BOOK 9489 PG 912

98786

IDENTIFICATION REFERENCE

94 OCT 11 AM 11:06

PELLA [illegible] REGISTER
DAVIDSON COUNTY, TN.

PICK-UP

LAST WILL AND TESTAMENT

OF

WILLIAM BRECHEEN

I, William Brecheen, a resident of Davidson County, Tennessee, do make, publish and declare this to be my Last Will and Testament, hereby revoking any and all Wills heretofore made by me.

ARTICLE I.

All of the household goods and furnishings as well as my tangible personal property, but not cash and securities, shall go to my wife, Pearl E. Brecheen, if she survives me, otherwise, to our daughter.

ARTICLE II.

I leave to the discretion of my Executor the choice of the source of funds from my estate from which shall be paid all of my legal obligations, the expenses of my last illness, the cost of my funeral, and any and all taxes arising by reason of my death, except that it shall not be mandatory to pay the mortgage if there should be such, on our home and whether such mortgage shall be paid in full shall be left to the sole discretion of my Executor. The death proceeds of any insurance policies payable to my estate may be used for the purposes of paying the items as hereinabove set out. The payment of estate, inheritance, transfer or succession taxes of any kind arising by reason of my death, whether levied

 William Brecheen

on property passing by this Will or outside thereof, shall not be prorated in any manner, but shall be paid out of my residuary estate.

ARTICLE III.

All of the rest and residue of my estate consisting of every and all kinds of property whatsoever and wheresoever situate I devise and bequeath to my wife, Pearl E. Brecheen, if she survives me. Should my wife not survive me, all such property shall go to my daughter, Delores B. Vardell.

ARTICLE IV.

If my wife survives me, shalshall serve as Executor of my Will. Should she be deceased or be unable or unwilling so to serve, I nominate and appoint my daughter, Delores B. Vardell to serve as Executor.

IN WITNESS WHEREOF, I have hereunto set my hand this 25TH day of OCTOBER, 1976.

William Brecheen

William Brecheen, Testator

The foregoing Will, consisting of two typewritten pages, this included, was signed, published and declared as and for his Last Will and Testament by William Brecheen, Testator, in the presence of us who, at his request, and in his sight and presence, and in the sight and presence of each other, have subscribed our names hereto as attesting witnesses the day and date above.

John N. Callis

Mrs. John N. Callis

BOOK 9489 PG 914

We, JOHN N. CALLIS and MRS. JOHN N. CALLIS being the attesting witnesses to the foregoing Will of William Brecheen and being first duly sworn, make oath that William Brecheen signed the foregoing Will consisting of two typewritten pages, this not included, on this the 25TH day of OCTOBER, 1976, in our joint sight and presence and declared the same to be his Last Will and Testament; and that we in his sight and presence and in the sight and presence of each other, at his request, signed our names thereto as attesting witnesses; that we believed the said William Brecheen to be, at that time, of sound mind and disposing memory, and that this affidavit is being made at the request of the said Testator.

WITNESS our signatures on this the 25TH day of OCTOBER, 1976.

John N. Callis

Mrs. John N. Callis

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Sworn to and subscribed before me this 25TH day of OCTOBER, 1976.

Jerry W. Robinson
Notary Public

My Commission expires:
My Commission Expires APRIL 12, 1980

6951 10/11 0101 03CHECK 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.

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

OCT 6 1994

Print 9489 PG 915

9405048

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT: For use by physician or institution

1. DECEDENT'S NAME (First, Middle, Last): WILLIAM BRECHEEN
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): SEPT. 24, 1994
4. SOCIAL SECURITY NUMBER: [redacted]1389
5a. AGE – LAST BIRTHDAY (Years): 86
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): OCT 18,1907
7. BIRTHPLACE (City and State or Foreign Country): NASHVILLE, TENNESSEE

PERSONAL

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No

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

9b. FACILITY NAME (If not institution, give street and number): HILLHAVEN CONVALESCENT CENTER
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.): CARPENTER
12b. KIND OF BUSINESS/INDUSTRY: SELF EMPLOYED

2 ✓

13a. RESIDENCE – STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 302

CENSUS TRACT

13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37207
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): UNK; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): WILLIE ISACCS BRECHEEN
18. MOTHER'S NAME (First, Middle, Maiden Surname): FLORENCE FOWLER

INFORMANT

19a. INFORMANT'S NAME (Type/Print): DOLORES VARDELL
19b. RELATIONSHIP TO DECEASED: DAUGHTER
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 241 BROADMOOR NASHVILLE, TN, 37207

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): WOODLAWN MEMORIAL PARK
20c. LOCATION – City or Town, State: NASHVILLE, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Doug Rowe
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2300
21c. SIGNATURE OF EMBALMER: ▶ Doug Dobbs
21d. LICENSE NUMBER OF EMBALMER: 4337
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODLAWN FUNERAL HOME 660 THOMPSON LANE NASHVILLE, TN 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Patricia Saunders
24. DATE FILED (Month, Day, Year): October 6, 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: ▶
25b. LICENSE NUMBER: MO14869
25c. DATE SIGNED (Month, Day, Year): 9/24/94

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):

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. Cardiac 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. Acute MI
DUE TO (OR AS A CONSEQUENCE OF):
c. ASHD
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 [ ] 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 Ooccurred
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