Last Will and Testament

of

BERTHA P. RANDOLPH

I, Bertha P. Randolph, a widow, of Davidson County, Tennessee, being of sound mind and disposing memory, hereby make, publish and declare this my Last Will and Testament, hereby revoking all wills and codicils previously made by me.

I.

I desire that all my just debts, funeral expenses and cost of administration of my estate, be paid as soon as practical after my death.

II.

Before any division of the residue of my estate is made, (as set forth hereinafter), I hereby give, bequeath and devise the following specific amounts:

1. To Tommy Woodward, my grandson, the sum of Two Thousand ($2,000.00) Dollars in cash.

2. To Anna Ray, my daughter, the sum of Six Hundred Fifty ($650.00) Dollars in cash.

3. To the four children of my deceased daughter, Esta Lee York, namely, James Walter Kellerhals, Patsy Short, Peggy Ann Marion, and William Kellerhals, the sum of One Hundred Sixty-Two Dollars and Fifty Cents ($162.50) each in cash.

III.

I hereby give, bequeath and devise all the remaining residue of my estate, including realty, personalty and cash, as follows:

1. Thirty-Four (34%) percent to my daughter, Anna Ray.

2. Twenty-Two (22%)percent to my daughter, Mildred Childress.

3. Twenty-Two (22) percent to be divided equally by and between the four children of my deceased daughter, Esta Lee York, namely James Walter Kellerhals, Patsy Short, Peggy Ann Marion, and William Kellerhals.

4. Twenty-Two (22%) percent, to be divided equally by and

Bertha P Randolph

between the following four children of my deceased son, Robert Randolph, Sr., namely, Jeffrey Scott Randolph, Robert Randolph, Jr., Julie Ann Randolph, and Marsha Ann Randolph.

I do not desire or intend for the other four children of Robert Randolph, Sr., to share or take anything whatsoever from my estate, namely John Allen Randolph, Lanny Ross Randolph, Virginia Bruner, and Keven Randolph, and they are hereby completely excluded from taking any portion of my estate.

IV.

I hereby appoint my daughter, Anna Ray, to serve as Executrix of this my Will and I direct that no bond shall be required of her. In order to reduce my estate to cash for ready distribution as set out herein above, I hereby authorize my Executrix to sell any and all of my estate, including realty, without Court approval, in any manner she may desire, i.e., public auction, private sale after appraisal, or through a realty agent, and her decision in this connection shall be final. I hereby relieve my Executrix from the necessity of filing an inventory of my estate, or a final accounting with the Court.

In witness whereof, I have hereunto set my hand and seal this 20 day of October, 1992, at Hermitage, Tennessee.

Bertha P Randolph
Bertha P. Randolph.

The foregoing instrument was signed by the above-named Bertha P. Randolph, and declared to be her Last Will and Testament in the sight and presence of us and each of us, who thereupon, at her request, in her sight and presence, and in the sight and presence of each other, have hereunto subscribed our hands as witnesses thereto.

Daniel M. Henry
Witness

Helen Henry
Witness.

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

STATE OF TENNESSEE:

COUNTY OF DAVIDSON:

AFFIDAVIT OF ATTESTING WITNESSES

We, the undersigned, witnesses to the foregoing Last Will and Testament to which this is attached, being more than eighteen (18) years of age and having no interest in said estate, do depose and make affidavit that Bertha P. Randolph, on the 20 day of October, 1992, produced the said Last Will and Testament and acknowledged it to be her Last Will and Testament and signed the same in our sight and presence, and we, at her request, and in her sight and presence, signed said Last Will and Testament in the sight and presence of each other, and at said time, we considered Bertha P. Randolph to be of sound mind and disposing memory and knew her to be eighteen (18) years of age or older.

Daniel M. Hessey
Witness

Address: 3739 Hoggett Ford Rd
Hermitage Tenn
37076

Helen Hessey
Witness

Address: 3739 Hoggett Ford Rd
Hermitage Tn 37076

Sworn to and subscribed before me
this 20 day of October, 1992
at Hermitage (Davidson County), Tennessee.

J. Houston Hogan
Notary Public.

My Commission expires 1-27-96

94 APR 28 PM 12:07
FELIX A. ... REGISTER
DAVIDSON COUNTY, TN.

94/28 0101 03CHECK 16.00

MAIL ENV.

IDENTIF. & REFERENCE

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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.

APR 6 1994

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

Linda S. Wilhelm M.D.

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TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 401051

TYPE / PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME: Bertha Randolph
2. SEX: Female
3. DATE OF DEATH: February 11, 1994
4. SOCIAL SECURITY NUMBER: [redacted]-0932
5a. AGE – LAST BIRTHDAY: 82
6. DATE OF BIRTH: FEB 20, 1911
7. BIRTHPLACE: Algood, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 2 (X) No
9a. PLACE OF DEATH: HOSPITAL 1 Inpatient 2 ER/Outpatient 3 DOA; OTHER 4 (X) Nursing Home 5 Residence 6 Other
9b. FACILITY NAME: Donelson Health Care Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Donelson
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS: Widowed
11. SURVIVING SPOUSE: NONE
12a. DECEDENT'S USUAL OCCUPATION: 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: 336 Pitts Ave
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 (X) Yes 2 No
13f. ZIP CODE: 37138
14. WAS DECEDENT OF HISPANIC ORIGIN? No
16. RACE: White
16. DECEDENT'S EDUCATION: Elementary/Secondary (0-12): 8; College (1-4 or 5+)

PARENTS

17. FATHER'S NAME: James Larken Palk
18. MOTHER'S NAME: Rachel Davidson

INFORMANT

19a. INFORMANT'S NAME: Anna Ray
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS: 3765 Hoggett Ford Rd, Hermitage, TN

DISPOSITION

20a. METHOD OF DISPOSITION: 1 (X) Burial
20b. PLACE OF DISPOSITION: Stone Seminary Cemetery
20c. LOCATION: Cookeville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Lanny Willis
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2673
21c. SIGNATURE OF EMBALMER: Mark Smith
21d. LICENSE NUMBER OF EMBALMER: 4334
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: Patricia Faust
24. DATE FILED: March 4, 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: Deborah Montgomery
25b. LICENSE NUMBER: MD 014151
25c. DATE SIGNED: 2/24/94
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

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): Dr Deborah G Montgomery, 2760 Lebanon Rd, Donelson, TN 37214

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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Congestive Heart Failure Pneumonia
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.
Approximate Interval Between Onset and Death

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
Gastric prostate found
M.D. Butterton
29a. WAS AN AUTOPSY PERFORMED? 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
31a. DATE OF INJURY
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.
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RECORDERS MEMO
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