LAST WILL AND TESTAMENT OF
MARY E. BERGMANN

BOOK 9457 PAGE 860

I, MARY E. BERGMANN, a citizen and resident of Davidson County, Tennessee, do hereby make, publish and declare this to be my Last Will and Testament, hereby revoking any and all other Wills or Codicils by me at any time made.

FIRST: I nominate and appoint my great nephew, William Terry Brock, to serve as Execuor without bond. In the event that he is unable to serve for any reason, then I appoint Frank Mulinex, currently residing in Chattanooga, Tennessee to serve in his place without bond.

SECOND: I direct that all of my just debts, funeral expenses, costs of administration, and taxes, if any, be paid as soon as practicable after my death.

THIRD: All of the rest, residue and remainder of my estate, of whatsoever kind or nature, or wherever located, I give, devise, and bequeath to my acting Trustee under that certain Trust Agreement dated the 21st day of April, 1992, (which Agreement may be amended from time to time prior to my death). Said devise and bequest shall be added to the principal of the aforesaid Trust Agreement, to be held and distributed as though an original part thereof.

IN WITNESS WHEREOF, I have hereunto set forth my hand on this 21st day of April, 1992, and do publish and declare this to be my Last Will and Testament, in the presence of each and all of the subscribing witnesses who I have requested to act as such by signing the Attestation Clause and Affidavit below pursuant to the provisions of Tennessee Code Annotated 32-2-110.

Mary E. Bergmann
MARY E. BERGMANN

Signed and published in our presence, and we have subscribed our names hereto in the presence of the Testatrix, and in the presence of each other on this 21st day of April, 1992.

Stephanie Zander
WITNESS

WITNESS

PICK-UP

91 SEP -6 PM 3:43
REGISTER
DAVIDSON COUNTY, TN.

88446
IDENTIF. & REFERENCE

STATE OF TENNESSEE
COUNTY OF DAVIDSON

We, the undersigned, after first being duly sworn or affirming, make oath or affirm that the foregoing Last Will and Testament was signed by MARY E. BERGMANN, and at that time acknowledged, published and declared by her to be her Last Will and Testament, and in the sight and presence of us, the undersigned, and who at her request and in her presence and in the sight and presence of each other, have subscribed our names as attesting witnesses on this 21st day of April, 1992,

and we further make oath or affirm that the Testatrix appeared to be of sound mind and disposing memory, and we believe her to be so, and did not appear under any undue influence of any person, and was more than 18 years of age; and that each of the attesting witnesses is more than 18 years of age.

Stephanie Sander
WITNESS

WITNESS

Sworn to and subscribed before me this 21st day of April, 1992.

NOTARY PUBLIC

My Commission Expires: Nov. 26, 1994

This Document Prepared By:
Jon L. Setzer
Attorney-At-Law
Suite 505, Cavalier Bldg.
95 White Bridge Road
Nashville TN 37205

3732 09/06 0101 03CHECK 12.00

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.

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

AUG 19 1994

BOOK 9457 PAGE 862

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): Mary E. Bergmann
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): August 6, 1994
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-6726
5a. AGE - LAST BIRTHDAY (Years): 85
5b. UNDER 1 YEAR: months / days
5c. UNDER 1 DAY: hours / min.
6. DATE OF BIRTH (Month, Day, Year): Aug. 30, 1908
7. BIRTHPLACE (City and State or Foreign Country): Grand River, KY
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; OTHER 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 1321 Fernbank Dr.
9c. CITY, TOWN, OR LOCATION OF DEATH: Madison
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.): Account Clerk
12b. KIND OF BUSINESS/INDUSTRY: Metro Social Services
13a. RESIDENCE - STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Madison
13d. STREET AND NUMBER OR RURAL LOCATION: 1321 Fernbank Dr.

CENSUS TRACT

13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37115
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): ; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Winfrey D. Collie
18. MOTHER'S NAME (First, Middle, Maiden Surname): Lena Nickell

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Terry Brock
19b. RELATIONSHIP TO DECEASED: Nephew
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 303 Mosley Dr. Brentwood, TN 37027

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Spring Hill Cemetery
20c. LOCATION - City or Town, State: Nashville, TN 37216
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Glen Grant
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2653
21c. SIGNATURE OF EMBALMER: ▶ William Hunnicutt
21d. LICENSE NUMBER OF EMBALMER: 4158
22a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Company, 2707 Gallatin Road, Nashville, TN 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 331

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Marsha H. Davis
24. DATE FILED (Month, Day, Year): August 19, 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 [X] SIGNATURE AND TITLE OF PHYSICIAN: ▶ Dana S. Thomson
25b. LICENSE NUMBER: MO0220440
25c. DATE SIGNED (Month, Day, Year): 8/16/94
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): DANA S. THOMSON MD 300 20th Ave N Suite 301 Nashville TN 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)

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Respiratory Failure — 1 week
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. Metastatic Pancreatic Cancer — 6 month
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

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

29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [X] 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):

Picked up by funeral home 8/16/94

BIRTH NO.

PH-1859
REV. 1/89

RETYPED PER MEMO
LEGIBILITY OF WRITING OR PRINTING IN THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED