page one 08-11-93

Last Will and testament of:
John William Burton Jr. BOOK 9357 PAGE 899

I John William Burton Jr. of Davidson Co., Tenn.
Do hereby make, publish and declare this to be my last will and testament, hereby revoking any and all wills and Codicils to wills heretofore by me made.

I direct that all my just debts, including my funeral expenses of the administration of my estate be paid by my executor, herein after named, as soon as possible after my death.

I hereby give, devise and begueth all of my estate, of every kind and character, wheather real, personal or mixed, whatsoever or howsoever situated, which I may own or have the right to dispose of at the time of my death, to my wife Carolyn Jean Burton, with one stipulation, that the residence and furnishings and the first six acres purchased from my father J.W. Burton in 1977, can not be sold for Five years after the time of my death.

To my four childen - Andrea, Richard, Gary and Kim I leave the minimum required by law.

IF my said wife does not survive me, or if we should lose our lives as the result of a common casualty, or any circumstances which would make it difficult or impossible to determine which of us died first, then in that event or events, I direct that the entire estate belonging to both myself and my wife, at our deaths that it be divided in two equal parts and that they be destributed as follows:

One half to be decided equally between my grand-childen - The children of my 4 children and the daughter of my wifes son - Carolyn D. Flick.

One half to be divided in accordence with my wifes will.

John W. Burton Jr.

08-11-93

With Gary Wayne Burton being executor in the event of the deaths of myself and my wife.

I hereby name, nominate and appoint my wife Carolyn Jean Burton, executor to serve as executor of this my last will and testament, and direct that she not be required to make bond, in the event, however if, my said wife should for any reason be unwilling or unable to serve as said executor, then and in that event, I hereby name my Son Gary Wayne Burton, to serve as alternate executor, and likewise excuse him from making Bond.

John W. Burton Jr.

witness: Vickie Overstreet Date: 8/11/93

witness: Shirley A. Ogden Date: 8-11-93

August 11, 93

Notary: Nancy L. Bobbitt

Chatham Co.

My Com. Exp. 7-17-97

I hereby certify that this is a true copy of original instrument filed in my office this 26th day of May, 1994

RICHARD R. ROOKER, Clerk

By: [signature] Deputy Clerk

54456

IDENTIF. & REFERENCE

94 MAY 26 AM 10:48

FELIX Z. [illegible] REGISTER
DAVIDSON COUNTY, TN.

PICK-UP

0815 05/26 0101 01CASH 12.00

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

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.

OCT 18 1993

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

Charles S. Wadley, M.D.

BOOK 9357 PAGE 901

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER 305024

1. DECEDENT'S NAME: JOHN WILLIAM BURTON, JR.
2. SEX: MALE
3. DATE OF DEATH: SEPTEMBER 27, 1993
SOCIAL SECURITY NUMBER: [redacted]-6110
4a. AGE: 64
4d. DATE OF BIRTH: 12/06/28
7. BIRTHPLACE: NASHVILLE, TENNESSEE
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 2 No
9a. PLACE OF DEATH: 5 Residence
9b. FACILITY NAME: 3830 STEVENS LANE
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS: MARRIED
11. SURVIVING SPOUSE: CAROLYN WHITE
12a. DECEDENT'S USUAL OCCUPATION: POLICEMAN (SGT.)RET.
12b. KIND OF BUSINESS/INDUSTRY: METRO POLICE DEPT.
13a. RESIDENCE – STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 3830 STEVENS LANE
CENSUS TRACT: 4
13e. INSIDE CITY LIMITS? 1 Yes
13f. ZIP CODE: 37218
14. WAS DECEDENT OF HISPANIC ORIGIN? 2 No
15. RACE: WHITE
16. DECEDENT'S EDUCATION: Elementary/Secondary (0-12): 2 YEARS
17. FATHER'S NAME: JOHN WILLIAM BURTON, SR.
18. MOTHER'S NAME: BEULAH FREEMAN
19a. INFORMANT'S NAME: MRS. CAROLYN W. BURTON
19b. RELATIONSHIP TO DECEASED: WIFE
19c. MAILING ADDRESS: 3830 STEVENS LANE NASHVILLE, TN. 37218
20a. METHOD OF DISPOSITION: 1 Burial
20b. PLACE OF DISPOSITION: MOUNT OLIVET CEMETERY
20c. LOCATION: NASHVILLE, TN.
21a. SIGNATURE OF FUNERAL DIRECTOR: JOHN R. BRATTEN, SR.
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 1043
21c. SIGNATURE OF EMBALMER: WALTON C. WOODFIN
21d. LICENSE NUMBER OF EMBALMER: 3243
22a. NAME AND ADDRESS OF FUNERAL HOME: BUENA VISTA FUNERAL HOME, INC. 3634 CLARKSVILLE HWY. NASHVILLE, TN. 37218
22b. LICENSE NUMBER OF FUNERAL HOME: 297
23. REGISTRAR'S SIGNATURE: Marsha H. Wiggins
24. DATE FILED: October 8, 1993
25a. PHYSICIAN – SIGNATURE AND TITLE OF PHYSICIAN: Cheryl A Traeller MD
25b. LICENSE NUMBER: MD 17997
25c. DATE SIGNED: Oct 5, 1993
26a. MEDICAL EXAMINER – SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER
26c. DATE SIGNED
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER)
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. liver failure
DUE TO (OR AS A CONSEQUENCE OF): b. cirrhosis
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
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.
28a. WAS AN AUTOPSY PERFORMED? 1 Yes 2 No
28b. 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? 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)

RECORDERS MEMO
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