Last Will and Testament of
Bertha D. Friedmann

I, Bertha Frances Friedmann, a resident citizen of Davidson County, Tennessee, being of sound mind and disposing memory, do hereby make, declare, and devise this as and for my last will and testament.

BOOK 9366 PAGE 71

Item One

I direct that all my just debts, if any, be paid as soon as practicable after my death by my Executors hereinafter named.

Item Two

I give, devise, and bequeath all of my real and personal property of every kind and character, and wheresoever located, especially my interest in property located at 3607 Vine Ridge Drive, Nashville, Tennessee, all money in Bank accounts, to my sister, Mary A. Friedmann. In the event my sister, Mary A. Friedmann shall predecease me, the above listed bequeathed to her shall be distributed as follows:

To: Lena Bachmann, Mary Margaret Holzapfel, Catherine Wood, Philomena Bachmann, Theodore Bachmann, Jr. To share and share alike.

To: Theodore A. Friedmann, Sr. - $500.00 -

To: St Mary's Cathdic Church, Nashville, Tenn. - $300.00 for Masses to be said for the deceased members of Friedmann Family -

Item Three

I nominate and appoint Mary Margaret Holzapfel and Robert W. Wood, Sr. as Co Executors of this my last will, and direct that they not be required to execute bond, or make any report as such Executors.

Bertha F. Friedmann

September 19, 1975 -

FREDIA S. WADLEY, M.D.
LOCAL REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY, TN

APR 11 1988

Fredia S. Wadley, 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.

BOOK 9366 PAGE 72

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

S801673

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

BIRTH NO _____ STATE FILE NO

DECEASED

1. DECEASED—NAME					2. DATE OF DEATH	
BERTHA	FRANCES	FRIEDMANN			APRIL 7, 1988	
3a. AGE—LAST BIRTHDAY (YEARS)	3b. UNDER 1 YEAR—MONTHS	3c. UNDER 1 DAY—HOURS	3d. UNDER 1 DAY—MINUTES	4. DATE OF BIRTH	5. RACE	6. ORIGIN OR DESCENT	7. SEX
90				Nov. 19, 1897	White	American	Female
8a. COUNTY OF DEATH	8b. CITY, TOWN OR LOCATION	8c. INSIDE CITY LIMITS (SPECIFY YES OR NO)	8d. HOSPITAL OR OTHER INSTITUTION—NAME			8e. IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS	
Davidson	Nashville	Yes	5607 Vine Ridge Drive			Residence	
9. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	10. CITIZEN OF WHAT COUNTRY	11. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN)	12. MARITAL STATUS (MARRIED, NEVER MARRIED, WIDOWED, DIVORCED)			13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
Tennessee	U. S. A.		Never Married				
14. SOCIAL SECURITY NUMBER	15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)				17. KIND OF BUSINESS OR INDUSTRY	
[redacted]-7893	No	Secretary				Neuhoff/Swift Packing Company	
18a. RESIDENCE—STATE	18b. COUNTY	18c. CITY, TOWN OR LOCATION	18d. STREET AND NUMBER			18e. INSIDE CITY LIMITS (YES OR NO)	18f. CENSUS TRACT NO.
Tennessee	Davidson	Nashville	5607 Vine Ridge Dr.			Yes	

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

PARENTS AND INFORMANT

19. FATHER—NAME	20. MOTHER—MAIDEN NAME	21. INFORMANT—NAME AND MAILING ADDRESS
Louis Frederick Friedmann	Philomena Franck	Miss Mary A. Friedmann 5607 Vine Ridge Dr., Nashville, Tenn 37205

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

DISPOSITION

22. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY)	23. DATE	24. CEMETERY OR CREMATORY—NAME	25. LOCATION
Burial	April 9,1988	Calvary Cemetery	Nashville, Tennessee
26. FUNERAL DIRECTOR	27. LICENSE NO.	28. EMBALMER	29. LICENSE NO.
Joseph C. Eckert	1922	H. B. Spikes	3476
30. FUNERAL HOME NAME AND ADDRESS		31. REGISTRAR'S SIGNATURE	32. DATE ACCEPTED BY LOCAL REGISTRAR
Martin's Tracy-Weiss, Inc 209 Louise Ave., Nashville, Tenn 37203		Esther D. Graham	Apr. 11, 1988

CERTIFIER

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.

33. PHYSICIAN—I CERTIFY THAT THIS DEATH OCCURRED AT THE TIME, DATE AND DUE TO THE CAUSES STATED.	SIGNATURE	TITLE	DATE SIGNED
	K M Raja	M.D.	4 8 88
34. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION AND/OR INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSES STATED.	SIGNATURE	TITLE	DATE SIGNED
35. CERTIFIER—NAME (TYPE OR PRINT)	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
Dr. K. M. Raja	2611 West End Ave. Nashville, Tennessee 37203		

CAUSE

36. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

(a) Congestive heart failure.
DUE TO, OR AS A CONSEQUENCE OF:
(b) Sepsis
DUE TO, OR AS A CONSEQUENCE OF:
(c) Diabetes, mellitus.

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

AUTOPSY (YES OR NO)

37a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	37b. DATE OF INJURY	37c. HOUR	37d. DESCRIBE HOW INJURY OCCURRED
37e. INJURY AT WORK	37f. PLACE OF INJURY (HOME, FARM, STREET, FACTORY, ETC.)	37g. LOCATION	

PH-1650
Rev. 9-81

03-08-002

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

56828

IDENTIF. ↑ REFERENCE

94 JUN -2 PM 2:37

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

PICK-UP

BOOK 9366 PAGE 73

1306 06/02 0101 01CASH 12.00