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Last Will and Testament

93 OCT 25 AM 11:21

REGISTER
DAVIDSON CO. TN.

IDENTIFICATION REFERENCE

77486

OF

ALMA SANFORD WELLS

I, ALMA SANFORD WELLS, of Davidson County, Tennessee, declare this to be my Last Will and Testament hereby revoking all former Wills and Codicils thereto.

I. FAMILY DESCRIPTION

My sister is BESSIE SANFORD HILL, whose daughter is my niece, CAROL HIRST. My said niece has a daughter, namely, RONDA HIRST. They are sometimes referred to herein as "my sister" or "my niece" or "my great-niece" respectively.

II. APPOINTMENT OF EXECUTOR

I nominate and appoint my niece, CAROL HIRST, as Executrix under this My Last Will and Testament, without bond. If my estate should require the appointment of an ancillary Executor, I authorize my Executor named herein to appoint such ancillary Executor. I direct that no bond be required of any Executor appointed hereunder, whether original or successor, or ancillary, and I direct that my Executor herein named shall not be required to file any inventory or accounting. Any reference herein to Executor shall include any substitute or successor Executor and shall be construed in the appropriate number and gender.

III. DEBTS, ADMINISTRATIVE EXPENSES AND TAXES

I direct that all debts that shall be legally owing by me, my funeral expenses, and the expenses of administration of my estate be paid by my Executor as soon as practicable, except that as to any debts secured by real estate, my Executor may pay such debt or permit such real estate to pass subject to such debt whichever my Executor deems to be in the best interest of my estate. I further direct my Executor to pay all estate, inheritance, and death taxes and any interest and penalty thereon, that shall be imposed by reason of my death, including such taxes

on proceeds of insurance on my life, whether or not such proceeds are a part of my testamentary estate. Such taxes shall be paid from my residuary estate. My Executor may pay from my domiciliary estate any cost of ancillary administration or similar proceedings in any other jurisdiction. I further direct that the proceeds of any life insurance on my life made payable to my Estate may be used by my Executor to pay any debts, claims, taxes or other obligations of my estate.

IV. DISPOSITION OF HOUSEHOLD AND PERSONAL EFFECTS

I direct that all of my household furniture, furnishings and personal effects shall be distributed to my sister, BESSIE SANFORD HILL, if she is living at the time of my death. If my said sister does not survive me, I direct that all of my household furniture, furnishings and personal effects shall be distributed to my niece, CAROL HIRST, and if my said niece does not survive me, then to her daughter, RONDA HIRST. In making a division of my household and personal effects, the decision of my Executor in respect to such division shall be conclusive and not questioned by anyone.

V. RESIDENCE

I give and devise to my sister, BESSIE SANFORD HILL, if living, all my right, title, and interest in whatever real property with improvements thereon that I am using as a principal residence at my death, together with all rights that I may have under any insurance policies relating thereto. If my sister does not survive me, my residence shall pass as part of my Residuary Estate.

VI. RESIDUARY ESTATE

If my sister, BESSIE SANFORD HILL, survives me, I give, devise, and bequeath all the rest and residue of the property in my estate, whether real, personal or mixed, and wherever situated, to her to be hers absolutely. If my sister does not survive me, I give, devise, and bequeath the property in my residuary estate to my niece, CAROL HIRST, provided she survives me. In the event my said niece predeceases me, I give, devise and bequeath the property in my residuary estate to my great-niece, RONDA HIRST.

VII. POWERS AND DUTIES OF EXECUTOR

A. General Discretionary Powers.

Except as herein otherwise expressly provided, the Executor may receive, hold, invest and reinvest any money and other property at any time owned by my estate as the Executor shall see fit and in such manner as the Executor shall deem to be in the best interest of the beneficiaries hereunder.

B. Diversification.

The Executor may acquire, receive, and retain investments without regard to principles of diversification and without regard to pre-dominance of common stocks or stocks in closely held corporations.

C. Reports of Executor

The Executor shall not be required to make reports to or settlements with any court. However, the Executor shall render to each beneficiary, or to the natural or legal guardian of such beneficiary, full statements showing all transactions pertaining to the administration of my estate and a schedule of all assets and liabilities therein.

D. Powers Incorporated by Reference.

In addition to and not in limitation of all powers granted in this instrument, the Executor serving hereunder shall have those specific powers, duties and obligations enumerated in Tennessee Code Annotated, Section 35-50-110, sub-paragraphs (1) to (32) inclusive, which are hereby incorporated by reference into this instrument.

E. Compensation of Executor

The Executor shall receive reasonable compensation for services rendered hereunder.

F. Income During Administration.

During the period of administration of my estate, the Executor is authorized to make distributions of the income of the estate to the same persons, and in the same proportions, as might be made if the administration were completed.

G. Disposition of Assets.

I authorize the Executor, without the order of any court, to sell and convey any of my real estate or personal property at public or private sale, without the joinder of any beneficiary, in such manner and upon such terms and for such prices as may seem best; and on every sale of real estate the proceeds are to be deemed and treated as forming part of my personal estate.

H. Disclaimer.

All beneficiaries and their legal representatives hereunder shall have the right to disclaim any gift in whole or in part by delivering such disclaimer

to the Executor according to §2518 of the Internal Revenue Code and §31-1-103 of the Tennessee Code Annotated.

IN WITNESS WHEREOF, I have set my hand on this 22 day of July, 1992.

Alma Sanford Wells
ALMA SANFORD WELLS

Signed, declared, and published by the said ALMA SANFORD WELLS, as and for her Last Will and Testament, in the presence of us, the undersigned, who at her request and in her sight and presence and in the sight and presence of each other, have subscribed our names hereto as attesting witnesses the day and date above written.

Name	Address
Barbara S Lovett	Brentwood TN
Margaret McVay	Nashville, Tn

STATE OF TENNESSEE, DAVIDSON COUNTY

I Richard R. Rooker, Clerk of the Probate Court of Davidson County, State aforesaid, do certify that the foregoing is a full, true and complete copy of the original on file in my office. Will Book 182 Page 45
Given under my hand and official seal at office in Nashville, this 26th of October 1993.

RICHARD R. ROOKER, CLERK

By Linda C. Ryan
Deputy Clerk

(Page 4 of my Will: Alma Sanford Wells)

AFFIDAVIT

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STATE OF TENNESSEE)
)
COUNTY OF WILLIAMSON)

Barbara S. Lamb and Mary Joe McVoy,

being first duly sworn, make oath that the foregoing Last Will and Testament was signed by **ALMA SANFORD WELLS,** as and for her Last Will and Testament, and at that time acknowledged, published and declared by her to be her Last Will and Testament in the sight and presence of us, the undersigned, who at her request and in her sight and presence and in the sight and presence of each other subscribed our names as attesting witnesses on the 13th day of **JULY,** 1992, in Williamson County, Tennessee, and we further make oath that the Testatrix was of sound mind on said date and was more than eighteen (18) years of age, and that each of the witnesses was more than eighteen (18) years of age.

Barbara S Lamb
Witness

Brentwood, TN
Address

Mary Joe McVoy
Witness

Nashville, Tn
Address

SWORN to and SUBSCRIBED before me this 13th day of **JULY,** 1992.

Notary Public

My Commission Expires:

Mar. 12, 1994

A:#8tib070792

(Page 5 of my Will: Alma Sanford Wells)

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.

NOV 24 1992

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 9205577

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEDENT'S NAME (First, Middle, Last): ALMA MASON WELLS		2 SEX: FEMALE	3 DATE OF DEATH (Month, Day, Year): NOVEMBER 7, 1992
4 SOCIAL SECURITY NUMBER (of Deceased): 408-07-8660	5a AGE – LAST BIRTHDAY (Years): 76	6 DATE OF BIRTH: MAY 21,1916	7 BIRTHPLACE (City and State or Foreign Country): NOLENSVILLE, TENNESSEE
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No	8a 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): 641 ROCHELLE DRIVE	9c CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE	9d COUNTY OF DEATH: DAVIDSON	
10 MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): WIDOWED	11 SURVIVING SPOUSE (If wife, give maiden name):	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): PAYROLL CLERK	12b KIND OF BUSINESS/INDUSTRY: SEARS ROEBUCK AND CO.
13a RESIDENCE – STATE: TENN.	13b COUNTY: DAVIDSON	13c CITY, TOWN OR LOCATION: NASHVILLE	13d STREET AND NUMBER OR RURAL LOCATION: 641 ROCHELLE DRIVE
CENSUS TRACT	13e INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No	13f ZIP CODE: 37220	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): CLARENCE SANFORD	18 MOTHER'S NAME (First, Middle, Maiden Surname): MAGGIE STANLEY

INFORMANT

19a INFORMANT'S NAME (Type/Print): CAROL HIRST	19b RELATIONSHIP TO DECEASED: NIECE	19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1305 SATURN DRIVE, NASHVILLE, TN 37217

DISPOSITION

20a METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 6 [ ] Other (Specify)	20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): TRIUNE CEMETERY	20c LOCATION – City or Town, State: TRIUNE, TENNESSEE	
21a SIGNATURE OF FUNERAL DIRECTOR: William R. Appleton	21b LICENSE NUMBER OF FUNERAL DIRECTOR: 2700	21c SIGNATURE OF EMBALMER: Timothy B. Bond	21d LICENSE NUMBER OF EMBALMER: 4259
22a NAME AND ADDRESS OF FUNERAL HOME: WOODBINE FUNERAL HOME, INC. 5852 NOLENSVILLE ROAD, NASHVILLE, TN 37211			22b LICENSE NUMBER OF FUNERAL HOME: 760

REGISTRAR

23 REGISTRAR'S SIGNATURE: Marsha M. Biggerstaff	24 DATE FILED (Month, Day, Year): November 24, 1992

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: Roger A. Hodge, M.D.	25b LICENSE NUMBER: MD 17145	25c DATE SIGNED (Month, Day, Year): 11-17-92

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)

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
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	Widely metastatic carcinoma of unknown primary, probably	
DUE TO (OR AS A CONSEQUENCE OF)	ovarian carcinoma)	
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.		

SEE INSTRUCTIONS ON OTHER SIDE

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

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

30 MANNER OF DEATH: 1 [ ] Natural 5 [ ] Pending Investigation; 2 [ ] Accident; 3 [ ] Suicide 6 [ ] Could not be Determined; 4 [ ] Homicide	31a DATE OF INJURY (Month, Day, Year)	31b TIME OF INJURY: M	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)

BIRTH NO

PH-1659
REV 1/89