

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) MARILYN LEIGH EVANS		1b. IF FEMALE, DECEDENT'S LAST NAME PRIOR TO FIRST MARRIAGE SMALL		2. SEX FEMALE																			
3. ACTUAL OR PRESUMED DATE OF DEATH (Month/Day/Year) (Spell Month) December 20, 2020		4. SOCIAL SECURITY NUMBER 405-54-0894		5a. AGE-LAST BIRTHDAY (Year) 79		5b. UNDER 1 YEAR Months: _____ Days: _____		5c. UNDER 1 DAY Hours: _____ Minutes: _____		6. DATE OF BIRTH (MM/DD/YYYY) 05/27/1941		7. COUNTY OF DEATH HARDIN											
8. 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) _____																							
9. FACILITY NAME (If not institution, give street and number) 2514 RIDGESTONE DRIVE												10. CITY OR TOWN, STATE AND ZIP CODE ELIZABETHTOWN, KY 42701											
11. BIRTHPLACE (City and State or Foreign Country) GRAYSON COUNTY, KENTUCKY						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) BILLY REED EVANS														
14. DECEDENT'S USUAL OCCUPATION (Kind of work done during most of working life.) (Do not use retired) BROADCASTER						15. KIND OF BUSINESS/INDUSTRY RADIO STATION						16. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
17a. RESIDENCE - State KENTUCKY			17b. COUNTY HARDIN			17c. CITY OR TOWN ELIZABETHTOWN			17d. STREET AND NUMBER 2514 RIDGESTONE DRIVE			17e. ZIP CODE 42701			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 checked="" 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, MEng, 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) EEL SMALL						22. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) GEORGIA LEACH																	
23a. INFORMANT'S NAME BILLY REED EVANS				23b. RELATIONSHIP TO DECEDENT SPOUSE				23c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 2514 RIDGESTONE DRIVE, ELIZABETHTOWN, KY 42701															
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) GSC CREMATIONS						26. LOCATION - City, Town, and State ELIZABETHTOWN, KY											
27. SIGNATURE OF FUNERAL SERVICE LICENSEE (Or person acting as such) LORA A. DIXON (Must Use Blue/Black Ink) Electronic signature is legally acceptable pursuant to KRS 369.107 & KRS 369.118						DATE SIGNED (MM/DD/YYYY) 12/21/2020		28. KY LICENSE NUMBER (of licensee) 5528		29. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY BROWN FUNERAL HOME 306 COLLEGE STREET ELIZABETHTOWN, KY 42701													
30. DATE PRONOUNCED DEAD (MM/DD/YYYY) 12/20/2020				31. ACTUAL OR PRESUMED TIME OF DEATH APPROX. 0414				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) -> a. MULTIPLE SCLEROSIS DUE TO (OR AS A CONSEQUENCE OF): b. _____ DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____												Approximate Interval Between Onset and Death YEAR(S)											
PART II. Enter other significant conditions contributing to death, but not resulting in the underlying cause given in Part I DYSPHAGIA; APHASIA												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			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																	
36. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. DATE OF INJURY (Month/Day/Year) (Spell Month)		40. TIME OF INJURY		41. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" 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. R. CORY LUCAS, MD (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) 12/24/2020		48. LICENSE NUMBER 48234		49. TITLE OF CERTIFIER PHYSICIAN									
50. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (ITEM 33) ROBERT LUCAS HOSPATUS, 3532 EPHRAIM MCDOWELL DR, LOUISVILLE, KY 40205										52. DATE FILED (MM/DD/YYYY) 12/28/2020													
51. REGISTRAR'S SIGNATURE <i>Christina S. Stewart</i>																							

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

Christina S. Stewart
State Registrar

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

NOTICE OF ENTRY WAIVED:

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

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

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
CERTIFIES IS A TRUE COPY OF
RECORD IN CASE # 21-P-00087
THIS 03 DAY OF Feb, 2021
LORETTA CRADY, CLERK
HARDIN CO./DIST COURT
BY [Signature] D.C.