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LAST WILL AND TESTAMENT

I, Amanda Stewart Haggard, being of sound mind and disposing memory, do make, publish and declare this my Last Will and Testament, hereby revoking any and all wills and/or codicils, if any, heretofore made by me.

First Item: I direct that my Executrix, hereinafter named, pay all my just debts, funeral expenses and all other expenses, as soon as practicable after my death.

Second Item: I direct that my Executrix hereinafter named pay all Federal and State Inheritance, Estate, Succession, transfer or other death taxes which may be assessed against my estate or inheritance tax assessed on account of any life insurance proceeds or other property which shall be included in my estate for the purpose of taxes, whether or not included in my estate for probate purpose; and same to be paid out of my general estate.

Third Item: I give, devise and bequeath all of my property unto Nathaniel Ray Powers and Margaret Harris Powers, Share and Share alike.

Fourth Item: I nominate and appoint Margaret Harris Powers, as Executrix, without bond and without any accounting to any Court.

In Testimony Whereof, I have set my signature to this my Last Will and Testament, on this the 17th day of October, 1991.

Amanda Stewart Haggard
Amanda Stewart Haggard, Testatrix

Amanda Stewart Haggard, the testatrix, did sign, seal, publish and declare this as her Last Will and Testament, in the presence of the undersigned, at the same time, at her request and in her presence and in the presence of each other have subscribed our names as attesting witnesses, on the day and date above written.

Howard L Waldron
Attesting Witness

Linda D. Hunt
Attesting Witness

94 JUN 10 AM 8:48
FELIX [illegible] REGISTER
DAVIDSON COUNTY, TN.

MAIL ENV.

59713
IDENTIF. ↑ REFERENCE

Affidavit

State of Tennessee
County of Rutherford

We, the undersigned attesting witnesses, after first being duly sworn according to law, make oath or affirm as follows:

1. That Amanda Stewart Haggard signed the foregoing Last Will and Testament on the date shown on the Will and at the time of such signing, she informed us that she signed it as her Last Will and Testament.

2. That Amanda Stewart Haggard signed this Last Will and Testament when we were both in her sight and presence. Contemporaneously with the signing, she requested us to sign the will as her attesting witnesses, which we did in her sight and presence and in the sight and presence of each other.

3. That Amanda Stewart Haggard is more than eighteen (18) years of and, and we are both more than eighteen (18) years of age.

4. In our judgment, Amanda Stewart Haggard is legally competent to make this Last Will and Testament.

Howard L Waldron
Witness

4635 06/10 0101 03CHECK 12.00

Linda D. Heath
Witness

State of Tennessee
County of Rutherford

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named the witnesses, with whom I am personally acquainted and who acknowledged that they witnessed the within Last Will and Testament for the purposes therein contained.
Witness my hand and official seal at Rutherford County, this the 18th day of October, 19.

Paul H. Young, Sr.
Notary Public

My commission expires 12-3-93

P. H. YOUNG, SR. NOTARY PUBLIC RUTHERFORD CO., TN

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.

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

MAY 24 1994

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D402560

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Amanda Haggard
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): May 10, 1994
4. SOCIAL SECURITY NUMBER: [redacted]-8851
5a. AGE - LAST BIRTHDAY (Years): 88
6. DATE OF BIRTH: December 20,1905
7. BIRTHPLACE (City and State or Foreign Country): Lincoln County, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
8a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; WHERE 4 [XX] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
8b. FACILITY NAME (If not institution, give street and number): Lakeshore Nursing Home
8c. CITY, TOWN, OR LOCATION OF DEATH: Nashville, Tennessee
8d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name): None
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Clerk
12b. KIND OF BUSINESS/INDUSTRY: Carolyns Dress Shop
13a. RESIDENCE - STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 832 Wedgewood Avenue
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [XX] Yes 2 [ ] No
13f. ZIP CODE: 37203
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No; Specify, if yes
15. RACE—American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+)

NAME OF DECEDENT (To be used by physician or institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Eugene Stewart
18. MOTHER'S NAME (First, Middle, Maiden Surname): Annie B. Farrar

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Margaret Powers
19b. RELATIONSHIP TO DECEASED: Cousin
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1541 Pleasant Hill Road, Nashville, Tennessee 37214

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [XX] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Willow Mount Cemetery
20c. LOCATION—City or Town, State: Shelbyville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ B. Mark Cook
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3395
21c. SIGNATURE OF EMBALMER: ▶ [signature]
21d. LICENSE NUMBER OF EMBALMER: 4055
22a. NAME AND ADDRESS OF FUNERAL HOME: Hillcrest Funeral Home, P.O.Box 934, Shelbyville, Tennessee 37160
22b. LICENSE NUMBER OF FUNERAL HOME: 693

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Patricia Jaime'
24. DATE FILED (Month, Day, Year): May 24, 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: ▶ [signature]
25b. LICENSE NUMBER: MD013402
25c. DATE SIGNED (Month, Day, Year): 5/13/94
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 (Month, Day, Year):

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) (Type/Print): Dr. Richard Garman MD, 300 20th Avenue North, Nashville, Tennessee 37203

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. ASCVD
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. Coma & Stroke
DUE TO (OR AS A CONSEQUENCE OF)
c.
DUE TO (OR AS A CONSEQUENCE OF)
d.

SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Alzheimer Dementia
29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No
30. MANNER OF DEATH: 1 [ ] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY: M
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. (Specify)
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

BIRTH NO

PH-1652
REV. 1/89