IT IS THEREFORE ORDERED** that the Will be, and it is, hereby admitted to probate as the Last Will and Testament of the Decedent. **IT IS FURTHER ORDERED** that BILL EVANS with an address of 2514 Ridgestone, Elizabethtown, KY 42701

be and is, hereby appointed Executor/Executrix of said estate. The Court fixes bond in the sum of 0 per will.

**WHEREUPON** said Executor/Executrix took the oath prescribed by law and entered into and acknowledged the above-mentioned bond with ☐ approved Surety OR ☒ Surety having been waived.

Date: 1/29, 2021.

[Signature] Judge

ENTERED 02-3-21  
ATTEST: LORETTA CRADY, CLERK  
HARDIN CIR/DIST COURT  
BY [Signature] D.C.  
Copies to: R. Mobley  
co clerk w/orig with  
Revenue

**NOTICE OF ENTRY WAIVED:**

Billy R. Egan  
Petitioner's OR Attorney's Signature

**CERTIFICATION**

I, \_\_\_\_\_, Clerk of the \_\_\_\_\_ District Court, do certify this constitutes a true and correct copy of the Order Admitting Will to Probate and Appointing Executor/Executrix, as recorded in my office.

Date: \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_ Clerk

By: \_\_\_\_\_ D.C.

**Distribution:**

Original - Court File (with certified copy of Will)

Copies - Executor/Executrix

Revenue Cabinet (Inheritance Tax Section)

Certified Copy - County Clerk (with original of Will); Petitioner is responsible for recording fees.

STATE OF KY., COUNTY OF HARDIN  
CERTIFIED IS A TRUE COPY OF  
RECORD IN CASE # 21-P-00087  
THIS 3d DAY OF Feb, 2021  
LORETTA CRADY, CLERK  
HARDIN CIR/DIST COURT  
BY [Signature] D.C.