SMITH, DAVIES, SMITH & CANTRELL
ATTORNEYS AT LAW
NASHVILLE, TENNESSEE 37219

LAST WILL AND TESTAMENT

OF

FRED RAY WEBB

I, FRED RAY WEBB, of Nashville, Davidson County, Tennessee, being of sound mind and disposing memory, do hereby make, publish and declare this to be my Last Will and Testament, hereby revoking all Wills and Codicils heretofore executed by me.

ITEM ONE

I direct that all of my just debts and funeral expenses be paid by my Executrix out of my general estate as soon as practicable after my death. My Executrix shall likewise pay out of my general estate all fees and expenses incident to the administration of my estate and all inheritance, succession and estate taxes assessed against my estate, including such taxes as may be so assessed on account of policies of insurance on my life or jointly owned property or other property taxable as part of my estate but not coming into the hands of my Executrix.

ITEM TWO

I bequeath and devise all of my estate of every kind and character, real, personal and mixed, and wheresoever situated to my wife, MAGGIE VIRGINIA HART WEBB, without condition or limitation.

ITEM THREE

In the event my wife should predecease me or should my wife and I lose our lives as a result of a common casualty or

Fred Ray Webb

under circumstances which would make it impossible or difficult to determine which of us died first. Then in either of such events, I bequeath and devise all of my estate of every kind and character, real, personal and mixed, and wheresoever situated, to my wife's nephew, JERRY TAYLOR HART, without condition or limitation.

ITEM FOUR

I hereby appoint my wife, MAGGIE VIRGINIA HART WEBB, as Executrix of my Last Will and Testament and direct that no bond shall be required of her.

In the event my wife should predecease me, die as a result of a common disaster or be unable or unwilling to qualify for any reason, I appoint my wife's nephew, JERRY TAYLOR HART, as Executor of my Last Will and Testament and direct that no bond shall be required of him.

In the event JERRY TAYLOR HART should be a nonresident of the State of Tennessee at the time of the necessity for his qualification as Executor, then in that event I appoint JERRY TAYLOR HART and a person who is a resident of the State of Tennessee and who is designated in the sole discretion of JERRY TAYLOR HART as Co-Executors of my Last Will and Testament and direct that they not be required to give bond.

ITEM FIVE

My Executrix or Executor shall be vested with any or all of the powers specifically enumerated and conferred upon the Executors under the provisions of Chapter 110 of the Public Acts of Tennessee of 1963 as codified in Tennessee Code Annotated,

Fred Ray Webb

Section 35-618. Such powers and authority are to be in addition to and not in lieu of the power and authority herein granted and where not inconsistent with the other provisions of this my Last Will and Testament.

IN WITNESS WHEREOF, I have hereunto set my hand to this my Will, consisting of three (3) pages, each page of which bears my original signature, at Nashville, Davidson County, Tennessee, this the 19 day of October, 1973.

Fred Ray Webb
FRED RAY WEBB

Signed, published and declared by the said FRED RAY WEBB, as and for his Last Will and Testament, in the presence of us, the undersigned, who, at his request and in his sight and presence and in the presence of each other, have hereunto signed our names as attesting witnesses, on the day and date and at the place above written.

Barbara Wilson
E. D. Davies

24475
IDENTIF. REFERENCE
JUL 1 3 18 PM '92
FELIX Z. WILSON II REGISTER
DAVIDSON COUNTY TN.
PICK-UP

I HEREBY CERTIFY THAT THIS IS A TRUE COPY OF ORIGINAL INSTRUMENT FILED IN MY OFFICE THIS 1st DAY OF July, 1992
GEORGE L. ROOKER, CLERK
BY: [signature]
DEPUTY CLERK

STATE OF TENNESSEE }

COUNTY OF DAVIDSON }

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AFFIDAVIT

Personally appeared before me, Thomas O. H. Smith Jr., a Notary Public in and for said State and County, Barbara Wilson _____ and Ed R. Davies _____, to me known, who made oath as follows:

1. That they were requested by the testator, FRED RAY WEBB, to witness testator's signature to the attached Last Will and Testament of testator, and they were further requested by the testator to execute this affidavit;

2. That the testator signed said instrument and declared the same to be his Last Will and Testament in the presence of each of the undersigned, on the date set forth therein and herein;

3. That each of the undersigned in turn signed the said instrument on the same date, as attesting witnesses, in the sight and presence of the testator and of each other;

4. That the testator was of apparent sound mind and disposing memory at the time of the execution of said instrument; and

5. That this affidavit is made pursuant to Chapter 568 of the Public Acts of 1972.

Barbara F. Wilson

Ed R. Davies

SUBSCRIBED AND SWORN TO BEFORE ME on this the 19th day of October, 1973.

Thomas O. H. Smith Jr.

NOTARY PUBLIC

My Commission Expires: 2-3-74

1973 OCT 01 01:01 01CASH 20.

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

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

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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.

DEC 16 (91

H

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

9106050

CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Maggie Virginia Hart Webb
2. SEX: FE
3. DATE OF DEATH (Month, Day, Year): December 7, 1991
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-7533
5a. AGE – LAST BIRTHDAY (Years): 70
6. DATE OF BIRTH (month, day, year): May 18, 1921
7. BIRTHPLACE (City and State or Foreign Country): Robertson County TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 2465 Cabin Hill Road
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): Fred Webb
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Bookeeper
12b. KIND OF BUSINESS/INDUSTRY: Bursur Escarit
13a. RESIDENCE – STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2465 Cabin Hill Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37214
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – if yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No. Specify if yes:
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+):

NAME OF DECEDENT For use by physician or Institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Taylor Pickering Hart
18. MOTHER'S NAME (First, Middle, Maiden, Surname): Nannie Wilkinson

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Dr. Jerry T. Hart
19b. RELATIONSHIP TO DECEASED: Nephew
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): Hopkinsville, KY

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Elmwood Cemetery
20c. LOCATION – City or Town, State: Springfield, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Sara B. Dean
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3882
21c. SIGNATURE OF EMBALMER: ▶ Sara B. Dean
21d. LICENSE NUMBER OF EMBALMER: 4038
22a. NAME AND ADDRESS OF FUNERAL HOME: Robertson County Funeral Home 2201 Memorial Blvd. Springfield, TN 37172
22b. LICENSE NUMBER OF FUNERAL HOME: 754

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Mary C. Pentecost
24. DATE FILED (Month, Day, Year): December 17, 1991

CERTIFIER

25a. PHYSICIAN – To the best 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: ▶ Stuart Spigel MD
25b. LICENSE NUMBER: MD 9498
25c. DATE SIGNED (Month, Day, Year): 12-12-9
26a. MEDICAL EXAMINER – On the basis of examination and/or investigation, in my opinion, death occurred at the time, date 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)
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr. Stuart Spigel 342-21st Ave. North, Nashville, TN 37203

* PHYSICIAN'S OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

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

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. NON-HODGKIN'S Lymphoma STG IV
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. 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

29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [ ] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
31d. DESCRIBE HOW INJURY OCCURRED
31e. PLACE OF INJURY – At home, farm, street, factory, office building, etc. (Specify)
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

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

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