LAST WILL AND TESTAMENT

OF

MARY R. KNIGHT

I, Mary R. Knight, being of sound mind and disposing memory do hereby make, declare and publish this my Last Will and Testament, hereby revoking any and all former wills and codicils made heretofore by me.

FIRST: I hereby direct that those in charge of my estate pay the expenses of my last illness, funeral and burial expenses, from the first money coming into their hands, and I direct that they not be required to file an inventory of my assets nor file a detailed final accounting of the receipts and disbursements.

SECOND: Being minefull of my daughter, Sandra W. Cothran and my son, George C. Walters, I hereby give, will, devise and bequeath all my property, real, personal and mixed, wheresoeve the same may be located, to my daughter, Rita K. Miles. In the event she predeceases me, then my grandaughter, Crystal Leigh Miles shall receive her share.

THIRD: I hereby nominate, designate and appoint Elizabeth Dill, as Executrix of this my Last Will and Testament and direct that she not be required to make bond.

IN WITNESS WHEREOF, I have hereunto set my hand and signed each of the two pages of this my Last Will and Testament, this 29th day of June, 1993 at Nashville, Tennessee.

Mary R. Knight

MARY R. KNIGHT - TESTATRIX

AFFIDAVIT OF WITNESSES TO PROVE WILL

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Harold E. Collins and Robert B. Young, of legal age and after being duly sworn and according to law, depose and say:

1. That they witnessed the execution of the Last Will and Testament of Mary R. Knight, this 29th day of June, 1993, 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 § 32-2-110.

2. 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 sight and presence, and in the sight and presence of each other, at the place and on the date recited in said Last Will and Testament.

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

4. That at the time they witnessed said Last Will and Testament, the Testatrix was, in their opinion, of sound mind and disposing memory.

Harold E Collins
Witness

Robert B Young
Witness

Sworn to and subscribed before me this 29th day of June, 1993 at Nashville, Tennessee.

Joyce Jordan
Notary Public

My Commission Expires: 9-25-93

ATTESTATION CLAUSE

Signed, signified, published and declared by the Testatrix as and for her Last Will and Testament, in the presence of us, the undersigned attesting witnesses, who, at her request and direction, and in her sight and presence, and in the sight and presence of each other, have hereunto set our hands as such witnesses the day and date above written.

WITNESSES:

(Signature) Harold E Collins

(Address) 4800 Charlotte ave
Nashville, TN 37209

(Signature) Robert B Young

(Address) 4800 Charlotte Ave
Nashville, TN 37209

This instrument prepared by: Harold E. Collins, Attorney
4800 Charlotte Avenue
Nashville, Tennessee 37209

PAGE TWO - WILL OF Mary R Knight
MARY R. KNIGHT

82901
IDENTIFICATION REFERENCE
PICK-UP
94 AUG 19 PM 1:00
DAVIDSON COUNTY, TN.
I hereby certify that this is a true copy of original instrument filed in my office this 19th day of Aug 19 94
RICHARD R. ROOKER, Clerk
By Deputy Clerk
DAVIDSON COUNTY TENNESSEE
9796 08/19 0102 OICASH 16.00

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.

AUG 1 1994

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

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TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE (PRINT IN PERMANENT BLACK INK FOR BOTH COPIES) SEE HANDBOOK

1 DECEDENT'S NAME (First, Middle, Last): Mary Ruth Dill Knight		2 SEX: Female	3 DATE OF DEATH (Month, Day, Year): July 25, 1994
4 SOCIAL SECURITY NUMBER (of Deceased): [redacted]-3210	5a AGE – LAST BIRTHDAY (Years): 68	6 DATE OF BIRTH (Month, Day, Year): Apr. 18 1926	7 BIRTHPLACE (City and State or Foreign Country): Davidson County, TN

8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ Yes 2 ☒ No

9a PLACE OF DEATH (Check only one): HOSPITAL: 1 ☒ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA; OTHER: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify)

9b FACILITY NAME (If not institution give Street and number): Centennial Med. Cent. Parkview	9c CITY, TOWN, OR LOCATION OF DEATH: Nashville	9d COUNTY OF DEATH: Davidson
10 MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Widowed	11 SURVIVING SPOUSE (If wife, give maiden name)	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Cashier
12b KIND OF BUSINESS/INDUSTRY: Grocery Retail		
13a RESIDENCE – STATE: Tennessee	13b COUNTY: Davidson	13c CITY, TOWN OR LOCATION: Nashville
13d STREET AND NUMBER OR RURAL LOCATION: 408 Annex Avenue		

CENSUS TRACT

13e INSIDE CITY LIMITS? 1 ☒ Yes 2 ☐ No	13f ZIP CODE: 37209	14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes 0 ☒ 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): 11th; College (1-4 or 5+)

17 FATHER'S NAME (First, Middle, Last): Hiram Mack Dill	18 MOTHER'S NAME (First, Middle, Maiden Surname): Mattie Marie Nielson

19a INFORMANT'S NAME (Type/Print): Rita Miles	19b RELATIONSHIP TO DECEASED: Daughter	19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 408 Annex Avenue Nashville, TN 37209

20a METHOD OF DISPOSITION: 1 ☒ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)	20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Woodlawn Memorial Park	20c LOCATION – City or Town, State: Nashville, TN

21a SIGNATURE OF FUNERAL DIRECTOR: ▶ Michelle Petrino	21b LICENSE NUMBER OF FUNERAL DIRECTOR: 4127	21c SIGNATURE OF EMBALMER: ▶ Stephen R. Murphy	21d LICENSE NUMBER OF EMBALMER: 4169

22a NAME AND ADDRESS OF FUNERAL HOME: Pettus Owen & Wood Funeral Home Inc., 4506 Charlotte Avenue Nashville, TN 37209	22b LICENSE NUMBER OF FUNERAL HOME: 905

23 REGISTRAR'S SIGNATURE: ▶ Barbara Bowers	24 DATE FILED (Month, Day, Year): August 1, 1994

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: ▶ AR Anderson MD	25b LICENSE NUMBER: 875	25c DATE SIGNED (Month, Day, Year): 7/27/94

26a MEDICAL EXAMINER – On the basis of examination and/or investigation, in my opinion death occurred at the time, 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): AR ANDERSON M.D. 1911 Glen Echo Nashville TN 37215

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. Acute Cardio Pulmonary Arrest

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. ASVD & Acute MI & Dysrhythmia

DUE TO (OR AS A CONSEQUENCE OF)

c. Acute Renal Failure

DUE TO (OR AS A CONSEQUENCE OF)

d. Acute Resp. Syndrome

SEE INSTRUCTIONS ON OTHER SIDE

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

COPD M.I.D.

Seizure Disorder

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 1659
REV 1/89

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