LAST WILL AND TESTAMENT OF EVERETT ALTON UNGER

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I, Everett Alton Unger, hereby revoking all other Wills by me at any time heretofore made, do hereby make, publish and declare this to be my Last Will and Testament.

I appoint my friend, Mildred C. Wood, whom I expect to marry, Executrix of this my Will and expressly excuse her from furnishing bond in such capacity.

I give, devise and bequeath a life estate in Mildred C. Wood in my real property at 716 North Graycroft, Madison, Tennessee together with all of the household furniture and effects situated thereon with the remainder therein to be vested in my daughter Carolyn Lee Clupper upon the death of Mildred C. Wood.

All of the rest, residue and remainder of my estate I give, devise and bequeath to my said daughter Carolyn Lee Clupper to be her property absolutely.

In the event my said daughter should predecease me, then in that event I give, devise and bequeath all of the property hereinbefore given, devised and bequeathed to my said daughter to my grandson, David Keith Clupper, to be his property absolutely.

In the event Mildred C. Wood should predecease me I appoint my daughter Executrix of this my Will and expressly excuse her from furnishing bond in such capacity.

15221 05/16 0101 OSCHECK 8.00

WITNESS MY HAND at Nashville, Tennessee this August 6, 1979.

Everett Alton Unger
TESTATOR

On this, August 6, 1979, Everett Alton Unger executed the foregoing instrument as his Last Will and Testament, and we, at his request, in his sight and presence and in the sight and presence of each other have signed our names as attesting witnesses.

ADDRESS 3805 Dalcutting Rd.

Edna Woods ADDRESS 3805 Dalcutting Rd.

50204
IDENTIFICATION REFERENCE

94 MAY 16 AM 10:21
FELIX Z. [illegible] REGISTER
DAVIDSON COUNTY, TN.

Metropolitan Government of Nashville and Davidson County

Richard H. Fulton, Mayor

J. M. BISTOWISH, M.D., REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY

SEP 24 1985

J. M. Bistowish M.D.

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

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.

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

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8504410

BIRTH NO.

STATE FILE NO.

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

DECEASED

1. DECEASED—NAME: Everett Alton Usager
2. DATE OF DEATH: 9-2-1985
3. AGE—LAST BIRTHDAY: 73
3a. UNDER 1 YEAR: MONTHS / DAYS
3b. UNDER 1 DAY: HOURS / MINS.
4. DATE OF BIRTH: 9-12-1911
5. RACE: White
6. ORIGIN OR DESCENT: American
7. SEX: Male
8. COUNTY OF DEATH: Davidson
9. CITY, TOWN OR LOCATION: Madison
10. INSIDE CITY LIMITS: Yes
11. HOSPITAL OR OTHER INSTITUTION: Mem Hospital Inpatient
12. STATE OF BIRTH: Tennessee
13. CITIZEN OF WHAT COUNTRY: U.S.A.
14. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married
15. SURVIVING SPOUSE: Mildred Cofer
16. SOCIAL SECURITY NUMBER: [redacted]-2744
17. USUAL OCCUPATION: Plant Operations
18. KIND OF BUSINESS OR INDUSTRY: Vanderbilt Hospital
19. SERVICE IN ARMED FORCES: None
20. RESIDENCE—STATE: Tennessee
21. COUNTY: Davidson
22. CITY, TOWN OR LOCATION: Madison
23. STREET AND NUMBER: 116 Graycroft Dr
24. INSIDE CITY LIMITS: Yes
25. CENSUS TRACT NO.:

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS AND INFORMANT

26. FATHER—NAME: Frank E. Usager
27. MOTHER—MAIDEN NAME: Elizabeth Bogwell
28. INFORMANT—NAME: Wife
29. MAILING ADDRESS: Same

PERMIT REQUIRED PRIOR TO TRANSPORTATION OF BODY BY COMMON CARRIER OR REMOVAL FROM STATE.

DISPOSITION

30. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial
30a. DATE: 9-4-1985
31. CEMETERY OR CREMATORY—NAME: Spring Hill
32. LOCATION: Nashville, Tenn.
33. FUNERAL DIRECTOR: Jerry L. Wilson
33a. LICENSE NO.: 3182
34. EMBALMER: Jerry L. Wilson
34a. LICENSE NO.: 3567
35. FUNERAL HOME—NAME AND ADDRESS: Morrison Home Madison Tenn.
36. REGISTRAR—SIGNATURE: Esther D. Gross
36a. DATE ACCEPTED BY LOCAL REGISTRAR: 9-24-85

CERTIFIER

37. PHYSICIAN—CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED
37a. SIGNATURE:
37b. DEGREE: M.D.
37c. DATE SIGNED: 9/19/85
37d. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED
37e. SIGNATURE:
37f. TITLE:
37g. DATE SIGNED:

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE. ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED

38a. CERTIFIER—NAME (TYPE OR PRINT): Gary T. Tizard, M.D.
38b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 394 West Main Hendersonville, TN. 37075

CAUSE

39. PART I. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
(a) Metastatic carcinoma of the lung
(b)
(c)
DUE TO, OR AS A CONSEQUENCE OF:
PART II. OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a).
Asthmatic bronchitis

40. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
40a. DATE OF INJURY:
40b. HOUR:
40c. DESCRIBE HOW INJURY OCCURRED:
40d. INJURY AT WORK (SPECIFY YES OR NO):
40e. PLACE OF INJURY (HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC.):
40f. LOCATION:
41. AUTOPSY:

PH-1659
Rev. 9/81 CMC

202-06-002

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