

Request to Relocate Graves

Durham County Board of Commissioners,

My name is John Gregory Upchurch. I own parcel 0779-57-5073, located in Durham County at 3104 Carpenter Pond Rd ("Upchurch Property"). The Upchurch Property has been owned and farmed by my family since 1986. After my father's passing in 2000, the Upchurch Property transitioned to income-producing forestland. My mother, Mary F. Upchurch, died on January 19, 2017. I inherited the Upchurch Property from my mother at that time per her last will and testament. Exhibit G documents my ownership of the Upchurch Property.

Pursuant to N.C.G.S. 65-106, I'm requesting approval to relocate the graves of Otis Emory (1916-1925) and Coolidge Emory (1925-1926), children of B.F. and Pearl Emory, from the Upchurch Property to Woodlawn Memorial Park, per all applicable provisions of said statute. Otis and Coolidge are buried approximately one hundred and seventy-five feet (175') north-northwest of Astor Hill Dr. & Carpenter Pond Rd. in two marked graves. Exhibit B includes a vicinity map and a detailed map showing the approximate location of the marked graves ("Emory Cemetery"). Over the years, the graves in Emory Cemetery have become sunken, overgrown, and difficult to access. The cemetery has also been the target of recent vandalism.

I want to relocate Otis and Coolidge Emory's graves to Woodlawn Memorial Park to make access safer, protect them from further vandalism, provide for their perpetual care, and reunite the brothers with five of their siblings. Everstory Partners (formerly StoneMor Inc.) owns Woodlawn Memorial Park and will be responsible for the perpetual care of the graves.

I do not know for sure, but I suspect there are three additional graves near Otis and Coolidge Emory: the graves of their parents, B.F. and Pearl Emory, and their grandmother, Louella Emory. These three probable graves are unmarked, and their exact locations are unknown. Relocating Otis and Coolidge Emory will allow us to search for and find the lost graves of B.F. and Pearl Emory and reunite them with seven of their children in Woodlawn. Exhibit C includes records of all known and probable graves in Emory Cemetery.

I contacted the next of kin via certified mail and email and informed them of my intent to relocate the graves. Every family member who responded to me supported relocating the graves to Woodlawn Memorial Park. They all indicated they want their grandparents reunited with their uncles and aunts. Exhibit A contains a letter of the family's support for relocating the graves.

Pursuant to N.C.G.S. 65-106(d), I notified next of kin via certified mail of my intent to relocate graves from the Upchurch Property to Woodlawn Memorial Park (Exhibit E). I also published notice of my intent to relocate the graves in both Durham and Wake counties for four consecutive weeks via the Herald-Sun and the News and Observer (Exhibit F). Additionally, I understand that I am responsible for all expenses of disinterment, removal, and acquisition of the new burial sites and reinterment, including the actual reasonable expense of one of the next of kin incurred in attending the same. I informed the Emory family of my obligation and their entitlement.

Furthermore, on August 24, 2023, I met with the Emory family at Woodlawn Memorial Park to review multiple reinterment options and locations (Exhibit A). Based on the family's preference, I purchased five adjacent graves suitable for holding the relocated remains (Exhibit H).

In addition to the provisions of N.C.G.S. 65-106, I informed the Emory family that I intend to preserve their connection to the Upchurch Property by constructing a small memorial garden and dedicating a permanent marker in memory of the Emory family. I also intend to dedicate a permanent marker in memory of my mother, Mary Frances Upchurch (1942-2017). An easement deed will be created and registered with Durham County following the construction of the garden.

September 3, 2023

Durham County Board of Commissioners,

My name is Otho Brack Emory, Jr. I am the eldest of five siblings and the son of Otho Brack Emory, Sr. B.F. and Pearl Emory were my father's parents and my grandparents. Otis and Coolidge Emory were my father's brothers and my uncles. Otis and Coolidge were unmarried and died during childhood. My father, his parents, and all of my father's siblings and their spouses have passed away. The grandchildren of B.F. and Pearl Emory are their closest living relatives.

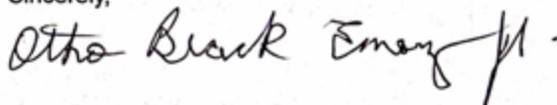
John Upchurch contacted me several months ago to ask for permission to move graves from his property to Woodlawn Memorial Park. The graves include the marked graves of my uncles Otis and Coolidge Emory and the probable graves of my grandparents, B.F. and Pearl Emory, and my great-grandmother, Louella Emory. John explained that he would like to do some construction near the graves. He also explained that he would cover the total cost of moving the graves. He assured me that there would be no cost to the Emory family. John also offered to reimburse travel expenses for my family to attend the reburial.

John thoroughly researched my family and discovered that most of my aunts and uncles are buried in Woodlawn Memorial Park. Moving the graves from his property to Woodlawn will reunite my grandparents with most of their children. My wife and I met with John at Woodlawn on August 24, 2023, to inspect the space where he wants to reinter the remains. We feel the location is suitable.

My wife and I would like my grandparents and the aunts and uncles buried together in one place where they will be perpetually cared for and easy to access. My wife and I talked to my younger siblings and no one objected to moving the graves.

It is okay with us for John to move the graves to Woodlawn. I am willing to sign any application or permit needed to move the graves.

Sincerely,

A handwritten signature in black ink that reads "Otho Brack Emory, Jr." with a stylized flourish at the end.

Otho Brack Emory, Jr.

Exhibit B - Emory Cemetery - Location

Emory Cemetery is located at the site of two marked graves, approximately one hundred and seventy-five feet (175') north-northwest of Astor Hill Dr & Carpenter Pond Rd in Durham, NC. The map below indicates the vicinity of the Upchurch Property and the approximate location of Emory Cemetery.



Exhibit B - Emory Cemetery - Location

The map below provides additional detail for locating the Emory Cemetery on the Upchurch Property.

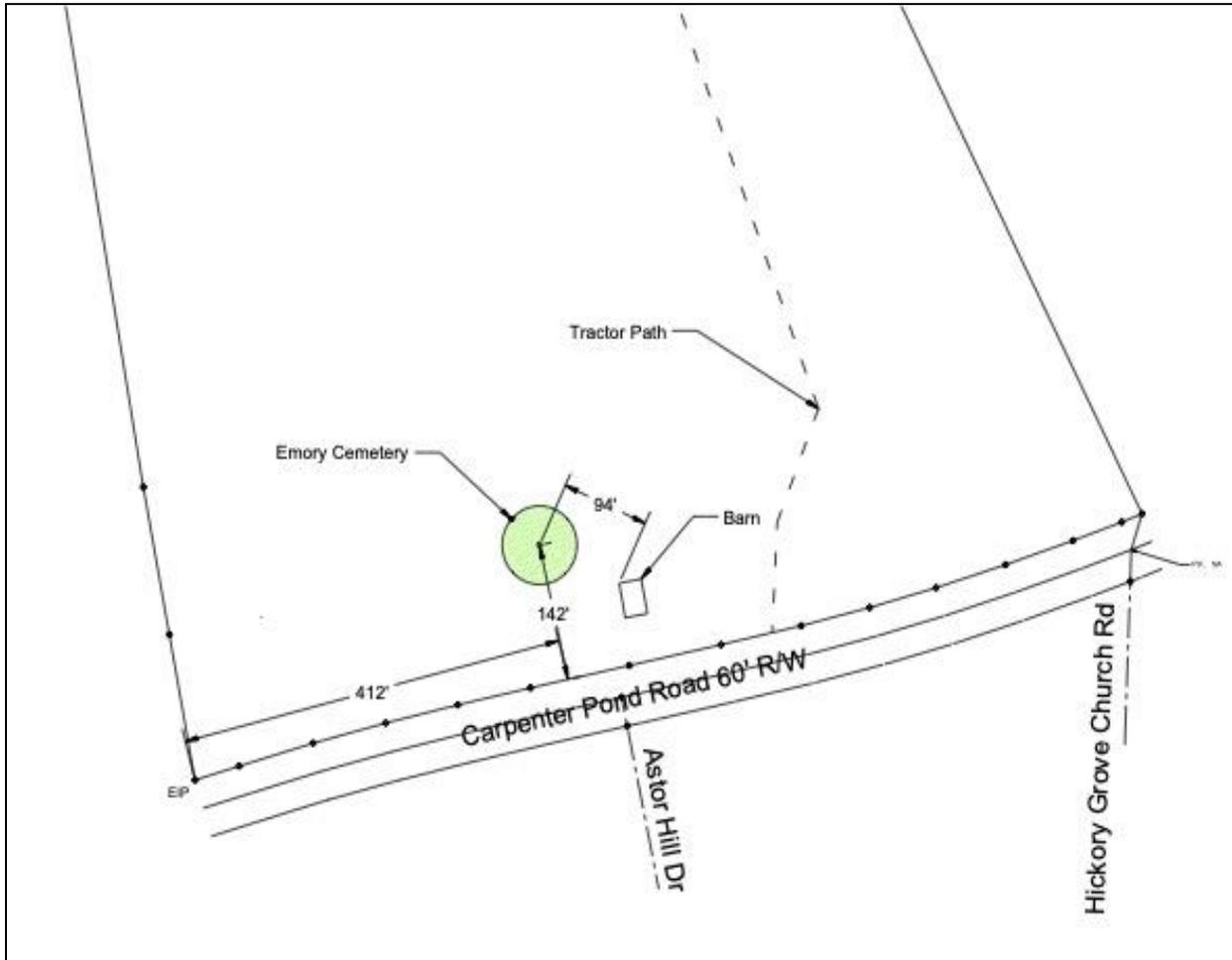


Exhibit C - Emory Cemetery - Interred

B.F. and Pearl Emory purchased the land now known as the Upchurch Property in 1919 ("Emory Farm"). Otis Emory (1916-1925), the son of B.F. and Pearl Emory, was the first Emory death and burial recorded on Emory Farm. Otis Emory's grave is marked and is the first of two graves that establish a pattern of home burials and establish the location of Emory Cemetery.

Coolidge Emory (1925-1926), the infant son of B.F. and Pearl Emory, was the second Emory death and burial recorded on Emory Farm. Coolidge Emory's grave is marked and is the second of two graves that establish a pattern of home burials and establish the location of Emory Cemetery.

Two additional deaths occurred before the Emory family lost the Emory Farm to foreclosure in 1936: Louella Emory, B.F. Emory's mother, died in 1935, and B.F. Emory, the family patriarch, died in 1936. Although their death certificates indicate a home burial in Emory Cemetery, their graves are unmarked, and their exact location is unknown.

Following the foreclosure of Emory Farm in 1936, Pearl Emory, the family matriarch, died in 1938. Her death certificate indicates she was buried in Emory Cemetery, but her grave is unmarked, and her exact location is unknown.

Based on physical evidence, death certificate records, and oral history, I believe Emory Cemetery contains the two marked graves of Otis and Coolidge Emory and the probable graves of Louella, B.F., and Pearl Emory. I have found no evidence of other graves either in Emory Cemetery or on the Upchurch Property.

Otis Emory (1916-1925)

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

12

32 STANDARD CERTIFICATE OF DEATH

Registration District No. 3E-540 State N. C. Register No. 9

1 PLACE OF DEATH
 County Durham or Village _____
 Township Carr or Village _____
 City Raleigh, R.F.D. #7 No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Otis Frank Emory 560
 (a) Residence No. Raleigh, R.F.D. #7 St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 9 yrs. 5 mos. 10 ds. How long in U.S. if of foreign birth? 5 yrs. 5 mos. 10 ds.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3 Sex <u>Male</u>	4 Color or Race <u>White</u>	5 Single, Married, Widowed, or Divorced (write the word) <u>single</u>		16 Date of Death (month, day, and year) <u>Sept. 25</u> 19 <u>25</u>	
5a If married, widowed, or divorced Husband of _____ (or) Wife of <u>single</u>				17 I HEREBY CERTIFY, That I attended deceased from <u>Jan.</u> 19 <u>25</u> to <u>Sept. 23</u> 19 <u>25</u> that I last saw him alive on <u>Sept. 25</u> 19 <u>25</u> and that death occurred, on the date stated above, at <u>3:02 p.m.</u>	
6 Date of birth (month, day, and year)				The CAUSE OF DEATH* as follows: <u>Chronic splenitis - The splenitis probably was caused by chronic malaria (5)</u> (duration) <u>2</u> yrs. _____ mos. _____ ds.	
7 Age <u>9</u> yrs. _____ Months _____ Days <u>10</u> If LESS than 1 day, _____ hrs. or _____ min.		8 Occupation of deceased (a) Trade, Profession, or particular kind of work <u>Farming</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Farming</u> (c) Name of employer <u>Business Emory</u>		Contributory (SECONDARY) <u>General malaria & cirrhosis</u> (duration) _____ yrs. <u>2</u> mos. _____ ds.	
9 Birthplace (city or town) <u>Morrisville</u> (State or country) <u>Wake Co</u>				18 Where was disease contracted <u>at home</u> if not at place of death? _____ Did an operation precede death? <u>no</u> Date of _____ Was there an autopsy? <u>no</u>	
10 Name of Father <u>Business Emory</u>				What test confirmed diagnosis? (Signed) <u>R. D. Nichols</u> M.D. .19 (Address) <u>Durham, R.F.D. #8, N.C.</u>	
11 Birthplace of Father (city or town) <u>New Light</u> (State or country) <u>Wake Co. N.C.</u>				*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. (See reverse side for additional space.)	
12 Maiden Name of Mother <u>Paul Penington</u>					
13 Birthplace of Mother (city or town) <u>Grantville</u> (State or country) <u>"</u>				19 Place of Burial, Cremation, or removal <u>Raleigh N.C. Route #7</u> Date of Burial <u>Sept 26 1925</u>	
14 Informant <u>Wm. B. Emory</u> (Address) _____				20 Undertaker <u>M. E. Butts</u> <u>Morrisville, N.C.</u>	
15 Filed <u>9/26</u> 19 <u>25</u> <u>A. D. Martin</u> REGISTRAR					

N. B. - WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Coolidge Emory (1925-1926)

MARGIN RESERVED FOR BINDING

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

470

1 PLACE OF DEATH *Durham* Registration District No. *32-400* State *N.C.* Register No. *5*
 Country *Durham* Township *Carr* or Village _____ City _____ No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Coolidge Emory* (*Coolidge Emory*)
 (a) Residence. No. *3600* St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3 Sex <i>Male</i>	4 Color or Race <i>White</i>	5 Single, Married, Widowed, or Divorced (<i>write the word</i>) <i>Child</i>			16 Date of Death (month, day, and year) <i>7/12</i> 19 <i>26</i>	17 I HEREDY CERTIFY, That <i>I</i> attended deceased from <i>July 12</i> , 19 <i>26</i> , to <i>July 12</i> , 19 <i>26</i> that I last saw <i>h/m</i> alive on <i>July 12</i> , 19 <i>26</i> and that death occurred, on the date stated above, at _____ The CAUSE OF DEATH* was <i>Illness</i> <i>did not see child but once</i> (duration) yrs. mos. <i>3</i> ds. Contributory (SECONDARY) _____ (duration) yrs. mos. ds. 18 Where was disease contracted _____ if not at place of death? _____ Did an operation precede death? <i>no</i> Date of _____ Was there an autopsy? <i>no</i> What test confirmed diagnosis? _____ (Signed) <i>R. P. Nichols</i> M.D. . 19 (Address) <i>Durham, R. # 8, N.C.</i> *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. (See reverse side for additional space.)
6 Date of birth (month, day, and year)					19 Place of Burial, Cremation, or removal <i>Durham Co.</i> Date of Burial <i>7/13</i> 19 <i>26</i> Address _____ 20 Undertaker <i>M. E. Butts</i> Address <i>7 p. 71.0</i>	
7 Age <i>12 mo</i> years Months Days If LESS than 1 day, _____ hrs. or _____ min.						
8 Occupation of deceased (a) Trade, Profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____						
9 Birthplace (city or town) <i>Raleigh R. P. D. # 7</i> (State or country) <i>Durham Co.</i>						
10 Name of Father <i>Bernice Emory</i>						
11 Birthplace of Father (city or town) _____ (State or country) <i>N.C.</i>						
12 Maiden Name of Mother <i>Pearl Pennington</i>						
13 Birthplace of Mother (city or town) _____ (State or country) <i>Durham Co.</i>						
14 Informant <i>E. L. Ferrell</i> (Address) <i>Morrisville-2-N.C.</i>						
15 Filed <i>8/21 1926</i> <i>ND Mast</i> REGISTRAR						

N. B. - WRITE PLAINLY, WITH UNFADING INK. - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Louella Monree Emory (1859-1935)

Mother was an Emory and married an Emory.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B. V. S. Form 8

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

88

1. PLACE OF DEATH
 County Wayne Registration District No. 32-00 Certificate No. 7
 Township Carroll or Village _____
 City _____ No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its Name instead of street and number)
 Length of residence in city or town where death occurred, 16 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Louella Monree Emory
 (a) Residence: No. 116 - Raleigh, N. C. St. _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>		21. DATE OF DEATH (month, day, and year) <u>Nov 16 - 1935</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____				22. I HEREBY CERTIFY, That I attended deceased from <u>Jan 1st 1924 to Nov 1st 1935</u>	
6. DATE OF BIRTH (month, day, and year) _____				I last saw <u>her</u> alive on <u>Nov 1 - 1935</u> , death is said to have occurred on the date stated above, at <u>12</u> m. <u>noon</u>	
7. AGE <u>76</u> Years Months _____ Days _____ If LESS than 1 day, ____ hrs. or ____ min.				The principal cause of death and related causes of importance in order of onset were as follows: <u>Stroke</u> Date of onset <u>1934</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Domestic - 64.00</u>				Contributory causes of importance not related to principal cause: <u>arterio-sclerotic</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>House Work</u>				Name of operation _____ Date of _____	
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____				What test confirmed diagnosis? <u>Pathology</u> Was there an autopsy? <u>Yes</u>	
12. BIRTHPLACE (city or town) _____ (State or country) <u>N.C.</u>				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>none</u> Date of injury _____, 19____	
13. NAME <u>Wm. H. Emory</u>				Where did injury occur? _____ (Specify city or town, county, and State)	
14. BIRTHPLACE (city or town) _____ (State or country) _____				Specify whether injury occurred in industry, in home, or in public place.	
15. MAIDEN NAME <u>Lizzie Emory</u>				Manner of injury _____	
16. BIRTHPLACE (city or town) _____ (State or country) _____				Nature of injury _____	
17. INFORMANT <u>Beverly E. Emory</u> (Address) <u>Raleigh, N.C.</u>				24. Was disease or injury in any way related to occupation of deceased? _____	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Emory</u> Date <u>Nov 16 - 1935</u>				If so, specify _____ (Signed) <u>Wm. H. Emory, M. D.</u> (Address) <u>Raleigh, N.C.</u>	
19. UNDERTAKER <u>General</u> (Address) <u>300 S. Duke, Durham, N.C.</u>					
20. FILED <u>11-16-1935</u> REGISTRAR <u>H. W.</u>					

Bernice Franklin ("B.F.") Emory (1885-1936)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MOTHER FATHER

OCCUPATION

B.V.S.—Form 7

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH 89

1. PLACE OF DEATH
 County Durham Registration District No. 32-00 Certificate No. 1
 Township Carr or Villages _____
 City _____ No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its Name instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Bernice Frank Emory 560
 (a) Residence: No. Durham R. 6 St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>		21. DATE OF DEATH (month, day, and year) <u>Jan 27, 1936</u>	22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Pearl Pennington</u>				I last saw h. alive on _____, 19____, death is said to have occurred on the date stated above, at _____ m.	
6. DATE OF BIRTH (month, day, and year) <u>7</u>				The principal cause of death and related causes of importance in order of onset were as follows.	
7. AGE Years <u>51</u>	Months _____	Days _____	If LESS than 1 day, hrs. or min.	Date of onset <u>Jan 27, 1936</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>				Cardio-Respiratory disease <u>(sudden death)</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>farmer</u>					
10. Date deceased last worked at this occupation (month and year)				Contributory causes of importance not related to principal cause:	
11. Total time (years) spent in this occupation				Name of operation _____ date of _____	
12. BIRTHPLACE (city or town) <u>Durham N.C.</u> <small>(State or country)</small>				What test confirmed diagnosis <u>specimen</u> Was there an autopsy? <u>no</u>	
13. NAME <u>Unknown</u>				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____	
14. BIRTHPLACE (city or town) <u>N.C.</u> <small>(State or country)</small>				Where did injury occur? _____ <small>(Specify city or town, county, and State)</small>	
15. MAIDEN NAME <u>Ella Emory</u>				Specify whether injury occurred in industry, in home, or in public place.	
16. BIRTHPLACE (city or town) <u>N.C.</u> <small>(State or country)</small>				Manner of injury _____	
17. INFORMANT <u>Mrs. Rose Evans</u> <small>(Address) <u>Durham N.C.</u></small>				Nature of injury _____	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Emory cemetery</u> Date <u>1-29</u> , 19 <u>36</u>				24. Was disease or injury in any way related to occupation of deceased? <u>no</u>	
19. UNDERTAKER <u>Frank Home</u> <small>(Address) <u>Durham N.C.</u></small>				If so, specify _____	
20. FILED <u>1-28</u> <u>W. H. Emerson</u> <small>REGISTRAR.</small>				(Signed) <u>W. H. Campbell</u> , M. D. <small>(Address) <u>Durham N.C.</u></small>	

A.W.

Pearl Isadore Emory (1886 - 1938)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

8)

1. PLACE OF DEATH
 County Durham Registration District No. 32-05 Certificate No. 2
 Township Oak Grove or Village _____
 City _____ No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its Name instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Miss Pearl Isadore Emory
 (a) Residence: No. Route no. 6 Durham Ward 60
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>F</u>	4. COLOR OR RACE <u>Wh</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>			21. DATE OF DEATH (month, day, and year) <u>Feb. 27, 1938</u>	
5a. If married, widowed, or divorced HUSBAND or WIFE of <u>B. F. Emory</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>Feb 23, 1938 to Feb 27, 1938</u>		
6. DATE OF BIRTH (month, day, and year) <u>Feb 4 1886</u>				I last saw her alive on <u>Feb 25, 1938</u> death is said to have occurred on the date stated above, at <u>10:30 P.M.</u>		
7. AGE Years <u>52</u> Months _____ Days <u>13</u>	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Domestic</u>			The principal cause of death and related causes of importance in order of onset were as follows: <u>Cerebral hemorrhage</u>		Date of onset <u>2/27/38</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>67-00</u>				Contributory causes of importance not related to principal cause: <u>Cardio-renal disease & hypertension</u>		<u>General Garbage</u>
10. Date deceased last worked at this occupation (month and year)				11. Total time (years) spent in this occupation <u>1/2</u>		
12. BIRTHPLACE (city or town) <u>Wake Co. N.C.</u>				Name of operation _____ date of _____		
13. NAME <u>Brook Pennington</u>				What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>NO</u>		
14. BIRTHPLACE (city or town) <u>Wake Co. N.C.</u>				23. If death was due to external causes (violence) fill in also the following Accident, suicide, or homicide? <u>NO</u> Date of injury _____ 19____		
15. MAIDEN NAME <u>Betty Ann Williams</u>				Where did injury occur? _____ (Specify city or town, county, and State)		
16. BIRTHPLACE (city or town) <u>Wake Co. N.C.</u>				Specify whether injury occurred in industry, in home, or in public place.		
17. INFORMANT <u>Miss J. W. Wilson</u> (Address) <u>Sharon Road</u>				Manner of injury _____ Nature of injury _____		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Emory Burial</u> date <u>Feb. 28, 1938</u>				24. Was disease or injury in any way related to occupation of deceased? _____		
19. UNDERTAKER <u>Howard Eaton Bryan</u> (Address) <u>Durham, N.C.</u>				If so, specify _____ (Signed) <u>R. E. Nicholas</u> M. D. (Address) <u>Durham, N.C.</u>		
20. FILED <u>2-28-1938</u>				REGISTRAR <u>H. U.</u>		

Genealogy data obtained from Ancestry.com and public records.

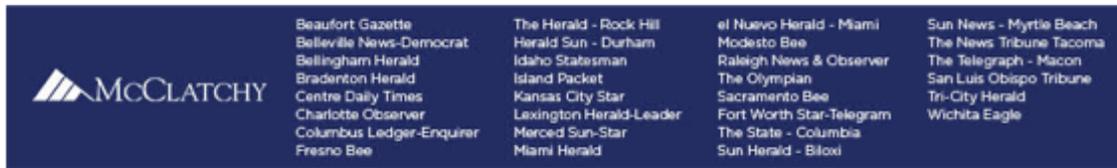
- **Louella Emory*** (1859-1935)
 - **Bernice Franklin Emory*** (1886-1936) - **Pearl Isadore Pennington*** (1886-1938)
 - Wyatt Alvin Emory (1907-1970) - Bessie Helen Lynn (1908-1980)
 - No known children
 - Crayon Horace Emory** (1909-1981) - Maylene Turner** (1919-1993)
 - Archie Franklin Emory (1941-2022)
 - Lynwood Wade Emory (1942-)
 - Ozell Frances Emory** (1912-1976) - John Wesley Wilson** (1900-1976)
 - Margaret Alice Wilson (1935-)
 - Rovell Emory** (1916-1991)
 - No known children
 - **Otis Emory*** (1916-1925)
 - No children
 - Otho Brack Emory (1919-1985) - Ruby Allen Wilson (1925-1999)
 - Otho Brack Emory, Jr. (1947-)
 - James Macon Emory (1950-)
 - Ronald Lee Emory (1953-)
 - Lou Ann Emory (1960-)
 - Franklin Wilson Emory (1963-)
 - Arge Method Emory** (1921-1990) - Evelyn L Ware** (1927-2012)
 - Judith Emory (1948-)
 - Joseph Emory (1954-)
 - Orell Mae Emory** - Leo Carroll**
 - Leon Clayton Carroll (1939-)
 - Charles Monroe Carroll (1941-1983)
 - Pearl Helen Carroll (1944-)
 - Margaret Elizabeth Carroll (1945-)
 - Cary Grant Carroll (1946-)
 - **Coolidge Emory*** (1925 - 1926)
 - No children

*Decedents to be relocated to Woodlawn Memorial Park.

**Decedents that are currently interred at Woodlawn Memorial Park.

Genealogical research revealed that the grandchildren of B.F. and Pearl Emory are their next of kin (Exhibit D). Currently, there are thirteen living grandchildren. I sent notice by certified mail to each of the thirteen of my intent to relocate graves from the Upchurch Property to Woodlawn Memorial Park. I obtained address information for each next of kin from paid online locator services, matching each next of kin on at least three known criteria: married name, maiden name, alias, age, and/or known relatives. U.S.P.S. tracking data indicates that ten of thirteen next of kin (77%) received my notice (see below).

Margaret A Wilson	1307 Castillo Ct Greenville, NC 27834	Tracking Number: 92071901324734001885312675 (Delivered)
Lynwood W Emory	3314 S Alston Ave Durham, NC 27713	Tracking Number: 92071901324734001885312668 (Returned to sender)
Otho Brack Emory Jr.	1426 Moorgate Dr Knoxville, TN 37922	Tracking Number: 92071901324734001885312682 (Delivered)
James M Emory	211 Country Club Rd Livingston, AL 35470	Tracking Number: 92071901324734001885312699 (Delivered)
Ronald Lee Emory	184 Beulah Ln Newport, NC 28570	Tracking Number: 92071901324734001885312705 (Returned to sender)
Lou Ann Emory	2963 Hwy 70 Beaufort, NC 28516	Tracking Number: 92071901324734001885312712 (Delivered)
Franklin W Emory	4460 E Jesse St Gilbert, AZ 85295	Tracking Number: 92071901324734001885312729 (Delivered)
Leon Clayton Carroll	1626 Running Brook Dr Creedmoor, NC 27522	Tracking Number: 92071901324734001885312736 (Returned to sender)
Judith Emory	4302 Berini Dr Durham, NC 27705	Tracking Number: 92071901324734001887161738 (Delivered)
Joseph Emory	3300 Trice Atwater Rd Chapel Hill, NC 27516	Tracking Number: 92071901324734001885312750 (Delivered)
Helen C Carroll	176 Embra Pl Semora, NC 27343	Tracking Number: 92071901324734001885312767 (Delivered)
Margaret E Carroll	3117 Sandy Ct Creedmoor, NC 27522	Tracking Number: 92071901324734001885312774 (Delivered)
Cary Grant Carroll	1618 Gate Number Two Rd Creedmoor, NC 27522	Tracking Number: 92071901324734001885312781 (Delivered)



AFFIDAVIT OF PUBLICATION

Account #	Order Number	Identification	Order PO	Amount	Cols	Depth
130390	454095	Print Legal Ad-IPL01349810 - IPL0134981		\$994.28	2	12 L

Attention: John Upchurch

John Upchurch
207 Kelly West Dr
Apex, NC 27502

john@indiewave.com

Grave Removal

This notice is given to persons having relatives buried in an overgrown cemetery north of Astor Hill Dr & Carpenter Pond Rd in Durham, NC, of intention to disinter decedents and reinter them in nearby Woodlawn Memorial Park, reuniting them with immediate family and providing for their perpetual care. Marked graves for Oss Emory (d.1925) and Coolidge Emory (d.1926) are located within 100' of Carpenter Pond Rd. A garden and marker will be installed near the original burials to preserve the Emory's connection to the land. Contact John Upchurch with comments or questions. 207 Kelly West Dr, Apex, NC 27502, emorygravesnc@gmail.com
IPL0134981
Aug 13,2027, Sep 3 2023

**STATE OF NORTH CAROLINA
COUNTY OF WAKE, COUNTY OF DURHAM**

Before the undersigned, a Notary Public of Dallas County, Texas, duly commissioned and authorized to administer oaths, affirmations, etc., personally appeared Tara Pennington, who being duly sworn or affirmed, according to law, doth depose and say that he or she is Accounts Receivable Specialist of the News & Observer Publishing Company, a corporation organized and doing business under the Laws of the State of North Carolina, and publishing a newspaper known as The News & Observer, Wake and State aforesaid, the said newspaper in which such notice, paper, document, or legal advertisement was published was, at the time of each and every such publication, a newspaper meeting all of the requirements and qualifications of Section 1-597 of the General Statutes of North Carolina and was a qualified newspaper within the meaning of Section 1-597 of the General Statutes of North Carolina, and that as such he or she makes this affidavit; and is familiar with the books, files and business of said corporation and by reference to the files of said publication the attached advertisement for John Upchurch was inserted in the aforesaid newspaper on dates as follows:

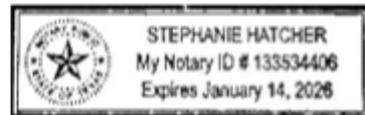
4 insertion(s) published on:
08/13/23, 08/20/23, 08/27/23, 09/03/23

Tara Pennington

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Stephanie Hatcher

Notary Public in and for the state of Texas, residing in Dallas County



Extra charge for lost or duplicate affidavits.
Legal document please do not destroy!

Exhibit G - Documentation of Ownership

This exhibit includes a tax bill and the most recent registered deed for the Upchurch Property. Each document indicates that John Gregory Upchurch is the owner of the Upchurch Property.

This is a generated Tax Bill, Not the Original! - For Display Purposes only

County of Durham
Office of the Tax Administrator
PO Box 3397
Durham NC 27702-3397

UPCHURCH JOHN GREGORY
207 KELLY WEST DR
APEX, NC 27502

Durham County Property Tax Notice

201 East Main Street
Administration Building II, Third Floor
Durham, NC 27701

Office Hours: Monday-Friday 8:30am - 5:00pm
Tax Department: 919 560 - 0300
Solid Waste: 919 560 - 0430
Fax: 919 560 - 0350

Website Address: www.dconnc.gov
Durham County E-Services
Electric Check: www.dconnc.gov/tax - go to on-line payments

Year	Past Due After	Account Number	Bill Number
2022	01/06/2023		0000194874



Rec #	Description	Parcel ID	Value	District	Amount Assessed
0000194874	3104 CARPENTER POND RD	0000194874	\$16,383		\$143.70

Year	Past Due After	Account Number	Bill Number	Balance Due
2022	01/06/2023		0000194874	\$0.00

Register of Deeds
Sharon A. Davis
Durham County, NC
08/11/2023 10:31:50 AM
BT: OPR B: 9967 P: 285 Pages: 3
DEED - DEED
Fee: \$26.00 Excise Tax: \$0.00
INSTRUMENT #2023070779
search


NORTH CAROLINA MARITAL QUITCLAIM DEED

This Instrument Was Prepared By: (Without Title Examination of Tax Advice)

John G. Upchurch
207 Kelly West Drive
Apex, NC 27502

Record and Return to:

John G. Upchurch
207 Kelly West Drive
Apex, NC 27502

STATE OF NORTH CAROLINA
COUNTY OF DURHAM

REVENUE: ~~\$0.00~~

REID: 194874 PIN: 0779-57-50-7382

THIS DEED made this 6th day of June, 2023 by and between **PALLABITA PATNAIK, WIFE, AND JOHN G. UPCHURCH, HUSBAND**, residing at **207 KELLY WEST DRIVE, APEX, NC 27502** as Grantor and **JOHN G. UPCHURCH**, as Grantee.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine, or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in the **Township of Carr, Durham County**, North Carolina and more particularly described as follows:

2023070779 BT: OPR B: 9967 P: 286
08/11/2023 10:31:50 AM Page 2 of 3

BEING the parcel of land conveyed by deed on July 1, 1986 to Rupert Truette Upchurch, Jr. and his wife Mary Frances Upchurch and recorded in Book 1292, Page 1-3, Durham County Registry. The most recent survey of said parcel of land being recorded in Plat Book 152, Page 1-2, Durham County Registry.

According to the terms of her last will and testament, John G. Upchurch (son) inherited ownership of the aforesaid parcel of land upon the death of Mary Frances Upchurch (mother) on January 19, 2017. It was the stated wish of Mary Frances Upchurch that any remaining assets once belonging to her and inherited by her son pass directly to her granddaughter, Simran Tara Upchurch, upon her son's death.

This deed is made pursuant to and in accordance with the provisions of N.C.G.S. 39-13.3(a). It is the intent of the Grantor by this conveyance to convey any and all interest of the Grantor to the Grantee including all interest arising by reason of the marriage between the parties and under the provisions of the North Carolina Intestate Succession Act and the Equitable Distribution Act to the extent that the Grantee shall not be required to have the signature of the Grantor herein upon any encumbrance or conveyance of the lands described above.

It is further intended and agreed that this conveyance is made pursuant to the provisions of N.C.G.S. Section 52-10 and Section 29-30(a)(2) to release and quitclaim any marital rights or interests in the property which the Grantor spouse has or may have in the future, including but not limited to the right to claim against the property for equitable distribution, the right to inherit the property by intestate succession or by will, and the right to claim a widow's or widower's intestate share, elective share, or life estate against the property. It is the specific intent of this deed that the property shall be the sole and separate property of the Grantee, free and clear of all rights the Grantor spouse has or may have in the future under any North Carolina General Statute or law, this being a full and complete conveyance and release of all such rights by the Grantor spouse in and to this property.

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

The Grantor makes no warranty, express or implied, as to title to the property hereinabove described.

2023070779 BT: OPR B: 9967 P: 287
08/11/2023 10:31:50 AM Page 3 of 3

IN WITNESS WHEREOF, the Grantor has duly executed the foregoing as of the day and year first above written.

By: *John G Upchurch*
John G Upchurch

By: *Pallabita Patnaik*
Pallabita Patnaik

STATE OF NORTH CAROLINA - COUNTY OF Wake

I, the undersigned Notary Public of the County and State aforesaid, certify that **John G. Upchurch** and **Pallabita Patnaik** personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial stamp or seal this

6 day of June, 2023

My Commission Expires: 12-7-2026



Franca Luzzi
Signature of Notary Public

Exhibit H - Woodlawn Cemetery - Contract for Five Burial Sites

Certificate of Ownership Rights Receipt

Purchasor Name John G. Upchurch Date of Sale 8/28/2023 Certificate Number 2023-00036
 Sales Agreement Number _____ 4300115
 Date Certificate Delivered _____
 Delivery Location (Circle one) At Office In Home By Mail

Received by Signature and Date _____



Certificate of Ownership Rights

Woodlawn Memorial Park
 2107 Liberty St
 Durham, NC 27703
 919-682-2441

County of: Durham CERTIFICATE NUMBER 2023-00036
 (NOW ALL MEN BY THESE PRESENTS: CONTRACT NUMBER 4300115)

That the undersigned, the Grantor, a corporation fully qualified and authorized to transact business in the above mentioned state, in consideration of payment to the full purchase price, receipt of which is hereby acknowledged, does hereby grant and convey unto

John G. Upchurch

is Grantee, for interment purposes only, subject to the conditions, reservations and restriction set forth herein, and Rules and Regulations and By-Laws of Grantor now existing of which may be hereafter adopted, altered or amended, the following interment rights situated in the above-named cemetery, described as:

Quantity of Rights	Section	Lots	Spaces
5	Section 5 Crematic		12-1, 13-1, 14-1, 15-1 and 16-1

according to a map of the said cemetery located in the office of the above-named cemetery.

The above-mentioned cemetery hereby acknowledges that it has received payment of the TOTAL OF PAYMENTS set forth in the above-mentioned Retail Installment Contract and Security Agreement. Accordingly, Cemetery is hereby delivering this Certificate of Ownership to Buyer evidencing Buyer's right to receive the merchandise, rights or services covered by the Retail Installment Contract and Security Agreement and, upon surrender hereof, Cemetery agrees to furnish such merchandise, rights or services in connection with the final disposition of beneficiary designated therein.

Outer Burial Container(s) described as _____
 Marker(s) described as _____
 Interment Services including Opening and Closing, Monday to Friday before 3:00PM. Excludes Saturdays, Sundays and all major Holidays.
 Casket(s)/Urn(s) described as: _____
 Travel Care Assurance provided by American Pre-Arrangement Services, Incorporated
 Other described as _____

That this conveyance, and all right, title and interest hereby conveyed in the interment rights, merchandise and/or services as above described, is subject to all governing laws and ordinances, and to the following conditions, reservation(s) and restrictions. By acceptance hereof the Grantee covenants and agrees that:

- No transfer, conveyance or assignment of any interest or rights acquired by Grantee shall be valid without the written consent of Grantor and being thereafter recorded on its books.
- No inscriptions, alteration or ornamentation, monument or other memorial, tree, plants, objects or embellishments of any kind shall be placed upon, altered or removed from any property associated with the above-described interment rights by the Grantee without the written consent of Grantor. All grading, landscape work and improvements of any kind, and all care on any property associated with the above-described interment rights, shall be done, all trees and plants of any kind shall be planted, trimmed or removed and all interment, disinterment and removals shall be made only by Grantor. All interments shall be made subject to the use of the type of outer burial container as shall be designated by Grantor in its Rules and Regulations.
- Grantor, at the expense of Grantee and as a charge against the above-described interment rights, may repair or remove any monument or other memorial which is improper or offensive or which has become dangerous or dilapidated, and may remove any tree, flower or plant, or other object or embellishment that becomes unsightly or dangerous.
- Grantor shall not be liable for loss or damage caused by an act of God, common enemy, thieves, vandals, strikers, malicious mischief, unavoidable accidents, riot or order of military or civil authority or other acts or events beyond Grantor's control.
- The enumeration herein of certain conditions, reservations and restrictions shall not be considered as only limitations, but the Grantee's interest and rights shall be limited by and subject to the Rules and Regulation and By-Laws of Grantor now existing or which may be by it hereafter adopted either by amendment, alteration or the adoption of new Rules and Regulation and By-Laws. These Rules and Regulations and By-Laws are on file for inspection in Grantor's office and are specifically referred to and incorporated herein as if set forth in full.
- This cemetery is operated as an endowment care cemetery, which means that an endowment care fund for its maintenance has been established in conformity of the law of the State of above mentioned cemetery. Endowment care means to maintain, repair and care for the cemetery, including the roads of cemetery property.
- In the event this certificate is issued prior to the time the property associated with the within-described interment rights has been developed, the Grantor may, with the consent of Grantee, and no increase in price, permanently transfer Grantee's interment rights to reasonably comparable developed interment property, or temporarily transfer such rights to reasonably comparable interment property until such time as construction is completed.

All the above conditions, reservations and restrictions and binding upon Grantee, and Grantee's heirs, devisees, executors, administrators and assigns, and are enforceable only by Grantor or its successors in interest. Nothing herein contained shall be deemed to restrict the use of any portion of the cemetery other than that herein conveyed to Grantee.

N WITNESS WHEREOF, Grantor has caused this instrument to be executed in its name by its duly authorized representatives this date below:

8/29/2023

Woodlawn Memorial Park
 Durham, NC 27703

BY: Alynnch
 AUTHORIZED REPRESENTATIVE
 (Not valid unless countersigned by Authorized Representative)

Exhibit H - Woodlawn Cemetery - Contract for Five Burial Sites

Circle of Protection

Reviewed Date _____ Counselor Farleyson Tarley Certificate Number 2023-00036
4300115

I, by signing below, I confirm that I clearly understand the Circle of Protection. Additionally, I acknowledge that my counselor has reviewed the below with me and notified me of any additional items that may be needed in the future.

Received by Signature and Date _____

Woodlawn Memorial Park
 2107 Liberty St
 Durham, NC 27703
 919-682-2441



CERTIFICATE NUMBER 2023-00036

Property owner Name _____ John G. Upchurch

Purchaser Name _____ John G. Upchurch

Relationship to Property Owner _____

Property Description: Garden Crypt - Cremation Section Level 5 12-1, 13-1, 14-1, 15-1 Lot/Tier/Spaces Qty. 5
16-1



	Contract Number	Quantity	Additional Needs
Cemetery Property	<u>4300115</u>	<u>5</u>	
Vault/ Outer Burial Container	<u>NA</u>		
Cemetery Services (Opening and Closing)	<u>4300115</u>	<u>5</u>	<u>Monday to Friday before 3:00PM. Excludes Saturdays, Sundays and all major Holidays.</u>
Monument/Memorial	<u>NA</u>		
Casket/Urn	<u>NA</u>		
Funeral Services			
Funeral Home of Choice			

Property Owner Rights and Privileges Initial

As owner(s)	I/we have been provided with a map including the nearest available sites for our family's consideration	
As owner(s)	I/we have determined who has the right to be interred in our property	
As owner(s)	I/we have received our certificate of ownership for our property	
As owner(s)	I/we understand the above shows items required and that they can be arranged in advance of need	
As owner(s)	I/we understand we have the option to exchange/upgrade our current arrangements toward other options	
As owner(s)	I/we understand that the pre-arrangement now of the items and services stated above can mean considerable savings in the future costs.	

Emergency Contact and Next of Kin

Name		Relationship
Address		
Phone		Email
Name		Relationship
Address		
Phone		Email
Name		Relationship
Address		
Phone		Email
Name		Relationship
Address		
Phone		Email

Notes: _____ will be financially responsible for any balance due on the event of my death to the cemetery.

I/we understand the cemetery will make this form part of my permanent records and upon my request will update or amend the information provided. I/we authorize the cemetery to contact the persons listed above in order to notify them that their name has been provided as emergency contacts and/or financially responsible. Everyone above will receive a family estate portfolio that will cover the 67 things that have to be done in the event of my death.

As owner(s) _____

Date: _____ BY: _____

I Copy for Customer, Another Copy for Location Required AUTHORIZED REPRESENTATIVE (Counselor completing review)