3312 11/01 0101 01CASH 12.00

LAST WILL AND TESTAMENT
OF
EUGENIA S. McCOWN

I, EUGENIA S. McCOWN, being of sound mind and disposing memory, do make, publish and declare this my Last Will and Testament, hereby revoking any and all wills and/or codicils, if any, heretofore made by me.

FIRST ITEM: I direct that my Executrix, hereinafter named, pay all my just debts, funeral expenses, and all other expenses, as soon as practicable after my death.

SECOND ITEM: I direct that my Executrix hereinafter named pay all Federal and State Inheritance, Estate, Succession, transfer or other death taxes which may be assessed against my estate or inheritance tax assessed on account of any life insurance proceeds or other property which shall be included in my estate for the purposes of taxes, whether or not included in my estate for probate purposes; and same to be paid out of my general estate.

THIRD ITEM: I give, devise, and bequeath all of my property unto my sister, AMANDA STEWART HAGGARD; but in the event she should pre-decease me then I give, devise and bequeath all my property unto NATHANIEL RAY POWERS, MARGARET H. POWERS, and NATHAN LEE POWERS, share and share alike.

FOURTH ITEM: I nominate and appoint MARGARET H. POWERS, as Executrix, without bond and without any accounting to any Court.

IN TESTIMONY WHEREOF, I have set my signature to this my Last Will and Testament, on this the 15 day of Sept, 1993.

X _____
EUGENIA S. McCOWN, TESTATRIX

EUGENIA S. McCOWN, the testatrix, did sign, seal, publish and declare this as her Last Will and Testament, in the presence of the undersigned, at the same time, at her request and in her presence and in the presence of each other, have subscribed our names as attesting witnesses, on the day and date above written.

Anita Hillis
ATTESTING WITNESS

Dana Crutcher
ATTESTING WITNESS

MAIL ENV.

93 NOV -1 PM 1:38
FELIX Z. [illegible] REGISTER
DAVIDSON COUNTY, TN.

80142
IDENTIF. & REFERENCE

A F F I D A V I T

STATE OF TENNESSEE

COUNTY OF Davidson

Affiants, the undersigned, being first duly sworn according to law, make oath as follows:

On the 15 day of September, 1993, subscribed our names as attesting witnesses to the will of EUGENIA S. McCOWN at her request and in her presence and in the sight and presence of each other. Said Will was executed by the Testatrix in our presence. We considered her to be of sound mind at the time said will was executed, and she was more than eighteen (18) years of age.

EUGENIA S. McCOWN, TESTATRIX

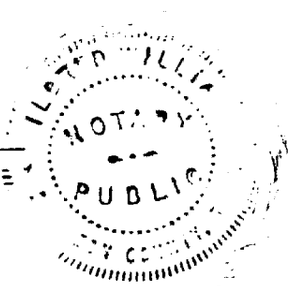
Anita Willis
ATTESTING WITNESS

Dana Crutcher
ATTESTING WITNESS

Subscribed and sworn to before me, this the 15 day of Sept, 1993.

Mildred Wilson
NOTARY PUBLIC

My Comm. Exp 1-23-94



Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

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.

OCT 13 1993

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

Leslie S. Wadley, M.D.

9305079

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

BOOK 9134 PAGE 9
STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEDENT'S NAME (First, Middle, Last): EUGENIA S. McCOMB
2 SEX: FEMALE
3 DATE OF DEATH (Month, Day, Year): October 2, 1993
4 SOCIAL SECURITY NUMBER: [redacted] 0857
5a AGE – LAST BIRTHDAY (Years): 82
5b UNDER 1 YEAR: Months / Days
5c UNDER 1 DAY: Hours / Minutes
6 DATE OF BIRTH (Month, Day, Year): Apr. 3, 1911
7 BIRTHPLACE (City and State or Foreign Country): LINCOLN COUNTY, TENNESSEE
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 [X] Nursing Home 5 Residence 6 Other (Specify)
9b FACILITY NAME (If not institution, give street and number): LAKESHORE-HEARTLAND
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): HOMEMAKER
12b KIND OF BUSINESS/INDUSTRY:
13a RESIDENCE – STATE: TN
13b COUNTY: DAVIDSON
13c CITY, TOWN OR LOCATION: NASHVILLE
13d STREET AND NUMBER OR RURAL LOCATION: 3025 FERNBROOK LANE
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 [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): EUGENE STEWART
18 MOTHER'S NAME (First, Middle, Maiden Surname): ANNIE BEE FARRAR

INFORMANT

19a INFORMANT'S NAME (Type/Print): MS. MARGARET POWERS
19b RELATIONSHIP TO DECEASED: P.O.A.
19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1541 PLEASANT HILL ROAD, NASHVILLE, TN 37214

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): ROSEHILL CEMETERY
20c LOCATION – City or Town, State: FAYETTEVILLE, TENNESSEE
21a SIGNATURE OF FUNERAL DIRECTOR: ▶ Jerry Wilson
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 3182
21c SIGNATURE OF EMBALMER: ▶ JERRY WILSON
21d LICENSE NUMBER OF EMBALMER: 3567
22a NAME AND ADDRESS OF FUNERAL HOME: WOODLAWN FUNERAL HOME 660 THOMPSON LANE, NASHVILLE, TN 37204
22b LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23 REGISTRAR'S SIGNATURE: ▶ Marsha H. Biggerstaff
24 DATE FILED (Month, Day, Year): October 13, 1993

PHYSICIAN

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: ▶ [signature]
25b LICENSE NUMBER: MD023572
25c DATE SIGNED (Month, Day, Year): 10/8/93

MEDICAL EXAMINER

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.	Ischemic Cardiomyopathy 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.	

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? 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 6 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 5 [ ] 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

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