LAST WILL AND TESTAMENT
OF
BENJAMIN FRANKLIN DENNIS

I, BENJAMIN FRANKLIN DENNIS, also known as BEN F. DENNIS and B.F. DENNIS, being a citizen and resident of Nashville, Davidson County, Tennessee, and being of sound and disposing mind and memory, do hereby make and publish this as and for my Last Will and Testament, hereby revoking any and all Wills or Codicils heretofore made by me at any time.

Provided he survives me, I hereby nominate and appoint my son, MEDRICK EARL DENNIS, as Executor of this my Last Will and Testament and do waive the requirement of a bond and do direct that he not be required to file an inventory of my estate; however, should the said MEDRICK EARL DENNIS predecease me or should we both die in or as a result of a joint disaster or should he cease to act as my Executor after once qualifying as such and prior to the closing of my estate, then, in any of such events, I hereby nominate and appoint PATRICIA JEAN DENNIS, as substitute or successor Executrix of this my Last Will and Testament and do waive the requirement of a bond to be furnished by her and do direct that she not be required to file an inventory of my estate.

I hereby give unto my Executor and to my substitute or successor Executrix, as the case may be, all of the powers set forth and enumerated in the introductory paragraph and thirty-two numbered subparagraphs of Tennessee Code Annotated, §35-50-110, together with any additional powers which may be added by the legislature of the State of Tennessee subsequent to the execution of this Will and prior to the date of my death.

I hereby give unto EDITH HEATH, and her heirs per stripes, the money which is deposited in the Citizen's Savings Bank under her name and my name.

I hereby give, devise and bequeath unto my stepdaughter, JEWELL JONES, and her heirs per stirpes, the sum of One Thousand Dollars ($1,000); and

I hereby give, devise and bequeath unto my step-granddaughter, LINDA CUNNINGHAM, and her heirs per stirpes, the sum of One Thousand Dollars ($1,000); and

I hereby give, devise and bequeath unto my son, MEDRICK EARL DENNIS, and his heirs per stirpes, Lots 12, 13, and 14 on Dennis Drive, together with the buildings and contents located thereon; and I further give, devise and bequeath unto MEDRICK

EARL DENNIS, and his heirs per stirpes, Lots 23, 24, 25, and 26 on Roger Williams Avenue and the buildings thereon and the contents therein, all of which property is located in Nashville, Davidson County, Tennessee, 37207; and I further give, devise and bequeath unto MEDRICK EARL DENNIS the 1977 Buick 225 or whatever car I own at the time of my death; and,

Provided he survives me, I hereby give unto my son, MEDRICK EARL DENNIS, all the rest and remainder of my estate of whatsoever kind and nature and wheresoever situated; however, should my son, MEDRICK EARL DENNIS, predecease me or should we both die in or as a result of a joint disaster, then, in such event, I hereby give, devise, and bequeath all the rest and remainder of my estate, of whatsoever kind and nature and wheresoever situated unto PATRICIA JEAN DENNIS.

IN WITNESS WHEREOF, I have hereunto set my hand to this my Last Will and Testament on this the 1 day of March, 1992.

Benjamin Franklin Dennis

BENJAMIN FRANKLIN DENNIS

We, the undersigned, do certify and attest that the within named BENJAMIN FRANKLIN DENNIS, did appear to us to be of sound and disposing mind and memory; and did make, publish and declare the foregoing to be his Last Will and Testament and did sign the same in our presence and we have signed the same as his attesting witnesses at his request, and in his presence and in the presence of each other, all on this the 1 day of March, 1992.

John L Doak Sr

Witness

Address: 2925 Harbour View Drive
Nashville TN 37217

Mary T. Doak

Witness

Address: 2925 Harbour View Dr.
Nashville, TN 37217

AFFIDAVIT

We, the undersigned, having been duly sworn according to law do hereby swear to the following affidavit:

1. We and each of us are adult citizens of the State of Tennessee.

2. We are making this affidavit at the request of the TESTATOR, BENJAMIN FRANKLIN DENNIS, with reference to our witnessing the execution of his Will.

3. The TESTATOR, BENJAMIN FRANKLIN DENNIS, did acknowledge and publish the Will to which this instrument is attached, said Will consisting of two (2) pages, this page not included, as and for his Last Will and Testament and he did signify to us that said instrument is his Last Will and Testament.

4. The TESTATOR, BENJAMIN FRANKLIN DENNIS, did personally sign said Last Will and Testament in our presence and we and each of us did sign said Will as his attesting witnesses, at his request, and in his presence and in the presence of each other all on the 1 day of March, 1992.

5. The TESTATOR, BENJAMIN FRANKLIN DENNIS, did appear to us to be of sound and disposing mind and memory when he executed said Will.

IN WITNESS WHEREOF we have hereunto set our hands on this 1 day of March, 1992.

Jah G Dash Jr
AFFIANT:

Mary T. Hoak
AFFIANT:

STATE OF TENNESSEE
COUNTY OF DAVIDSON

SWORN to and subscribed before me on this 1 day of March, 1992.

3-25-95
MY COMMISSION EXPIRES:

NOTARY PUBLIC

94 MAR -3 AM 11:35
DAVIDSON COUNTY, TN.

PICK-UP

7062 03/03 01:01 01CASH 16.00

23401

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.

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

OCT 13 1993

Linda S. Wolfe, M.D.

BOOK 9266 PAGE 455

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER 1805045

DECEDENT

1. DECEDENT'S NAME: Benjamin Franklin Dennis Sr.
2. SEX: Male
3. DATE OF DEATH: October 2, 1993
4. SOCIAL SECURITY NUMBER: [redacted]-4664
5a. AGE - LAST BIRTHDAY: 97
6. DATE OF BIRTH: JAN 15, 1896
7. BIRTHPLACE: Clarksville, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 2 No
9a. PLACE OF DEATH: OTHER 4 Nursing Home
9b. FACILITY NAME: Cumberland Manor Nursing Home
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS: Widowed
11. SURVIVING SPOUSE: NONE
12a. DECEDENT'S USUAL OCCUPATION: Self-Employed
12b. KIND OF BUSINESS/INDUSTRY: Masonry Contractor
13a. RESIDENCE – STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 4343 Ashland City Highway
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 Yes
13f. ZIP CODE: 37218
14. WAS DECEDENT OF HISPANIC ORIGIN? No
15. RACE: Black
16. DECEDENT'S EDUCATION: Elementary/Secondary (0-12): 6

PARENTS

17. FATHER'S NAME: Medrick Dennis
18. MOTHER'S NAME: Gracie

INFORMANT

19a. INFORMANT'S NAME: Medrick Dennis
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS: 421 Dennis Drive, Nashville, TN 37207

DISPOSITION

20a. METHOD OF DISPOSITION: 1 Burial
20b. PLACE OF DISPOSITION: Greenwood Cemetery
20c. LOCATION: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Lydia D. Johnson Substitute
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4063
21c. SIGNATURE OF EMBALMER: Eric M. Johnson
21d. LICENSE NUMBER OF EMBALMER: 3829
22a. NAME AND ADDRESS OF FUNERAL HOME: Johnson's House of Atena, 1107 Buchanan St., Nashville, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 708

REGISTRAR

23. REGISTRAR'S SIGNATURE: Marsha H. Biggerstaff
24. DATE FILED: October 11, 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: E. K. Johnson
25b. LICENSE NUMBER: MD 10912
25c. DATE SIGNED: 10/6/93
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

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): E. K. Johnson III M. D., 3803 Hydes Ferry Pike, Nashville, TN 37218

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. Cardio respiratory Arrest
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. Atherosclerotic Cardiovascular
DUE TO (OR AS A CONSEQUENCE OF):
c. Arteriosclerotic Cardiovascular
DUE TO (OR AS A CONSEQUENCE OF): D. Disease
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? 2 No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 2 No

30. MANNER OF DEATH: 1 Natural
31a. DATE OF INJURY
31b. TIME OF INJURY
31c. INJURY AT WORK? 2 No
31d. DESCRIBE HOW INJURY OCCURRED
31e. PLACE OF INJURY
31f. LOCATION

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