

COMMONWEALTH OF KENTUCKY

REGISTRAR OF VITAL STATISTICS

CERTIFIED COPY

Kentucky
UNBLENDED SPIRIT116 202050932
Case #: E202012210055

KENTUCKY CERTIFICATE OF DEATH

1. DECEASED'S LEGAL NAME (Print, Middle, Last) (Include AKA's if any)		2. SEX		3. DATE OF BIRTH		4. SOCIAL SECURITY NUMBER		5. AKA- LAST		6. DATE OF DEATH		7. COUNTY OF DEATH		8. PLACE OF DEATH (Check only one)		9. FACILITY NAME (If not institution, give street and number)		10. IF FEMALE, DECEASED'S LAST MARRIAGE		11. BIRTHPLACE (City and State or Foreign Country)		12. MARRITAL STATUS		13. SURVIVING SPOUSE (If wife, give name prior to first marriage)		14. DECEASED'S USUAL OCCUPATION (Kind of work done during most of working life) (Do not use retired)		15. KIND OF BUSINESS/INDUSTRY		16. RADIO STATION		17. CITY OR TOWN		18. COUNTY		19. RESIDENCE - STATE		20. KENTUCKY		21. DECEASED'S EDUCATION (Check the box that best describes the highest degree or level of education completed at the time of death.)		22. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (Print, Middle, Last)		23. FATHER'S NAME (Print, Middle, Last)		24. EEL SMALL		25. RELATIONSHIP TO DECEASED		26. ADDRESS (Street and Number, City, State, Zip Code)		27. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		28. GSC CREMATIONS		29. DATE SIGNED (MM/DD/YYYY)		30. KY LICENSE NUMBER		31. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY		32. DATE PREPARED DEAD (MM/DD/YYYY)		33. ACTUAL OR PRELIMINARY TIME OF DEATH		34. WAS MEDICAL EXAMINER OR CORONER CONTACTED?		35. DATE PREPARED DEAD (MM/DD/YYYY)		36. DATE PREPARED DEAD (MM/DD/YYYY)		37. DATE PREPARED DEAD (MM/DD/YYYY)		38. DATE PREPARED DEAD (MM/DD/YYYY)		39. DATE PREPARED DEAD (MM/DD/YYYY)		40. DATE PREPARED DEAD (MM/DD/YYYY)		41. DATE PREPARED DEAD (MM/DD/YYYY)		42. DATE PREPARED DEAD (MM/DD/YYYY)		43. DATE PREPARED DEAD (MM/DD/YYYY)		44. DATE PREPARED DEAD (MM/DD/YYYY)		45. DATE PREPARED DEAD (MM/DD/YYYY)		46. DATE PREPARED DEAD (MM/DD/YYYY)		47. DATE PREPARED DEAD (MM/DD/YYYY)		48. DATE PREPARED DEAD (MM/DD/YYYY)		49. DATE PREPARED DEAD (MM/DD/YYYY)		50. DATE PREPARED DEAD (MM/DD/YYYY)		51. DATE PREPARED DEAD (MM/DD/YYYY)		52. DATE PREPARED DEAD (MM/DD/YYYY)		53. DATE PREPARED DEAD (MM/DD/YYYY)		54. DATE PREPARED DEAD (MM/DD/YYYY)		55. DATE PREPARED DEAD (MM/DD/YYYY)		56. DATE PREPARED DEAD (MM/DD/YYYY)		57. DATE PREPARED DEAD (MM/DD/YYYY)		58. DATE PREPARED DEAD (MM/DD/YYYY)		59. DATE PREPARED DEAD (MM/DD/YYYY)		60. DATE PREPARED DEAD (MM/DD/YYYY)		61. DATE PREPARED DEAD (MM/DD/YYYY)		62. DATE PREPARED DEAD (MM/DD/YYYY)		63. DATE PREPARED DEAD (MM/DD/YYYY)		64. DATE PREPARED DEAD (MM/DD/YYYY)		65. DATE PREPARED DEAD (MM/DD/YYYY)		66. DATE PREPARED DEAD (MM/DD/YYYY)		67. DATE PREPARED DEAD (MM/DD/YYYY)		68. DATE PREPARED DEAD (MM/DD/YYYY)		69. DATE PREPARED DEAD (MM/DD/YYYY)		70. DATE PREPARED DEAD (MM/DD/YYYY)		71. DATE PREPARED DEAD (MM/DD/YYYY)		72. DATE PREPARED DEAD (MM/DD/YYYY)		73. DATE PREPARED DEAD (MM/DD/YYYY)		74. DATE PREPARED DEAD (MM/DD/YYYY)		75. DATE PREPARED DEAD (MM/DD/YYYY)		76. DATE PREPARED DEAD (MM/DD/YYYY)		77. DATE PREPARED DEAD (MM/DD/YYYY)		78. DATE PREPARED DEAD (MM/DD/YYYY)		79. DATE PREPARED DEAD (MM/DD/YYYY)		80. DATE PREPARED DEAD (MM/DD/YYYY)		81. DATE PREPARED DEAD (MM/DD/YYYY)		82. DATE PREPARED DEAD (MM/DD/YYYY)		83. DATE PREPARED DEAD (MM/DD/YYYY)		84. DATE PREPARED DEAD (MM/DD/YYYY)		85. DATE PREPARED DEAD (MM/DD/YYYY)		86. DATE PREPARED DEAD (MM/DD/YYYY)		87. DATE PREPARED DEAD (MM/DD/YYYY)		88. DATE PREPARED DEAD (MM/DD/YYYY)		89. DATE PREPARED DEAD (MM/DD/YYYY)		90. DATE PREPARED DEAD (MM/DD/YYYY)		91. DATE PREPARED DEAD (MM/DD/YYYY)		92. DATE PREPARED DEAD (MM/DD/YYYY)		93. DATE PREPARED DEAD (MM/DD/YYYY)		94. DATE PREPARED DEAD (MM/DD/YYYY)		95. DATE PREPARED DEAD (MM/DD/YYYY)		96. DATE PREPARED DEAD (MM/DD/YYYY)		97. DATE PREPARED DEAD (MM/DD/YYYY)		98. DATE PREPARED DEAD (MM/DD/YYYY)		99. DATE PREPARED DEAD (MM/DD/YYYY)		100. DATE PREPARED DEAD (MM/DD/YYYY)	
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To Be Completed By: Medical Certifier

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

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)

State Registrar

DOCUMENT CONTAINS A WATERMARK - HOLD UP TO LIGHT TO VIEW





ORDER PROBATING WILL AND
APPOINTING EXECUTOR/EXECUTRIX

Case No. 21-P-00037
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 _____.

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. Evans
Petitioner's OR Attorney's Signature

ENTERED 02-3-21
ATTEST: LORETTA CRADY, CLERK
HARDIN CO. DIST. COURT
BY [Signature] D.C.
Copies to: R. Mobley
Clerk 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: _____, 2_____. Clerk

By: _____ STATE OF KY., COUNTY OF HARDIN
CERTIFIES IS A TRUE COPY OF
RECORD IN CASE # 21-P-00037
THIS 29 DAY OF FEB, 2021
LORETTA CRADY, CLERK
HARDIN CO. DIST. COURT
BY: [Signature] 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 fee.