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LAST WILL AND TESTAMENT

OF

SEP 25 1 21 PM '91

SHIRLEY MARTIN RUSSELL

MAIL ERR

I, SHIRLEY MARTIN RUSSELL, of Davidson County, Tennessee, being of sound mind and disposing memory, do hereby make, declare and publish this my Last Will and Testament, hereby revoking any and all wills and codicils heretofore made by me. BOOK 8449 PAGE 770

ARTICLE I.

I hereby nominate and appoint my wife, Juanita Baker Russell as Executrix of this my Last Will and Testament. If she is unable or unwilling to serve as Executrix, I then nominate and appoint Gary Martin Russell, Joan Russell Ramos and William Anthony Russell as Co-Executors, of this my Last Will and Testament. I direct that none of them shall be required to make or execute bond or surety in this capacity.

ARTICLE II.

I hereby direct my Executrix or Co-Executors to pay all of my just debts, taxes and expenses of my funeral, and expense, if any, of the administration of my estate, out of any and all funds coming into her or his hands as Executrix or Co-Executors.

ARTICLE III.

After all the items in Article II have been paid, then I give, devise, and bequeath the rest, residue and remainder of my property, both real and personal property, and whether acquired before or after the execution of this Will, and wherever situated, unto my wife, Juanita Baker Russell provided she survives me.

ARTICLE IV.

If at the time of my death, my wife, Juanita Baker Russell has predeceased me, and after all the items in Article II have been paid, then the Cannonball Bed with the Chest and Nightstand

 Shirley Martin Russell

shall be devised to my son, Gary Martin Russell and the baby grand piano to be devised to my daughter, Joan Ramos for the use and benefit of my two grandaughters, Laura and Cristina Ramos.

ARTICLE V.

I hereby give, devise and bequeath all the rest, residue and remainder of my property, whether real, personal or mixed, and wherever situated, and whether acquired before or after the execution of this will, unto Gary Martin Russell, Joan ~~Russell~~ Ramos and William Anthony Russell to be divided equally between them. S,M,R

IN WITNESS WHEREOF I have hereunto set my hand on this page and the preceding page of this my Last Will and Testament on this the 30th day of Aug., 1985.

Shirley Martin Russell

SHIRLEY MARTIN RUSSELL

The said Shirley Martin Russell, being of sound mind and disposing memory, signed, the foregoing instrument in our presence as and for his Last Will and Testament, and signified and declared to us that same was his Last Will and Testament, and we, the undersigned, at his request and in his presence and sight and in the presence and sight of each other have subscribed our names as attesting witnesses on the day and date above written at Ashland City, Tennessee, Cheatham County.

Robert Tenny Jr. residing at Route 1 Ashland City, Tenn

Jean M. Galthrop residing at Rt. 6, Ashland City, Tenn.

AFFIDAVIT

STATE OF TENNESSEE §
§
COUNTY OF CHEATHAM §

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We, the undersigned, being first duly sworn, make oath that Shirley Martin Russell on the day and date above written, declared and signified to us that this instrument is his Last Will and Testament; that he then signed said instrument in our sight and presence; that we, at his request and in his sight and presence, and in the sight and presence of each other, then subscribed our names thereto as attesting witnesses; that at the time of execution the Testator was more than eighteen (18) years of age, of sound mind and disposing memory, and did not appear under any undue influence; and that the undersigned each being more than eighteen (18) years of age, make and sign this Affidavit at the Testator's request on the day and date above written.

Robert Perry

Tom M. Battenop

SWORN TO and SUBSCRIBED before me this the 30th day of August, 1985.

Melissa Jernigan
NOTARY PUBLIC

My Commission Expires: 9/5/88

NOTARY PUBLIC

EXHIBIT

Metropolitan Government of Nashville and Davidson County

Bill Boner, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

OCT 30 1990

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TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER 90051C3

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT: For use by physician or institution

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): SHIRLEY MARTIN RUSSELL
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): October 17, 1990
4. SOCIAL SECURITY NUMBER (of Decedent): 408-07-3129
5a. AGE – LAST BIRTHDAY (Years): 78
5b. UNDER 1 YEAR: months / days
5c. UNDER 1 DAY: hours / min.
6. DATE OF BIRTH (Month, Day, Year): AUG 12, 1912
7. BIRTHPLACE (City and State or Foreign Country): RUTHERFORD CO., TENNESSEE
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ Yes 2 ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 ☒ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA; OTHER 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): ST. THOMAS
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): JUANITA BAKER
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): OWNER
12b. KIND OF BUSINESS/INDUSTRY: RESTAURANT
13a. RESIDENCE – STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 611 HARPETH BEND DR.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 ☒ Yes 2 ☐ No
13f. ZIP CODE: 37221
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – if yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☐ ☒ No
15. RACE – American Indian, Black, White, etc. (Specify): WHITE
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): WILLIAM PINKNEY RUSSELL
18. MOTHER'S NAME (First, Middle, Maiden Surname): BERTHA JONES

INFORMANT

19a. INFORMANT'S NAME (Type/Print): JUANITA RUSSELL
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 611 HARPETH BEND DR. NASHVILLE, TN. 37221

DISPOSITION

20a. METHOD OF DISPOSITION: 1 ☒ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): SCOTT CEMETERY
20c. LOCATION – City or Town, State: CHEATHAM CO., TN.

REGISTRAR

21a. SIGNATURE OF FUNERAL DIRECTOR: John T. Shutt
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3020
21c. SIGNATURE OF EMBALMER: D. Brown
21d. LICENSE NUMBER OF EMBALMER: 2060
22a. NAME AND ADDRESS OF FUNERAL HOME: MARSHALL-DONNELLY-COMBS 201 25TH AVE. N. NASHVILLE, TN. 37203
22b. LICENSE NUMBER OF FUNERAL HOME: 10
23. REGISTRAR'S SIGNATURE: Mary C. Pentecost
24. DATE FILED (Month, Day, Year): October 25, 1990

CERTIFIER

25a. PHYSICIAN – On the basis of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 ☑ SIGNATURE AND TITLE OF PHYSICIAN: Michael E. Miller MD
25b. LICENSE NUMBER: MD 10605
25c. DATE SIGNED (Month, Day, Year): 10-22-90
26a. MEDICAL EXAMINER – On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated. 2 ☐ SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER:
26c. DATE SIGNED (Month, Day, Year):

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): MICHAEL E. MILLER M.D., 135 BELLE FORREST CIR., NASHVILLE, TN. 37221

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Anoxic Cerebral Damage
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b. G.I. Bleeding
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

28a. WAS AN AUTOPSY PERFORMED? 1 ☐ Yes 2 ☑ No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ Yes 2 ☐ No

29. MANNER OF DEATH: 1 ☐ Natural 2 ☐ Accident 3 ☐ Suicide 4 ☐ Homicide 5 ☐ Pending Investigation 6 ☐ Could not be Determined
30a. DATE OF INJURY (Month, Day, Year)
30b. TIME OF INJURY
30c. INJURY AT WORK? 1 ☐ Yes 2 ☐ No
30d. DESCRIBE HOW INJURY OCCURRED
30e. PLACE OF INJURY – At home, farm, street, factory, office building, etc. (Specify)
30f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

202-06-002 (Rev. 10/89)

RECORDER'S MEMO
Legibility of Writing, Typing or Printing in This Document Unsatisfactory When Received.