

IN THE CIRCUIT COURT FOR SUMNER COUNTY, TENNESSEE
AT GALLATIN

DEBBIE ANN BOLTON, surviving child)
of Decedent Ruth Clara Summers,)

Plaintiff,)

v.)

GALLATIN CENTER FOR)
REHABILITATION & HEALING, LLC,)

Defendant.)

HEALTH CARE LIABILITY

CASE NO. 83CC1-2020-CV-613

FILED
1:47 P M

JURY DEMAND

JUL 08 2020

COMPLAINT

KATHRYN STRONG, CLERK
BY MB D.C.

Plaintiff, Debbie Ann Bolton, brings this Complaint against Defendant, Gallatin Center For Rehabilitation & Healing, LLC, for the wrongful death of her mother, Ruth Clara Summers, and states to this Court the following facts in support of her claim:

1. Plaintiff resides at 154 Ralls Street, Gallatin, Tennessee. She is the surviving daughter of Ruth Clara Summers. Ms. Summers was a resident at Defendant's nursing home when she was exposed to COVID-19. On March 29, 2020, Ms. Summers died from COVID-19 infection while she was a patient at Sumner Regional Medical Center. She was 89 years old.

2. Defendant is a for-profit corporation that owns and operates a nursing home with 207 licensed beds at 438 North Water Avenue in Gallatin, Tennessee. Defendant has a corporate office in New Jersey. It may be served

through Registered Agent, Corporate Creations Network, Inc., located at 205 Powell Place, Brentwood, Tennessee 37027-7522.

3. Jurisdiction and venue are proper in this Court because the cause of action accrued in Sumner County.

4. Plaintiff complied with Tenn. Code Ann. § 29-26-121. She mailed Pre-Suit Notice to Defendant at least sixty (60) days prior to filing this Complaint. A copy of the Affidavit of P. Michele Mize, Certificate of Mailing, and Pre-Suit Notice are attached collectively as Exhibit A. Plaintiff filed a Certificate of Good Faith with this Complaint in conformity with Tenn. Code Ann. § 29-26-122.

5. On April 19, 2019, Defendant admitted Ms. Summers to its nursing home for provision of long-term health care. Ms. Summers required care for chronic obstructive pulmonary disease and mild dementia.

6. On July 30, 2019, Dr. Hooper performs rounds and does not chart any new problems for Ms. Summers.

7. On October 26, 2019, Dr. Hooper performs rounds at Defendant's nursing home and notes that Ms. Summers was treated for upper respiratory infection, but he does not chart any additional problems.

8. On January 21, 2020, Dr. Hooper performs rounds at Defendant's nursing home and notes that Ms. Summers had bronchitis.

9. On January 31, 2020, Secretary Azar of Health and Human Services declares a public health emergency in response to COVID-19.

10. On March 1, 2020, Governor Bill Lee publicly confirms the first case of COVID-19 in Tennessee.

11. On March 12, 2020, Governor Bill Lee declares a state of emergency to deal with COVID-19. Defendant then closes its nursing home to visitors.

12. On March 21, 2020, Ms. Summers tells Ms. Bolton over the phone that she is not feeling well and worries that Defendant's staff is not taking her respiratory symptoms seriously.

13. On March 23, 2020 around 13:25, Ms. Summers is found lying on the floor between the wheelchair and bed. Ms. Summers is put back in bed. Around 20:00, Ms. Summers is found lying on floor again with her head on a pillow. Bactrim DS is ordered for upper respiratory infection.

14. Between March 23rd to March 25th, staff move Ms. Summers from Room 214A to Room 419. Ms. Summers' roommate in Room 214A was Ms. Dorothy Craighead who later tests positive for COVID-19.

15. On March 24, 2020 at 11:17, Nurse Willis calls Avalon Hospice to verify Bactrim DS for upper respiratory infection. At 17:49, a nurse with Avalon Hospice examines Ms. Summers at Defendant's nursing home. The nurse then phones Ms. Bolton to inform her that Ms. Summers has a severe

upper respiratory infection and that her lungs sound horrible. Ms. Bolton calls Defendant's staff to inquire whether Ms. Summers needs testing for COVID-19.

16. On March 25, 2020 at 14:32, Defendant's staff call 911 because Ms. Summers is experiencing fever, cough, and shortness of breath. EMS arrives at 14:55. Ms. Summers is taken by ambulance to the ER at Sumner Regional Medical Center.

17. While in the ER, Dr. John Pinkston notes that Ms. Summers has complaints consistent with COVID-19, and isolation precautions are started. Ms. Summers has severe respiratory symptoms and is transferred to CCU.

18. On March 26, 2020, Ms. Summers has shallow respirations and difficulty breathing.

19. On March 27, 2020, lab tests in the hospital confirm that Ms. Summers has COVID-19. Dr. King has to put a tube down Ms. Summers' throat and into her windpipe to get more air in her lungs (intubation) and places her on a ventilator.

20. On March 28, 2020, Ms. Summers' respiratory condition deteriorates further.

21. On March 29, 2020, Dr. Donovan informs Ms. Bolton that the prognosis for Ms. Summers is grim. Ms. Summers is pronounced dead in the hospital at 16:29 due to COVID-19 infection. She dies without any family

present because she was in quarantine. The Death Certificate is attached as Exhibit B.

COUNT I – GROSS NEGLIGENCE

22. Defendant's staff negligently moved residents who had symptoms consistent with COVID-19 from room to room throughout the nursing home. Ms. Summers was one of those residents who was moved. Defendant should have left those residents in their room and thereby making it an isolation room.

23. Defendant's staff negligently moved residents whose symptoms were consistent with COVID-19 in close proximity to other residents who had no symptoms.

24. Defendant's staff negligently failed to place masks on residents while they were moved from room to room. Ms. Summers was one of those residents.

25. Defendant's staff negligently failed to keep the doors to isolation rooms closed. Approximately 90% of the doors to isolation rooms were left open.

26. Defendant's staff negligently failed to mandate that its staff keep their masks covered over nose and mouth.

27. Defendant's staff negligently failed to place the residents, who needed dialysis three times per week, on a 14-day quarantine after they had returned to the nursing home. Defendant knew or should have known these

residents who needed dialysis were exposed to other patients outside of the nursing home who may be infected with COVID-19.

28. Defendant negligently failed to require fit testing before use of N95 masks. A fit test tests the seal between the N95 mask and face. The purpose of the fit test is to assure that the mask fits and seals properly so contaminated air cannot leak in or out of the mask. About 15-20 minutes are needed to complete the fit test and should be performed when the N95 mask is first used.

29. Defendant owed Ms. Summers a direct independent duty to provide the care, protection, and attention provided by other nursing homes in similar communities. Defendant breached that duty in multiple ways which led to COVID-19 infection and death of Ms. Summers.

30. Defendant negligently allowed its nurses to eat on top of the medication cart in the hallway. Defendant knew or should have known eating on medication carts can spread COVID-19.

31. Defendant negligently failed to treat the premises for cockroaches in the kitchen and hallways.

32. Defendant negligently allowed several staff to work who had symptoms consistent with COVID-19. Defendant knew or should have known allowing staff to work who had symptoms consistent with COVID-19 can spread the virus.

33. Defendant negligently failed to require staff to wash their hands after caring for each resident. Staff were observed not using hand sanitizer when they would come out of resident's rooms. Defendant knew or should have known this could spread COVID-19.

34. Defendant knew their activity director and another member of the staff member had traveled to New York City on March 2, 2020, but negligently failed to place them on 14-day quarantine before allowing them to return to work. At that time, Defendant knew or should have known that New York City was the epicenter of the COVID-19 infection in America.

35. Defendant negligently failed to procure and supply appropriate personal protective equipment ("PPE") for all its staff to use in the nursing home. Defendant knew or should have known proper PPE can prevent the spread of COVID-19. Moreover, Defendant had sufficient time in advance to obtain adequate supplies of PPE.

36. Defendant negligently failed to enforce consistent use of proper PPE by all its staff. Defendant knew or should have known proper PPE can prevent the spread of COVID-19. Furthermore, Defendant knew or should have known that enforcement was the key to consistent use of PPE.

37. Defendant negligently failed to suspend the admission of residents from Sumner Regional Medical Center who had pneumonia of unknown origin. These residents were not tested for COVID-19 prior to their admission to

Defendant's nursing home. Defendant knew or should have known patients with pneumonia of unknown origin risk exposure of COVID-19 in the nursing home.

38. Defendant negligently failed to require completion of questionnaires at the front desk by all of its staff and all family members. Defendant knew or should have known that completion of questionnaires was integral to discovering whether asymptomatic staff and families were potential sources of COVID-19 exposure prior to contact with residents.

39. Defendant failed to have an infrared forehead thermometer that worked properly. This thermometer was used to check for elevated temperatures of the staff. Several staff reported that this thermometer was erroneously recording temperatures below their true body temperature. Nevertheless, Defendant continued to use the same thermometer. Defendant relied heavily on this defective thermometer to detect elevated temperatures. Defendant knew or should have known that their thermometer had to be accurate at all times.

40. Defendant negligently allowed continued use of a biometric time clock without enforcement of sanitary measures. According to the Centers for Disease Control and Prevention, a person can be exposed to COVID-19 by touching a surface that has the virus on it. Use of the biometric clock requires all staff to place their fingers on a contaminated surface twice per day

in order to record the times they checked in and checked out from work. Defendant's management knew the surface of the biometric time clock was a potential source of COVID-19 exposure and was not being cleaned after each use.

41. Defendant's administrator negligently held daily departmental staff meetings where there was no social distancing. Defendant knew or should have known lack of social distancing during these meetings could spread COVID-19.

42. Defendant's conduct in whole or in part constitutes gross negligence which led to COVID-19 infection and death of Ms. Summers.

II. RECKLESSNESS

43. This is an egregious case. Defendant's management recklessly exposed Ms. Summers and other residents to COVID-19. Defendant's management was aware of but consciously disregarded a substantial and unjustifiable risk of COVID-19 exposure such that its disregard constitutes a gross deviation from the standard of care that an ordinary person would exercise under all the circumstances.

44. On April 22, 2020, Tennessee's COVID-19 Unified-Command Group reports one hundred and sixty-one (161) confirmed cases of COVID-19 at Defendant's nursing home. Since that date, more residents and staff became

infected with COVID-19 at Defendant's nursing home. Several residents have died due to COVID-19 exposure at Defendant's nursing home.

45. Members of Defendant's management knew or suspected that residents at the nursing home had been exposed to COVID-19. Nevertheless, they attempted to cover it up by concealing facts about the exposure not only from families of residents but also from the staff. Punitive damages are necessary in this case as a means of deterring this kind of reckless nursing home care in the future.

46. Ms. Summers died alone without her family. She endured a tragic and painful death. She incurred significant medical expenses for hospital care and treatment that must be repaid to the taxpayers. Ms. Bolton lost the consortium of her mother and seeks all damages allowed by Tennessee's wrongful death statute.

47. Ms. Bolton's claim accrued before Governor Lee signed Executive Order #53 on July 1, 2020. Retrospective application of that Executive Order or subsequent legislation would violate Article I, Section 20 of the Tennessee Constitution and therefore unconstitutional. *See Doe v. Sundquist*, 2 S.W.3d 919, 907 (Tenn. 1999).

WHEREFORE, Ms. Bolton requests compensatory damages in an amount set by the Court because all life is precious. She also requests punitive

damages in an amount set by the Court to deter similar reckless misconduct in the future.

Respectfully Submitted,

THE KELLY FIRM



F. Dulin Kelly, BPR No. 04085
Clinton L. Kelly, BPR No. 16171
629 East Main Street
Hendersonville, Tennessee 37075
Telephone: 615-800-0000
Facsimile: 615-824-2674
dulin@kellyfirm.net
clint@kellyfirm.net
Attorneys for Plaintiff

DISCOVERY SERVED WITH COMPLAINT

IN THE CIRCUIT COURT FOR SUMNER COUNTY, TENNESSEE
AT GALLATIN

DEBBIE ANN BOLTON, surviving child)
of Decedent Ruth Clara Summers,)

Plaintiff,)

v.)

GALLATIN CENTER FOR)
REHABILITATION & HEALING, LLC,)

Defendant.)

HEALTH CARE LIABILITY

CASE NO. 83CC1-2020-CV-613

JURY DEMAND

AFFIDAVIT OF SERVICE VIA CERTIFIED MAIL

I, P. Michele Mize, being first duly sworn, hereby affirm that I am an adult citizen of the State of Tennessee over the age of eighteen (18), competent to make the statements contained in this Affidavit. I am employed as Senior Paralegal by THE KELLY FIRM. On April 3, 2020, I served the attached Notices of Claim pursuant to TCA 29-26-122 with the enclosures thereto, via U.S. Postal Service Certified Mail, Return Receipt requested, upon:

Corporate Creations Network, Inc.
Agent for Gallatin Center for
Rehabilitation and Healing, LLC
205 Powell Place
Brentwood, TN 37027-7522

Gallatin Center for Rehabilitation
and Healing, LLC
438 North Water Ave.
Gallatin, TN 37066

FILED

1:47 PM

JUL 08 2020

Gallatin Center for Rehabilitation
and Healing, LLC
36 Airport Rd. Suite 201
Lakewood, NJ 08701-7034

KATHRYN STRONG, CLERK
BY MB D.C.

as witness the attached USPS Certificates of Mailing and Return Receipt stamped/labeled "Received", Article/tracking number 70191640000134481764 on April 6, 2020; labeled "Refused", Article/tracking number

EXHIBIT

A

70191640000134481757, and "Delivered", Article/tracking number
70191640000134481771.

Further The Affiant Sayeth Not.


P. Michele Mize, Affiant

STATE OF TENNESSEE)

COUNTY OF SUMNER)

Sworn and subscribed before me by P. Michele Mize, to me personally
known, in the County and State above shown, as witness my hand and seal at
Hendersonville, Tennessee this 8th day of July, 2020:


NOTARY PUBLIC

My Commission expires: _____



ATTORNEYS

OT† F. DULIN KELLY
dulin@kellyfirm.net
O† CLINTON L. KELLY
clint@kellyfirm.net



PARALEGALS

P. MICHELE MIZE
APRIL WHITE
SHEILA TERRY

629 East Main Street • Hendersonville, Tennessee 37075
(615) 800-0000 • FAX: (615) 824-2674
www.kellyfirm.net

April 2, 2020

VIA USPS CERTIFIED, RETURN RECEIPT

**Gallatin Center for Rehabilitation and
Healing, LLC**
36 Airport Rd.
Suite 201
Lakewood, NJ 08701-7034

Corporate Creations Network, Inc.
Agent for Gallatin Center for Rehabilitation
and Healing, LLC
205 Powell Place
Brentwood, TN 37027-7522

**Gallatin Center for Rehabilitation and
Healing, LLC**
438 North Water Ave.
Gallatin, TN 37066

Re: Pre-suit Notice of Health Care Liability Claim

Patient: Clara Ruth Summers
Date of birth: 03/25/31
Date of death: 03/29/20

**Name and address of claimant authorizing this notice and relationship to
patient:**

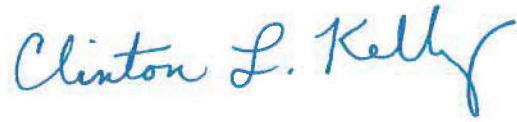
Claimant: Debbie Ann George Bolton
Relationship: Daughter of Clara Ruth Summers
Address: 154 Ralls Street, Gallatin, TN 37066

Name and address of attorney sending this notice:

Clinton L. Kelly, Esq.
The Kelly Firm
629 East Main Street
Hendersonville, TN 37075

I represent Debbie Bolton who is the claimant authorizing this pre-suit notice pursuant to Tenn. Code Ann. § 29-26-121. Please forward this notice to your professional liability insurance carrier and attorney.

Sincerely,

A handwritten signature in blue ink that reads "Clinton L. Kelly". The signature is written in a cursive, flowing style.

Clinton L. Kelly

**LIST OF NAMES AND ADDRESSES OF ALL HEALTH CARE PROVIDERS
TO WHOM THIS PRE-SUIT NOTICE WAS SENT**

Gallatin Center for Rehabilitation and Healing, LLC

36 Airport Rd.

Suite 201

Lakewood, NJ 08701-7034

Gallatin Center for Rehabilitation and Healing, LLC

438 North Water Ave.

Gallatin, TN 37066

Corporate Creations Network, Inc.

Agent for Gallatin Center for Rehabilitation and Healing, LLC

205 Powell Place

Brentwood, TN 37027-7522

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

BRENTWOOD, TN 37027

Certified Mail Fee \$3.55
 \$2.88
 Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.55

Corporate Creations Network, Inc.

Agent for Gallatin Center for
 Rehabilitation and Healing, LLC
 205 Powell Place
 Brentwood, TN 37027-7522

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



Certificate Of Mailing

This Certificate
 This is for

From:

The Kelly Firm Trial Lawyers
 Attn: Sheila Terry
 629 East Main Street
 Hendersonville, TN 37075

To: **Corporate Creations Network, Inc.**
 Agent for Gallatin Center for
 Rehabilitation and Healing, LLC
 205 Powell Place
 Brentwood, TN 37027-7522

U.S. POSTAGE PAID
 HENDERSONVILLE, TN
 37075
 APR 03, 20
 AMOUNT
\$1.50
 R2305K1 40079-24

PS Form 3817, April 2007 PSN 7530-02-000-9065

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Corporate Creations Network, Inc.
 Agent for Gallatin Center for
 Rehabilitation and Healing, LLC
 205 Powell Place
 Brentwood, TN 37027-7522



9590 9402 5035 9092 3331 18

2. Article Number (Transfer from carrier label)

7019 1640 0001 3448 1764

COMPLETE THIS SECTION ON DELIVERY

A. Signature

R Connally

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

7019 1491 0001 3448 1757

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GALLATIN, TN 37066

Certified Mail Fee	\$3.55
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.55
Total	\$4.10

Gallatin Center for Rehabilitation and Healing, LLC
438 North Water Ave.
Gallatin, TN 37066

Postmark Here
APR -3 2020
1075-9998

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



This is
This is
From

Certificate Of M

The Kelly Firm Trial Lawyers
Attn: Sheila Terry
629 East Main Street
Hendersonville, TN 37075

To: Gallatin Center for Rehabilitation and Healing, LLC
438 North Water Ave.
Gallatin, TN 37066

U.S. POSTAGE PAID
HENDERSONVILLE, TN
37075
APR 03 20
AMOUNT
\$1.50
R2305K140079-24



629 East Main Street • Hendersonville, Tennessee 37075

CERTIFIED MAIL



7019 1640 0001 3448 1757



1000



37066

U.S. POSTAGE PAID
FROM LETTER
HENDERSONVILLE, TN
37075
APR 03, 20
AMOUNT

\$6.95
R2305K140079-24

Refused

RETURN RECEIPT
REQUESTED



Gallatin Center for Rehabilitation and
Healing, LLC
438 North
Gallatin, T

37065-2399
VAC

NIXIE 372 DE 1 6634/03/20
RETURN TO SENDER
VACANT
UNABLE TO FORWARD
SC: 37075250529 1359-01397-03-42

7530-02-000-9047

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LAKWOOD, NJ 08701

Certified Mail Fee	\$3.55	0075
Extra Services & Fees (check box, add fee as appropriate)		24
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.55	
Total	\$6.85	
Sent To	Gallatin Center for Rehabilitation	
Street	and Healing, LLC	
City, S	36 Airport Rd.	
	Suite 201	
	Lakewood, NJ 08701-7034	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



Certificate Of Mail

Th
Th
Fr

The Kelly Firm Trial Lawyers
Attn: Sheila Terry
629 East Main Street
Hendersonville, TN 37075

To: **Gallatin Center for Rehabilitation
and Healing, LLC**
36 Airport Rd.
Suite 201
Lakewood, NJ 08701-7034

PS Form 3817, April 2007 PSN 7530-02-000-9065

U.S. POSTAGE PAID
HENDERSONVILLE, TN
37075
APR 03 20
AMOUNT
\$1.50
R2305K140079-24

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Tracking Number: 70191640000134481771

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Your item was delivered to an individual at the address at 9:27 am on April 20, 2020 in LAKEWOOD, NJ 08701.

 **Delivered**

April 20, 2020 at 9:27 am
Delivered, Left with Individual
LAKEWOOD, NJ 08701

Feedback

Tracking History



April 20, 2020, 9:27 am

Delivered, Left with Individual
LAKEWOOD, NJ 08701

Your item was delivered to an individual at the address at 9:27 am on April 20, 2020 in LAKEWOOD, NJ 08701.

April 6, 2020, 9:34 am

Notice Left (No Authorized Recipient Available)
LAKEWOOD, NJ 08701

April 6, 2020, 3:46 am

Arrived at Unit
LAKEWOOD, NJ 08701

April 5, 2020, 7:42 pm

Departed USPS Regional Destination Facility
TRENTON NJ DISTRIBUTION CENTER

April 5, 2020, 8:58 am

Arrived at USPS Regional Destination Facility
TRENTON NJ DISTRIBUTION CENTER

April 4, 2020

In Transit to Next Facility

April 3, 2020, 11:24 pm

Departed USPS Regional Origin Facility
NASHVILLE TN DISTRIBUTION CENTER

April 3, 2020, 9:10 pm

Arrived at USPS Regional Origin Facility
NASHVILLE TN DISTRIBUTION CENTER

April 3, 2020, 8:36 am

USPS in possession of item
HENDERSONVILLE, TN 37075

Feedback

Product Information



See Less

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FAQs

STATE OF TENNESSEE

Office of Vital Records



TENNESSEE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER 2020 019941

1. Decedent's Legal Name CLARA RUTH SUMMERS				2. Sex FEMALE	3. Date of Death 03/29/2020
4. Time of Death (Approx.) 04:29 PM	5a. Age 89	5. Date of Birth 03/25/1931	7. Birthplace ORLINDA TN		
6a. Place of Death INPATIENT					
6b. Facility Name SUMNER REGIONAL MEDICAL CENTER		6c. City or Town GALLATIN		6d. County of Death SUMNER	
8. Marital Status WIDOWED	10. Surviving Spouse (name prior to first marriage)		11a. Decedent's Usual Occupation HOMEMAKER		11b. Kind of Business/Industry OWN HOME
12. Social Security Number [REDACTED]	13a. Residence-State or Foreign Country TENNESSEE		13b. County SUMNER		13c. City or Town GALLATIN
13d. Street and Number 306 WEST SCHELL STREET	13e. Inside City Limits? YES		13f. Zip Code 37066	14. Was Decedent ever in US Armed Forces? NO	
15. Decedent's Education 8TH GRADE OR LESS		16. Decedent of Hispanic Origin? NO, NOT SPANISH/SPANIC/LATINO		17. Decedent's Race WHITE	
18. Father's Name LOUIS FISHER		19. Mother's Name Prior to First Marriage CLARA HESTER			
20a. Informant's Name DEBBIE BOLTON		20b. Relationship to Decedent DAUGHTER		20c. Mailing Address 154 RALLS STREET, GALLATIN, TN 37066	
21a. Method of Disposition BURIAL		21b. Place of Disposition HALLTOWN CEMETERY		21c. Location PORTLAND, TN	
22a. Signature of Funeral Director /s/ ALEC HOWARD HARDIN		22b. License Number 6305		22c. Signature of Embalmer /s/ Tracey H Bond	
22d. Name and Address of Funeral Home WILKINSON AND WISEMAN FUNERAL HOME INC. 715 SOUTH BROADWAY, PORTLAND, TN 37145-0628		22e. License Number 22		22f. Date Filed 04/08/2020	
23. Certifier 23a. <input checked="" type="checkbox"/> PHYSICIAN - TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, AND PLACE AND DUE TO THE CAUSE(S) AND MANNER STATED. 23b. <input type="checkbox"/> MEDICAL EXAMINER - ON THE BASIS OF EXAMINATION, AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.					
24. Certifier /s/ SEAN THOMAS DONOVAN		25. License Number 050388		26. Date Signed 04/07/2020	
27. Name and Address SEAN THOMAS DONOVAN ANOVA MEDICAL ASSOCIATES 555 HARTSVILLE PIKE GALLATIN TN 37066					
28. Part I. ENTER THE CHAIN OF EVENTS, DISEASES, INJURIES, OR COMPLICATIONS THAT DIRECTLY CAUSED THE DEATH. IF NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. ENTER ONLY ONE CAUSE ON A LINE.					
IMMEDIATE CAUSE (Final disease or condition resulting in death. Sequence of events leading to the cause listed on this line. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death). LAST					
a. COVID 19 VIRUS INFECTION					
b. ACUTE RESPIRATORY FAILURE WITH HYPOXIA					
c.					
d.					
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RESULTING IN THE UNDERLYING CAUSE. GIVEN IN PART I. ACUTE RENAL FAILURE; ATRIAL FIBRILLATION; HYPERTENSION; GASTROESOPHAGEAL REFLUX DISEASE					
29a. Was an Autopsy Performed? NO					
29b. Were Autopsy Findings Available to Complete the Cause of Death?					
30. Manner of Death NATURAL		31. Did Tobacco Use Contribute to Death? NO		32. If Female: NOT PREGNANT WITHIN PAST YEAR	
33. If Transportation Injury, Specify		34a. Date of Injury	34b. Time of Injury	34c. Injury at Work?	34d. Place of Injury
		34e. Describe How Injury Occurred		34f. Location of Injury	

FILED
1:47 PM
JUL 08 2020
KATHRYN STRONG, CLERK
D.C.

**EXHIBIT
B**

12321642

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

Edward G. Bishop III *Lisa Piercey*

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

Date Issued: Apr-08-2020



CERTIFICATION OF VITAL RECORD

