LAST WILL AND TESTAMENT

OF

GLORIA DEAN STOKES

MAP 51-7
PAR 58

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I, GLORIA DEAN STOKES, a resident of Davidson County, Tennessee, being of sound mind and disposing memory, do hereby make, publish and declare this paper writing to be my Last Will and Testament, revoking all Wills and Codicils to Wills by me heretofore made.

I give, devise and bequeath all of my property, of whatsoever kind and wheresoever situated, now owned by me or hereafter acquired by me, including all property over which I have or may have power of testamentary disposition, as follows:

ITEM I

I direct that my home at 1109 Gibson Drive, Madison, Tennessee be used either as a place of residence for my daughter, Glenda Yvonne Conroy Martin and my son, Michael D. Stokes, if said daughter should so elect to reside there. In the event she chooses not to reside there, I direct that the said property be taken care of and kept up by Glenda Yvonne Conroy Martin and that same be rented out and the income from the rent be used to pay taxes, insurance and for the maintenance on the said property. Any remainder from the income of renting said house, I direct be used for the care, maintenance and support of my minor son, Michael D. Stokes, until he attains the age of twenty (20) years. When my said son, Michael D. Stokes, reaches the age of twenty (20) years, I direct that said and all other real estate property/be sold and divided equally between my three children, Glenda Yvonne Conroy Martin, Ronnie Lee Conroy and Michael D. Stokes, share and share alike.

I direct that in the event any of my above named children should die, the surviving children take the share of the deceased child.

ITEM II

I direct that such furniture and personal property given to me by my said children be returned to them. I direct that all the rest and remainder of my said personal and mixed property be divided equally between my above named three (3) children, share and share alike.

ITEM III

I hereby nominate, constitute and appoint my daughter, Glenda Yvonne Conroy Martin, as executrix of this my Last Will and Testament, without bond. I urge my executrix to seek the counsel and advise of my sister, Violet Florene Simms, in the administration of my estate. Except insofar as it may be mandatory by law, I hereby relieve my executrix from the duty or obligation of making or filing any inventory, appraisal, return, account or other proceeding in or to any Court in connection with the administration of my estate.

I hereby authorize and empower my executrix in her absolute discretion to sell, either at public or private sale, without notice or advertisement, or to exchange, convey, transfer, assign or mortgage any part of my estate, real or personal, which she may deem necessary in the administration of my estate, without application to or order of any court.

IN TESTIMONY WHEREOF, I have hereunto set my signature on this the 6 day of October, 1983.

Gloria Dean Stokes
GLORIA DEAN STOKES

The said GLORIA DEAN STOKES set her signature as and for her Last Will and Testament in the presence of us, the undersigned, who, at her request and in her sight and presence and in the presence of each other, have subscribed our names hereto as attesting witnesses the day and date above written.

WITNESSES:

Barbara LeFevre — 1009 Hickman Road Madison TN
Rosa A Fisher — 116 Head Dr. Madison Tn.

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

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Barbara Hattle and Lisa Fisher,

after being duly sworn according to law, depose and say:

1. That they are adult citizens of Davidson County, Tennessee.

2. That they witnessed the execution of the Last Will and Testament of Gloria Dean Stokes, dated the 6 day of October, 1983, to which this affidavit is attached, and that this affidavit is being made at the request of the Testatrix and in accordance with Tennessee Code Annotated 32-311.

3. That their signatures are affixed to said Last Will and Testament, that they signed or affixed the same at the instance and at the request of the Testatrix and in her presence and in the presence of each other at the place and on the date recited in said Last Will and Testament.

4. That the Testatrix signed said paper writing as and for her Last Will and Testament, in their sight and presence.

5. That at the time they witnessed said Will, the Testatrix was, in their opinion, of sound mind.

Barbara L Hattle
WITNESS

Lisa H. Fisher
WITNESS

Sworn to and subscribed before me on this the 6th day of October, 1983.

John B Hart
NOTARY PUBLIC

Commission Expires: 10-22-85

47909
IDENTIF. & REFERENCE

94 MAY -9 AM 10:46
FELIX [illegible] REGISTER
DAVIDSON COUNTY, TN.

PICK-UP

I hereby certify that this is a true copy of original instrument filed in my office this 6th day of May 1994
RICHARD R. ROOKER, Clerk
By Deputy Clerk

PAGE 3, Last Will and Testament of: Gloria Dean Stokes
GLORIA DEAN STOKES

3730 05/06/94 01:01 01CASH 20.00

Exhibit

BOOK 9338 PAGE 627

STATE OF TEXAS — **CERTIFICATE OF DEATH** — STATE FILE NO.

1. NAME OF DECEASED (a) First	(b) Middle	(c) Last	(d) Maiden	2. SEX	3. DATE OF DEATH
RONNIE	LEE	CONROY	N/A	MALE	AUGUST 11, 1989

4. RACE	5a. WAS THE DECEDENT OF HISPANIC ORIGIN?	5b. IF YES, SPECIFY (Mexican, Cuban, Puerto Rican, etc.)	6. DATE OF BIRTH	7. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Minutes
WHITE	☐YES ☒NO	NA	08/24/1947	41		

8. SOCIAL SECURITY NUMBER	9a. PLACE OF DEATH (Check only one)	
[redacted]-3444	HOSPITAL: ☐Inpatient ☐ER/Outpatient ☐DOA	OTHER: ☐Nursing Home ☐Residence ☒Other (Specify) 23 miles S-77 from KINGSVILLE

9b. PLACE OF DEATH — COUNTY	9c. CITY OR TOWN (If outside city limits, give precinct number)	9d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION	9e. INSIDE CITY LIMITS
KENEDY		23 miles south of Kingsville HWY 77 SOUTH PCT 4	☐YES ☒NO

10. BIRTHPLACE (City and State or foreign country)	11. CITIZEN OF WHAT COUNTRY?	12. WAS DECEDENT EVER IN U.S. ARMED FORCES?	13. ☐MARRIED ☐NEVER MARRIED ☐WIDOWED ☒DIVORCED	14. SURVIVING SPOUSE (If wife, give maiden name)
BIRMINGHAM ALABAMA	USA	☐YES ☒NO		N/A

15. DECEDENT'S EDUCATION (Highest grade completed)		16a. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	16b. KIND OF BUSINESS OR INDUSTRY
Grades (0-12): 11	College (1-4 or 5+): N/A	LABOR	CARPET

17a. RESIDENCE — STATE	17b. COUNTY	17c. CITY OR TOWN, (If outside city limits, show rural) ZIP CODE	17e. INSIDE CITY LIMITS?
TENNESSEE	DAVIDSON	MADISON 37115	☒YES ☐NO

17d. STREET ADDRESS (If rural, give location): 1109 GIBSON DR.

18. FATHER'S NAME	19. MOTHER'S MAIDEN NAME
JIMMY L. CONROY	GLORIA WILLOUGHBY

20a. SIGNATURE OF INFORMANT: RECEIVED BY PHONE FROM Mrs. Kenneth Martin — Thomas E. Smith — 20b. MAILING ADDRESS OF INFORMANT (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1109 GIBSON DR. MADISON TENNESSEE 37115

21. MANNER OF DEATH	22a. DATE OF INJURY (Month, Day, Year)	22b. TIME OF INJURY	22c. INJURY AT WORK?	22d. DESCRIBE HOW INJURY OCCURRED
☐Natural ☐Pending Investigation ☒Accident ☐Could not be Determined ☐Suicide ☐Homicide	08/11/1989	1:05 A. M.	☐YES ☒NO	FELL FROM VEHICLE

22e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify): HWY 77 SOUTH

22f. LOCATION (Street and Number or Rural Route Number, City or Town, State): HWY 77 10 MILES SOUTH SARITA, TEXAS

CERTIFIER — To be completed by CERTIFYING PHYSICIAN only

23a. To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. (Signature and Title): —

23b. DATE SIGNED (Mo., Day, Yr.):

23c. HOUR OF DEATH: M.

23d. NAME OF ATTENDING PHYSICIAN (Type or print):

To be completed by MEDICAL EXAMINER or Justice of the Peace only

24a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, and place, and due to the cause(s) and manner as stated. (Signature and Title): Galen E. Adams J.P.

24b. DATE SIGNED (Mo., Day, Yr.): AUGUST 11, 1989

24c. HOUR OF DEATH: 1:30 A. M.

24d. PRONOUNCED DEAD (Mo., Day, Yr.): ON AUGUST 11, 1989

24e. PRONOUNCED DEAD (Hour): AT 2:00 A. M.

25. MAILING ADDRESS OF CERTIFIER (Type or Print): P.O. BOX 1549 SARITA, TEXAS 78385

26a. METHOD OF DISPOSITION	26b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)
☒Burial ☐Cremation ☐Removal from State ☐Donation ☐Other (Specify)	POTTS CEMETERY

26c. LOCATION — City or Town, State	26d. DATE OF DISPOSITION	26e. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH
DIXON TENNESSEE	AUGUST 14, 1989	Thomas E. Smith 6679

26f. NAME AND ADDRESS OF FUNERAL HOME: TURCOTTE MORTUARY, INC. P.O. BOX 5431 KINGSVILLE, TEXAS 78363

27a. REGISTRAR'S FILE NO.	27b. DATE REC'D BY LOCAL REGISTRAR	27c. SIGNATURE OF LOCAL REGISTRAR
41	AUGUST 16, 1989	Galen E. Adams J.P.

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. INJURIES SUSTAINED IN FALL FROM VEHICLE — IMMEDIATE

DUE TO (OR AS A LIKELY 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 LIKELY CONSEQUENCE OF):

c.

DUE TO (OR AS A LIKELY CONSEQUENCE OF):

d.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

29a. Was decedent pregnant at time of death?	29b. Was decedent pregnant during the last 12 months?	30a. WAS AN AUTOPSY PERFORMED?	30b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
☐YES ☐NO ☐UNKNOWN	☐YES ☐NO ☐UNKNOWN	☐YES ☐NO	☐YES ☐NO

Kenedy Dec County
V. 1 P. 167

IF DECEASED SERVED IN U.S. ARMED FORCES, FILL OUT THE FOLLOWING:

Is the deceased reported to have been in such service?	Name of organization in which service was rendered?
Serial number of discharge papers or adjusted service certificate?	Name of next of kin or of next friend?
Post Office Address?	

IF DECEASED WAS MARRIED, FILL OUT THE FOLLOWING:

Name of husband or wife	Age in years

IF DECEASED IS AN UNIDENTIFIED PERSON, FILL OUT THE FOLLOWING:

Color of Hair?	Color of Eyes?	Height? Ft. In.	Weight?
Deformities?		Tattoo Marks?	
Other marks of identification?			

INSTRUCTIONS FOR CAUSE OF DEATH — ITEM 28

The cause of death means the disease, abnormality, injury, or poisoning that caused the death, not the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure.

In Part I, the immediate cause of death is reported in line (a). Antecedent conditions, if any, which gave rise to the cause are reported on lines (b), (c), and (d). The underlying cause should be reported on the last line used in Part I. No entry is necessary on lines (b), (c), and (d) if the immediate cause of death on line (a) describes completely the train of events. ONLY ONE CAUSE SHOULD BE ENTERED ON A LINE. Additional lines may be added if necessary. Provide the best estimate of the interval between the onset of each condition and death. Do not leave the interval blank, if unknown, so specify.

In Part II enter other important diseases or conditions that may have contributed to death but did not result in the underlying cause of death given in Part I.

See examples below.

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. *Rupture of Myocardium*	*Mins.*

THE STATE OF TEXAS
County of Kenedy }

I hereby certify that the above certificate is a true and accurate copy of the record of death of RONNIE LEE CONROY, filed in my office, and is of record on Page 167 Vol. 1 of the Record of Deaths of Kenedy County, Texas.

Witness my hand and seal of office this 26th day of September 19 89

Barbara B. Turcotte

By Laura Ni La Rosa Dep. Kenedy County, Texas.