BOOK 7844 PAGE 7

Last Will and Testament

OF

VIRGINIA DALE ROBINSON

I, VIRGINIA DALE ROBINSON, a resident of Davidson County, Tennessee, being of sound and disposing mind and memory, do hereby make, publish and declare this to be my Last Will and Testament, and I hereby revoke all Wills and/or Codicils at any time heretofore made by me.

ARTICLE ONE

I hereby nominate and appoint as Executor of this, my Last Will and Testament, my husband, CARL GEORGE ROBINSON. In the event that Carl George Robinson predeceases me or is unable or unwilling to serve, I hereby nominate and appoint as Alternate Executrix BOBBIE CAROLYN ROBINSON. I further direct that each of the above shall be excused from giving bond for the faithful performance of their duties. My Executor and Alternate Executrix are excused from filing an inventory and making reports to the Court having jurisdiction over my estate.

PAGE ONE: Virginia Dale Robinson

RECORDERS MEMO
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RUSH

MAY 18 11 57 AM '89
PAT 2 WILSON CO REGISTER
DAVIDSON COUNTY TN

7422 05/18 0101 03CHECK 24.00

IDENTIFICATION REFERENCE

3 3 9 7 8

I direct that all of my funeral expenses, matured debts and the administration expenses of my estate be paid by my Executor as soon after my decease as is practicable, from my general estate.

I direct that all estate, inheritance, and any other taxes assessed by reason of my death (including any penalties or interest assessed thereon, and whether based on transfers under my Will or outside it) be paid in respect of all property included in my estate, whether or not included in my probate estate, and whether or not the property passes under this Will, or otherwise out of my general estate, without contribution by any beneficiary or recipient of any such property so includable for tax purposes.

ARTICLE THREE

The proceeds of any insurance on my life which are receivable by the Executor may be used, but only in the sole and uncontrolled discretion of the Executor, in satisfying obligations and taxes owing by my estate and to the extent not so used will pass under the disposing provisions of this Will.

PAGE TWO: Virginia Hale Robeson

The Executor, Alternate Executrix, and their successors, shall have the following powers (in addition to all others possessed by them) which shall be exercisable in their discretion without application to any Court and until final distribution is made:

> To hold and retain as investments pending distribution hereunder all investments and assets owned by me at my death or which shall thereafter be included in my estate; to sell and dispose of (for the purpose of paying my debts or making contribution or for any purpose whatsoever), any or all such investments and assets of whatever kind, and all property of any kind, at any time held by them and at public or private sale, at such prices and upon such terms as they shall deem proper; to invest and reinvest in such assets as they shall deem prudent and in the best interests of the beneficiaries; to borrow money and to pledge assets comprising the estate; to compromise claims (including taxes) for or against my estate; to improve any real estate and to lease real estate as they choose, including power to give leases for periods extending beyond the duration of the estate; to foreclose, extend, assign, partially release and fully discharge mortgages; to take any and all actions respecting any form of property which an absolute owner could take; to employ agents and attorneys without change in their liability; to keep assets in the name of a nominee or nominees without mention of the fiduciary relationship in any instrument of ownership; to make, execute and deliver all assignments, transfers, documents and other legal instruments conveying property and without liability on any person dealing with them to inquire into their authority or to see to the application of any money or thing of value delivered to them; and all powers of the fiduciaries shall be exercisable without the necessity of application to any Court. I also authorize them to make any division or distribution in cash or in kind or partly to each and reasonably and in good faith to value assets and such valuation shall be conclusive upon all parties.
>
> In addition to the foregoing, I add all the powers recited in Tennessee Code Annotated §35-618, as if the language thereof were incorporated in this Will verbatim, which powers shall be exercisable without application to any Court and until final distribution is made.

PAGE THREE: Virginia Hall Robinson

ARTICLE FIVE

I hereby give, devise and bequeath to my husband, CARL GEORGE ROBINSON, if he survives me by more than thirty (30) days, absolutely and in fee simple, my entire estate, of every kind and wherever located, including all of my property of whatever kind, character and description, whether real, personal, or mixed, tangible or intangible, wherever situated, which I may own, possess, or in any way be entitled to or have the right to dispose of at my death, and which remains after the payment of my matured debts, funeral expenses and death taxes of whatever kind or nature.

ARTICLE SIX

If my husband, Carl George Robinson, does not survive me by more than thirty (30) days, I hereby give, devise and bequeath my entire estate, of every kind and wherever located, including all of my property of whatever kind, character and description, whether real, personal or mixed, tangible or intangible, wherever situated, which I may own, possess, or in any way be entitled to or have the right to dispose of at my death, and which remains after the payment of my matured debts, funeral expenses and death taxes of whatever kind or nature, to my daughter, BOBBIE CAROLYN ROBINSON.

PAGE FOUR: Virginia Ida Robinson

ARTICLE SEVEN

If my husband, Carl George Robinson, and I shall die under such circumstances that it cannot be ascertained that we died otherwise than simultaneously, it shall be conclusively presumed for all purposes of this Will that he survived me.

ARTICLE EIGHT

This Will is not made pursuant to any contract with my husband, or any other third party, and there is no contract between my husband or any third party respecting either or both of our Wills or any other Wills. In addition, the fact that my husband, Carl George Robinson, has executed or is executing a Will contemporaneously with this Will shall not be taken to mean that we intend our Wills to be joint and mutual Wills, and I hereby disclaim any such intention and reserve the right at any time to amend, alter, modify or revoke this Will.

PAGE FIVE: Virginia Hall Robinson

ARTICLE NINE BOOK 7844 PAGE 12

This Will consists of six (6) pages (each of which I have signed) covering Articles One through Nine, inclusive. I now sign this as my Last Will and Testament on this, the 4th day of November, 1982, and pursuant to T. C. A. §32-211, I hereby request the attesting witnesses to make the Affidavit attached to this Will.

IN WITNESS WHEREOF, I have hereunto set my hand to this, my Last Will and Testament and declared and published it as such in the presence of witnesses, this, the 4th day of November, 1982.

Virginia Dale Robinson
VIRGINIA DALE ROBINSON, Testatrix

The foregoing instrument was signed, published and declared by the said VIRGINIA DALE ROBINSON as and for her LAST WILL AND TESTAMENT in the joint sight and presence of the undersigned who, at her request and in her sight and presence, and in the sight and presence of each other, have hereunto subscribed our names as attesting witnesses on the day and date last written.

WITNESSES:

Maurice D. Bonner

Betty Jo Covington

ADDRESSES:

204 2nd Ave. South
Franklin, Tn. 37064

204 2nd Ave. South
Franklin, Tn. 37064

PAGE SIX: Virginia Dale Robinson

I HEREBY CERTIFY THAT THIS IS A TRUE COPY OF ORIGINAL INSTRUMENT FILED IN MY OFFICE, THIS 17th DAY OF May, 19 89
BILL COVINGTON, CLERK
BY: Betty DeShazo
DEPUTY CLERK

Roesch-Patton, Dorris & Charlton

Funeral Directors

BOOK 7844 PAGE 13

904 GALLATIN ROAD, P. O. BOX 22829 NASHVILLE, TENNESSEE 37202

(615) 244-8480

I hereby certify the below to be an authentic copy of the Death Certificate as filed with the Tennessee Department of Public Health.

Robert E. Fugua Funeral Director

Sworn to and subscribed before me this the 27th day of Aug, 19 85.

My Commission expires Jan. 19, 1988 Charles E. Worrell, Jr. Notary Public

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

VITAL RECORDS

BIRTH NO _____ STATE FILE NO

DECEASED—NAME: 1. Carl (First) G. (Middle) Robinson (Last)

2. DATE OF DEATH (Month, Day, Year): August 10, 1985

3a. AGE—Last Birthday (Years): 65

3b. Under 1 Year: Months

3c. Under 1 Day: Hours, Minutes

4. DATE OF BIRTH (Month, Day, Year): 2-11-1920

5a. RACE (White, Black, American Indian, Etc. (Specify)): White

5b. ORIGIN OR DESCENT (Italian, Mexican, German, Etc. (Specify)): American

6. SEX: Male

7a. COUNTY OF DEATH: Davidson

7b. CITY, TOWN OR LOCATION: Nashville

7c. INSIDE CITY LIMITS (Specify Yes or No): yes

7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, specify private residence, business, street, etc.): Baptist

7e. If hosp or inst, indicate dec's status (Specify): Inpatient

8. STATE OF BIRTH (If not in U.S.A. name country): Tennessee

9. CITIZEN OF WHAT COUNTRY: U.S.A.

10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

11. SURVIVING SPOUSE (If wife, give maiden name): Virginia Givan

12a. SOCIAL SECURITY NUMBER (For women, specify): 414-18-2035

12b. SERVICE IN ARMED FORCES (Specify year or dates of service): No

13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman

13b. KIND OF BUSINESS OR INDUSTRY: Derryberry Paving Co.

14a. RESIDENCE—STATE: Tennessee

14b. COUNTY: Davidson

14c. CITY, TOWN, OR LOCATION: Nashville

14d. STREET AND NUMBER: 916 Boscobel St.

14e. INSIDE CITY LIMITS (Specify Yes or No): yes

14f. CENSUS TRACT NO

15. FATHER—NAME: Joseph Robinson

16. MOTHER—MAIDEN NAME: Gannon

17. INFORMANT—NAME: Wife

17a. MAILING ADDRESS: 37206

18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial

18b. DATE (Month, Day, Year): 8-12-85

18c. CEMETERY OR CREMATORY—NAME: Mt Olivet

18d. LOCATION (City or Town, State): Nashville, Tennessee

19a. FUNERAL DIRECTOR (Signature): Robert Fugua

19b. LICENSE NO: 3455

19c. EMBALMER (Signature):

19d. LICENSE NO

20a. FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip): Roesch Patton Nashville, Tennessee

20b. REGISTRAR—SIGNATURE

20c. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year)

21a. PHYSICIAN—CERTIFY THAT THE DEATH OCCURRED AT THE PLACE ON THE DATE AND DUE TO THE CAUSE(S) STATED: John M. Tudor, M.D. SIGNATURE TITLE

21b. DATE SIGNED (Month, Day, Year): 8/22/85

21a. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED SIGNATURE TITLE

21b. DATE SIGNED (Month, Day, Year)

22a. CERTIFIER—NAME (Type or Print): Dr. JohnTudor

22b. MAILING ADDRESS (Street or R.F.D. No. City or Town State Zip): 1921 Hayes St. Nash. Tn. 37203

23. PART I. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

(a) IMMEDIATE CAUSE: CARCINOMA OF THE PROSTATE, D-STAGE

(b) DUE TO, OR AS A CONSEQUENCE OF:

(c) CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: DUE TO, OR AS A CONSEQUENCE OF:

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

25. AUTOPSY (Yes or No)

26. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (Specify)

27a. DATE OF INJURY (Month, Day, Year)

27b. HOUR

27c. M.

27d. DESCRIBE HOW INJURY OCCURRED

27e. INJURY AT WORK (Specify Yes or No)

27f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify)

27g. LOCATION (Street or R.F.D. No. City or Town State)

DECEASED

DISPOSITION

CERTIFIER

CAUSE

RECORDERS MEMO

LEGIBILITY OF WRITING, TYPING OR PRINTING IN THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED

BOOK 7844 PAGE 14

Eastland Funeral Home

FUNERAL DIRECTORS

904 GALLATIN ROAD NASHVILLE, TENNESSEE 37206
TELEPHONE 615-244-6480

I hereby certify the below to be an authentic copy of the Death Certificate as filed with the Tennessee Department of Public Health.

J. Thomas Eagle Funeral Director

Sworn and subscribed before me this the 24th day of Aug. 1988

My Commission expires 1/11/1992 Charles E Wells Notary Public

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

BIRTH NO _____ STATE FILE NO

1. DECEASED—NAME (FIRST / MIDDLE / LAST)	Virginia	Dale	Robinson	2. DATE OF DEATH (MONTH, DAY, YEAR)	August 17,1988
3a. AGE—LAST BIRTHDAY (YEARS)	74	3b. UNDER 1 YEAR: MONTHS / DAYS	3c. UNDER 1 DAY: HOURS / MIN.	4. DATE OF BIRTH (MONTH, DAY, YEAR)	7-11-1914
5. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY))	White			6. SEX	Female
7a. COUNTY OF DEATH	Davidson	7b. CITY, TOWN OR LOCATION	Nashville	7c. INSIDE CITY LIMITS (SPECIFY YES OR NO)	yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.)	Metro General Hospital			7e. IF HOSP OR INST INDICATE DOA, OP/Emerg Rm Inpatient (Specify)	D.O.A.
8. STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY)	Tennessee	9. CITIZEN OF WHAT COUNTRY	U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	Widowed
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)					
12a. SOCIAL SECURITY NUMBER	[redacted]-2785	12b. SERVICE (WHICH ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE))	No	13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	Housewife
13b. KIND OF BUSINESS OR INDUSTRY	At HOme				
14a. RESIDENCE—STATE	Tennessee	14b. COUNTY	Davidson	14c. CITY, TOWN, OR LOCATION	Nashville
14d. STREET AND NUMBER	916 Boscobel St.	14e. INSIDE CITY LIMITS (SPECIFY YES OR NO)	yes	14f. CENSUS TRACT NO	
15. FATHER—NAME	Robert Givan	16. MOTHER—MAIDEN NAME	Nellie Allen	17. INFORMANT—NAME	Nash. Tn. Carolyn Parrish
MAILING ADDRESS	37216 1129 Riverwood Dr.				
18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY)	Burial	18b. DATE (MONTH, DAY, YEAR)	8-19-88	18c. CEMETERY OR CREMATORY—NAME	Mt OLivet
18d. LOCATION CITY OR TOWN STATE	Nashville, Tennessee				
19a. FUNERAL DIRECTOR (SIGNATURE)	Hank Spiker	19b. LICENSE NO.	2993	19c. EMBALMER (SIGNATURE)	Don Dupuy
19d. LICENSE NO	3574				
20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	Eastland 904 Gallatin Rd. Nash. Tn.	21a. REGISTRAR—SIGNATURE		21b. DATE RECEIVED BY LOCAL REGISTRAR	
22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE ON THE DATE AND DUE TO THE CAUSE(S) STAT-D	SIGNATURE	DEGREE		22b. DATE SIGNED (MONTH, DAY, YEAR)	
23a. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED	SIGNATURE I. E. Simpkins M.D.	TITLE		23b. DATE SIGNED (MONTH, DAY, YEAR)	8/22/88
24a. CERTIFIER—NAME (TYPE OR PRINT)	T. E. Simpkins, M.D.	24b. MAILING ADDRESS (STREET OR R.F.D. NO / CITY OR TOWN / STATE / ZIP)	84 Hermitage Ave., Nashville, TN 37210-2110		

25. PART I DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE	(a) CARDIAC ARRHYTHMIA	
DUE TO, OR AS A CONSEQUENCE OF		
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST	(b) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	
DUE TO, OR AS A CONSEQUENCE OF		
	(c)	

PART II OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) — 26. AUTOPSY (YES OR NO): No

27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		27b. DATE OF INJURY (MONTH, DAY, YEAR)		27c. HOUR	27d. DESCRIBE HOW INJURY OCCURRED
27e. INJURY AT WORK (SPECIFY YES OR NO)	27f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (SPECIFY)			27g. LOCATION STREET OR R.F.D. NO	CITY OR TOWN STATE

RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING IN THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED