Last Will and Testament

(OF)

THOMAS E. CROUCH, JR.

I, THOMAS E. CROUCH, JR., was born on the 17th day of October, 1919, in Davidson County, Tennessee. I have been married to my wife, Erline (NMI) Crouch, since May 24, 1969. No children have been born or adopted of our marriage. We both had been previously married. I have a daughter, Sandra E. Holt, who was born of my first marriage. She is my only child, and is married to Jerry Holt. Three children have been born of their marriage.

My present wife, Erline, has two children born of her prior marriage. She has a Last Will and Testament, which is separate from this Last Will and Testament.

Being of Sound Mind and Disposing Memory, I do now make, publish and declare this Instrument to be my Last Will and Testament, revoking any and all Last Wills and Codicils thereto, purported to have been made by me. I had executed a prior Will, which was taken in a "break-in", and has never been returned or found. I do hereby declare this Last Will to be revoked as if it never existed.

I.

I do hereby nominate and appoint my wife, ERLINE CROUCH to be the Executrix of this my Last Will and Testament, and should she predecease me, I then, in that event, nominate and appoint my sister, BETTY ANN SISK, to be the alternate Executrix of this my Last Will and Testament.

II.

I request that neither the Executrix of the alternate Executrix, as the case may be, named hereinbefore, be required to give Bond, and that notwithstanding this request, any bond is required by any law, statute or rule of court, no sureties be required thereon. It is my express intention that the Executrix

T E C Jr

and-or the alternate Executrix as the case may be, administering my estate have all powers enumerated in Tennessee Code Annotated Section 35-5-110, as is, and that this Section is incorporated by reference in this Will.

IV.

I direct that all my just debts, including funeral expenses and expenses of administration, be paid by my Executrix as the case may be, as soon after my death as may be practicable to do so.

V.

I am the owner of the residence located at 2718 Mashburn Road, Nashville, Tennessee, which Realty I owned prior to my marriage to my present wife. I do now devise and bequeath this realty to my daughter, SANDRA E. HOLT, upon my death, and in the event she does not survive me, I then devise and bequeath this Realty to my grand-daughter, STEPHANIE ELAINE HOLT.

VI.

Subject my wife, ERLINE, survive me, then I give, bequeath and devise, to her all other of my property, real, mixed and-or personal, of whatever kind or nature I may own or die seized of.

VII.

Subject to provision V. above, in the event my Wife should predecease me, or in the event that we should die simultaneously, or where it cannot be readily determined which of us may have first succumbed, then in that event, it is to be presumed that my Wife predeceased me, and in such event, I give, bequeath and devise, all of the property I may then own or be seized of, equally, that is, to be divided in equal proportions between her two children and my daughter, SANDRA. In the event that either of these three children may have become deceased, then in such event, the share of my estate the deceased parent may have received had she/he survived me, I give, bequeath and devise to the surviving child or children of the predeceased parent.

T E e Jr.

IN WITNESS WHEREOF, I have hereunto below, set my hand, subscribing my name below and at the bottom of the preceding 2 pages, on this the 16th day of August, 1989, in Madison, Davidson County, Tennessee, and pursuant to the applicable Tennessee Code Section, it is requested that the Attesting Witnesses to my signing of this my Last Will and Testament also make Affidavit as such attesting witnesses.

Thomas E Crouch Jr.
THOMAS E. CROUCH, JR.

The Foregoing Instrument, consisting of this and 2 preceding typewritten pages, was signed, sealed, published and declared by THOMAS E. CROUCH, JR, the Testator, to be his Last Will and Testament, in our presence, and we, at his request and in his presence and in the presence of each other, have hereunto subscribed our names as witnesses, this 16th day of August, 1989, at Madison, Tennessee.

Nellie C. Baker WITNESS	4431-Pecan Valley Rd. ADDRESS 37218 Nashville Tenn.
JoAnn Heath WITNESS	P.O. Box 2084 ADDRESS Madison, TN 37116

94 JAN 12 PM 1:53
FELIX A. ... REGISTER
DAVIDSON COUNTY, TN.

PICK-UP

9032 01/12 0101 03CHECK 10.00

07055
IDENTIF. & REFERENCE

AFFIDAVIT OF ATTESTING WITNESSES

STATE OF TENNESSEE:

COUNTY OF DAVIDSON:

Upon being first duly sworn and-or affirmed as prescribed by law, we Nellie C. Baker and Jo Lynn Heath, attesting witnesses to the foregoing Last Will and Testament of THOMAS E. CROUCH, JR., do now, in making oath of Affidavit, further attest to the fact that the foregoing Last Will and Testament was duly signed by THOMAS E. CROUCH, JR., and that it was acknowledged by him, showed and declared by him to be his Last Will and Testament, revoking all prior Wills and Codicils by him, all in the sight and presence of each of the undersigned and above named, who at his request and in his sight and presence and in the sight and presence of each other did affix our respective signatures as attesting witnesses to the signing of the foregoing Instrument, the Last Will and Testament, of the Testator, THOMAS E. CROUCH, JR., on the 16th day of August, 1989; and in making Oath, we further do state, that each of us did converse with and observe the aforestated Testator, and each of us are of the opinion and are satisfied, that he is of Sound Mind and Disposing Memory, that he is fully aware of the extent of his bounty, his property holdings, his relatives, heirs and acquaintances. Further, he states he has, and we do each believe that he has freely and voluntarily executed the foregoing Instrument. Each of us is more than eighteen (18) years of age.

Nellie C Baker
WITNESS

4431 Pecan Valley Rd
Nashville Tenn 37218

Jo Lynn Heath
WITNESS

P.O. Box 2084
Madison TN 37116

Sworn and Subscribed to before me, Jan N. Wachter, a Notary Public, on this the 16th day of August, 1989.

Jan N. Wachter
Notary Public

My Commission Expires: 6-9-91

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

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

JAN 6 1994

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.

Linda L. Wadley, M.D.

9306668

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

BOOK 9219 PAGE 49

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): Thomas Everett Crouch, Jr.		2. SEX: Male	3. DATE OF DEATH (Month, Day, Year): Dec. 26, 1993
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-1440	5a. AGE – LAST BIRTHDAY (Years): 74	6. DATE OF BIRTH (Month, Day, Year): Oct. 17, 1919	7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tenn.

DECEDENT

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No

9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [X] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
Baptist Hospital	Nashville	Davidson

10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify)	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.)	12b. KIND OF BUSINESS/INDUSTRY
Married	Erline Spencer	Welder	Airplane Construction

13a. RESIDENCE – STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER OR RURAL LOCATION
Tennessee	Davidson	Nashville	5173 Old Hydes Ferry Pike

CENSUS TRACT	13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No	13f. ZIP CODE	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)	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5+)
		37218		White	6	

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
Thomas Crouch, Sr.	Cora Stevens

INFORMANT

19a. INFORMANT'S NAME (Type/Print)	19b. RELATIONSHIP TO DECEASED	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Sandra Holt	dtr	2718 Mashburn Road, Nashville, Tenn 37210

DISPOSITION

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION – City or Town, State
1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)	Woodlawn Cemetery	Nashville, Tenn.

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER OF FUNERAL DIRECTOR	21c. SIGNATURE OF EMBALMER	21d. LICENSE NUMBER OF EMBALMER
▶ James Mayo	4197	▶ Don Dupree	3374

22a. NAME AND ADDRESS OF FUNERAL HOME	22b. LICENSE NUMBER OF FUNERAL HOME
Roesch Patton Austin Bracey & Charlton, Nashville, Tenn.	121

REGISTRAR

23. REGISTRAR'S SIGNATURE	24. DATE FILED (Month, Day, Year)
▶ [signature]	January 6, 1994

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	25b. LICENSE NUMBER	25c. DATE SIGNED (Month, Day, Year)
▶ Ben Alper MD	MD000590	1-6-94

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)

Dr. Ben Alper, St. Thomas Medical Plaza, East, 4230 Harding Rd., Nashville, Tn. 37205

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.	Acute myocardial infarction	2 hrs.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b.	Atherosclerotic heart disease	
c.		
d.		

DUE TO (OR AS A CONSEQUENCE OF)

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	31a. DATE OF INJURY (Month, Day, Year)	31b. TIME OF INJURY	31c. INJURY AT WORK?	31d. DESCRIBE HOW INJURY OCCURRED
1 [ ] Natural 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide		M	1 [ ] Yes 2 [ ] No	

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