LAST WILL AND TESTAMENT OF

PAULINE M. ALLEN

I, PAULINE M. ALLEN, born April 23, 1900 and presently living at 130 Orchard Drive, Old Hickory, Tennessee, in one part of a residential Duplex dwelling owned by me, being of sound mind and disposing memory, do make, declare and publish this to be my Last Will and Testament, hereby revoking all former wills and codocils to wills heretofore made by me. A Last Will and Testament was duly executed by me on August 18, 1966, and it is my intent that this Last Will and Testament be destroyed and revoked in its entirety.

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I do hereby direct that all of my just debts, including my funeral expenses and the costs of administration, be paid out of my general estate by my executrix as soon as practicable after my death. To this end I authorize my Executrix to sell or encumber at her discretion, any of my personal property or assets, and to execute all instruments and-or conveyances necessary to effectuate such sale or encumbrance. I direct my executrix to pay all estate, inheritance, succession, and other death taxes which may be payable by, or chargeable against my estate, or any of the beneficiaries thereof, out of my general estate as an expense of administration without apportionment or proration among the several beneficiaries, legatees, and devisees.

I give, devise and bequeath to my grandaughter, SHIRLEY M. RION, my duplex realty and lot, located at 128-130 Orchard Drive, Old Hickory, Davidson County, Tennessee, including all of my household furniture, appliances, and furnishings therein, of any kind or nature.

I further give, devise and bequeath to SHIRLEY M. RION, my one-half carat diamond ring and any automobile I may own at the time of my death.

I give, devise and bequeath to my great grandson, JOHN RION, my gold pocket watch.

I give, devise and bequeath all other personal property and personal assets that I may have and any interest therein that may be acquired by me, to VIOLET A. MACON and SHIRLEY M. RION, to be equally divided between these two beneficiaries.

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

Pauline M Allen

I do hereby nominate, constitute and appoint my grandaughter, SHIRLEY M. RION, as Executrix of this my Last Will and Testament. I direct that no bond or other security shall be required of my said executrix for the faithful performance of her duties as such, and that she shall not be required to file any inventory of my estate unless specifically required to do so by the Court.

In Witness Whereof, I have hereunto set my hand to this my last will and testament at Madison, Tennessee, this 22nd day of February, 1979.

Pauline M Allen
PAULINE M. ALLEN

Signed, sealed, published and declared by the testatrix, Pauline M. Allen, to be her last will and testament in the presence of all of us at one and the same time, and we at her request and in her presence and in the presence of each other, have hereunto subscribed our names as witnesses, and we do hereby attest to the sound and disposing mind of said testatrix and to the performance of the aforesaid act of execution at the place and on the date herein above set out.

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NAMES OF WITNESSES	ADDRESSES
Alma C. Rion	2411 Lakeshore Dr., Old Hickory Town., 37138
Constance B. Paoli	243 Parker Road, Nashville, Tn. 37214

93019
IDENTIF. ↑ REFERENCE

93 DEC -3 PM 2:12
FELIX E. ... REGISTER
DAVIDSON COUNTY, TN.

PICK-UP

A F F I D A V I T

STATE OF TENNESSEE:

COUNTY OF DAVIDSON:

Upon being first duly sworn and-or affirmed as prescribed by law, we Alma C. Rion and Constance B. Paulé, attesting witnesses to the foregoing Last Will and Testament of PAULINE M. ALLEN, do now, in making oath of Affidavit, further attest to the fact that the foregoing Last Will and Testament was duly signed by PAULINE M. ALLEN, and that it was acknowledged by her, showed and declared by her to be her Last Will and Testament, revoking all prior Wills and Codicils by her, all in the sight and presence of each of the undersigned and above named, who at her request and in her sight and presence and in the sight and presence of each other, subscribed and named as attesting witnesses on this the 22nd day of February, 1979; and we further do state in making Oath and Affidavit that we did converse with and did observe Pauline M. Allen, and each of us is fully satisfied that she is of Sound Mind and Memory, that she is fully aware of the extent of her bounty, her holdings, her relatives and heirs, that she is more than (18) years of age, and that each of us witnesses to her Last Will and Testament, is more than (18) years of age.

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Constance B. Paulé

Alma C. Rion

Sworn to and Subscribed to before me a Notary Public on this the 22nd day of February, 1979.

J. H. Wachter

Notary Public

My Commission Expires: 5-13-79

9943 12/03 0101 03CHECK 16.00

SUMNER COUNTY HEALTH DEPARTMENT

Gallatin 452-4811
411 South Water Avenue
Gallatin, TN 37066

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Pauline Mae Allen
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): October 25, 1993
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-1044
5a. AGE – LAST BIRTHDAY (Years): 93
5b. UNDER 1 YEAR – MOS / DAYS
5c. UNDER 1 DAY – HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): APR 23, 1900
7. BIRTHPLACE (City and State or Foreign Country): Ceralvo, KY
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): National Health Care
9c. CITY, TOWN, OR LOCATION OF DEATH: Hendersonville
9d. COUNTY OF DEATH: Sumner
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name): NONE
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: Domestic
13a. RESIDENCE – STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Old Hickory
13d. STREET AND NUMBER OR RURAL LOCATION: 130 Orchard Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37138
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): 8; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Clarence P Morris
18. MOTHER'S NAME (First, Middle, Maiden Surname): Zula Bratcher

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Shirley Thomas
19b. RELATIONSHIP TO DECEASED: Granddaughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1403 Riverside Rd, Old Hickory, TN 37138

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): Ceralvo Cemetery
20c. LOCATION – City or Town, State: Centertown, KY
21a. SIGNATURE OF FUNERAL DIRECTOR: Larry Gibbs
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2673
21c. SIGNATURE OF EMBALMER: Reid G. Van Ness
21d. LICENSE NUMBER OF EMBALMER: 4275
22a. NAME AND ADDRESS OF FUNERAL HOME: MADISON FUNERAL HOME INC. 219 Old Hickory Blvd. Madison, TN 37115
22b. LICENSE NUMBER OF FUNERAL HOME: 690

REGISTRAR

23. REGISTRAR'S SIGNATURE: Delores Perry D.R.
24. DATE FILED (Month, Day, Year): November 10, 1993

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: Millard Smith MD
25b. LICENSE NUMBER: MD 6445
25c. DATE SIGNED (Month, Day, Year): 10 28 93
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 FILE MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr. Millard Smith, 107 Imperial Blvd., Suite 1, Hendersonville, TN 37075

SEE INSTRUCTIONS ON OTHER SIDE

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. Pneumonia	10 days
	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: Stroke with left hemiplegia, dementia severe

29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] 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: 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

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This is to certify that the above is a true and correct copy of the record filed with the Division of Vital Records, Tennessee Department of Health, by the local health department. This is valid only when the embossed seal of the issuing local health department is affixed.

Delores Perry, D.R.
DEPUTY REGISTRAR

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