51-A

LAST WILL AND TESTAMENT

OF

HOWARD WINFIELD TANKSLEY

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I, Howard Winfield Tanksley, a resident of Davidson County, Tennessee, being of sound mind and disposing memory, and not acting under duress, fraud or undue influence of any person whomsoever, do hereby make, publish and declare this to be my Last Will and Testament, and hereby revoke any and all prior wills and codicils heretofore made by me.

I.

I direct that all my just debts, including the expenses of my last illness and funeral and the expenses in connection with the administration of my estate, be paid by my Executrix hereinafter named as soon as practicable after my death.

II.

If my wife, Nancy Allen Tanksley, survives me, I hereby give, devise and bequeath all of my remaining property, of every kind and description, real and personal, tangible, intangible or mixed, which I own or to which I may be or become entitled, or in which I have an interest at the date of my death, including all property over which I have a right to dispose of, wheresoever the same may be located or situated, to my wife, Nancy Allen Tanksley, to be hers absolutely and in fee simple forever.

Howard Winfield Tanksley

25802 IDENTIF. & REFERENCE

9636 03/09 0101 01CASH 20.00

III.

If my wife, Nancy Allen Tanksley, does not survive me or if we are killed in a common disaster, under such circumstances that it is impossible to ascertain which died first, it shall be presumed for the purposes of this will and the distribution of the property hereunder that my wife predeceased me, and in such event, I hereby give, devise and bequeath, all of my property comprehended in Item II of this Will to my children living at my death, equally, share and share alike, in fee simple forever; providing further that if any of my children shall predecease me, leaving descendents at my death, such descendents shall take their ancestor or parent's share of my estate which is to be distributed among such descendents per stirpes and not per capita.

IV.

I hereby name and appoint my wife, Nancy Allen Tanksley, as Executrix of this my Last Will and Testament. I request the Executrix serve without the requirement of Bond or Surety and be exempt from the necessity of making any report, inventory or accounting to any Court not mandatory by law. The Executrix is hereby authorized to retain, sell, exchange or otherwise dispose of any and all of my property, and this may be accomplished on such terms and conditions as she and her sole discretion deems proper and without the necessity of supervision of any court. She shall have sole authority to distribute my estate in such manner as she deems proper to fulfill the intent and purpose of this my Last Will and Testament.

If my wife, Nancy Allen Tanksley, shall predecease me or cannot serve for any reason, I name and appoint Thomas Lawrence Beasley as alternate Executor and it would serve if it became necessary for it to do so under the same conditions as stated above.

IN WITNESS WHEREOF, I set my hand and seal this 30th day of April, 1979 and have written my name on the bottom of each page in the presence of the undersigned witnesses to whom I declare this to be my Last Will and Testament, and who in the presence of each other signed their names hereunto.

Howard Winfield Tanksley

TESTATOR

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The foregoing instrument, consisting of three pages, including this page, was at the date hereof, signed, sealed, published and declared by the said Howard Winfield Tanksley to be his Last Will and Testament in the presence of us, who at his request and in his presence, and in the presence of each other, have signed our names as witnesses hereto, having also together seen the said Testator's name written by him on the bottom of this page and the preceding pages hereof, this 30th day of April, 1979 and we hereby certify that we believe the said Testator to be of sound mind and memory.

R. B. Ball

ADDRESS 435 Lynn Dr
Nashville, Tn.

Betty A. Ball

ADDRESS 435 Lynn Dr.
Nashville, Tenn.

AFFIDAVIT

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

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R. B. Bell and Betty A. Bell,

being severally duly sworn, depose and say that:

We are acquainted with Howard Winfield Tanksley, who executed this Last Will and Testament, consisting of three pages, dated April 30, 1979, on that date at Nashville, Tennessee, by subscribing his name at the end thereof in the presence and sight of each of us.

At the time of subscribing said Will, Howard Winfield Tanksley declared the instrument so subscribed by him to be his Last Will and Testament, and we thereupon signed our names as witnesses at the end of said instrument at his request and in his presence and sight, and in the presence and sight of each other.

At the time of executing said Last Will and Testament, Howard Winfield Tanksley was over the age of eighteen years and in our opinion was of sound mind, memory and understanding and not under any restraint or in any respect incompetent to make a Last Will and Testament.

This affidavit is made at the request of said Howard Winfield Tanksley.

The annexed Last Will and Testament was examined by the undersigned witnesses at the time this affidavit was made.

NOTARY PUBLIC SEAL OF OFFICE DAVIDSON COUNTY, TENN. SUBSCRIBED IN THE STATE OF TENNESSEE

L. B. Bell

Betty A. Bell

SWORN TO AND SUBSCRIBED before me, this 30th day of April, 1979.

Marjorie G. Carruthers
NOTARY PUBLIC

My Commission Expires:

My Commission Expires April 18, 1982

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

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

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

FEB 22 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.

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9400767

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE (PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK)

NAME OF DECEDENT (For use by physician or institution)

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): HOWARD WINFIELD TANKSLEY, JR.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): February 21, 1994
4. SOCIAL SECURITY NUMBER: [redacted]-5106
5a. AGE (Last Birthday): 75
6. DATE OF BIRTH: June 14, 1918
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X Yes 2 No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 X Inpatient 2 ER/Outpatient 3 DOA; OTHER 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): St. Thomas Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Nancy Allen
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Construction Supervisor
12b. KIND OF BUSINESS/INDUSTRY: Telephone Company
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN, OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 419 Lynn Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37211
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+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Howard W. Tanksley, Sr.
18. MOTHER'S NAME (First, Middle, Maiden, Surname): Mary Mayo

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Nancy Tanksley
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 419 Lynn Drive Nashville, TN

DISPOSITION

20a. METHOD OF DISPOSITION: 1 Burial 2 X Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Cole & Garrett Crematory
20c. LOCATION – City or Town, State: Hendersonville, TN

FUNERAL DIRECTOR

21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Wendell L Boyd
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2556
21c. SIGNATURE OF EMBALMER: ▶
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Inc. 3620 Nolensville Road Nashville, TN 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 396

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Maxine H Jones
24. DATE FILED (Month, Day, Year): February 22, 1994

PHYSICIAN OR MEDICAL EXAMINER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS

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 X SIGNATURE AND TITLE OF PHYSICIAN: ▶ William David Stanley, II MD
25b. LICENSE NUMBER: MD 36274
25c. DATE SIGNED (Month, Day, Year): 2/22/94
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):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print):

CAUSE OF DEATH

SEE INSTRUCTIONS ON OTHER SIDE

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.	Chronic obstructive pulmonary disease DUE TO (OR AS A CONSEQUENCE OF)	10+ yrs
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.

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 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:
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-1859
REV. 1-89

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