LAST WILL AND TESTAMENT

OF

BOOK 9491PG755

FRED F. BURTON

I, FRED F. BURTON, a resident of Davidson County, Tennessee, being of sound mind and disposing memory, do hereby make, publish and declare this to be my Last Will and Testament and hereby revoke all other wills or codicils thereto, heretofore made by me.

ARTICLE I

I direct that my Executrix, hereinafter named, pay out of my general estate, all my just debts, expenses of my last illness, my funeral expenses and all expenses of administration, including any estate of inheritance tax that may be charged against my estate, all of the above without any allocation to or reimbursement from any devisee, legatee or beneficiary.

ARTICLE II

I direct that my Executrix sell at either a public or private sale all of my property both real and personal, and that the proceeds from said sale or sales along with all cash on hand, in banks and monies from every source and after the payment of all the items of expense in administering my estate as set out in Article I, above, be bequeathed to Wilma Dean McClanahan. Should Wilma Dean McClanahan predecease me then her share is to go to her issue per stirpes.

ARTICLE III

I hereby name my daughter, Wilma Dean McClanahan, as Executrix of this my Last Will and Testament and because of my confidence in her, she is to serve without bond.

94 OCT 13 AM 8:14
FELIX Z. [illegible] REGISTER
DAVIDSON COUNTY, TN.

IDENTIF. & REFERENCE
99314

IN WITNESS WHEREOF, I have hereunto subscribed my name to this my Last Will and Testament on this 5th day of December, 1991, consisting of three (3) typewritten pages including the attestation clause and an Affidavit which I have requested the attesting witnesses to execute.

Fred F. Burton, Testator

The foregoing instrument was signed, published and declared by the Testator, Fred F. Burton, as and for his Last Will and Testament in the sight and presence of us and each of us and we at the same time at his request and in his sight and presence and in the sight and presence of each other and believing him to be of sound mind have hereunto subscribed our names as attesting witnesses on this 5th day of December, 1991.

Signature of Witness

Kay F. Quick
Signature of Witness

STATE OF TENNESSEE

COUNTY OF DAVIDSON

BOOK 9491 PG 757

We, the undersigned, being first duly sworn, make oath; that the Testator, Fred F. Burton, on the 5th day of December, 1991, declared and signified to us the foregoing instrument to be his Last Will and Testament; that he then signed said instrument in our sight and presence; that we at his request and in his sight and presence and in the sight and presence of each other then subscribed our names thereto as attesting witnesses; that at the time of his execution of the foregoing instrument, Fred F. Burton, was more than 18 years of age and we believed him to be of sound mind; that we, the undersigned, each being more than 18 years of age and under no legal disability now make and sign this Affidavit at the request of the Testator on the day and date above written.

Affiant

Kay F. Quick
Affiant

Sworn to and subscribed before me this
5th day of December, 1991.

Robin R. Nicholson
Notary Public

My commission expires: 3-25-95

DAVIDSON COUNTY COURT SEAL

STATE OF TENNESSEE, DAVIDSON COUNTY

I Richard R. Rooker, Clerk of the Probate Court of Davidson County, State aforesaid, do certify that the foregoing is a full, true and complete copy, of the original on file in my office. Will Book 189 Page 301 Page 3
Given under my hand and official seal, at office, in Nashville, this 13 of Oct 19 94.

RICHARD R. ROOKER, CLERK

By
Deputy Clerk

7510 10/13 0101 03CHECK 16.00

BOOK 9491 PG 758

STATE OF TENNESSEE
CORDELL HULL BUILDING
DEPARTMENT OF HEALTH
NASHVILLE, TENNESSEE 37247

I hereby certify the below to be a true and correct copy of the original document on file in this department. Valid ONLY when embossed seal of the Tennessee Department of Health and red imprinted signature of the State Registrar are affixed.

Paula Taylor
Paula Taylor
State Registrar

9400134

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER 94 000545

PE/PRINT IN PERMANENT LACK INK FOR TRUCTIONS HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Fred Francis Burton, Sr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): January 11, 1994
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-3920
5a. AGE – LAST BIRTHDAY (Years): 83
5b. UNDER 1 YEAR – MOS / DAYS
5c. UNDER 1 DAY – HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): Feb. 14, 1910
7. BIRTHPLACE (City and State or Foreign Country): Clarksville, Tenn.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 X No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 X 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): Baptist Hospital 611
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Widow
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.): Farmer
12b. KIND OF BUSINESS/INDUSTRY: Agriculture
13a. RESIDENCE – STATE: Tenn.
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1219 Shelton Ave.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37216
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes 0 X No
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+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Wash Burton
18. MOTHER'S NAME (First, Middle, Maiden Surname): Minnie Wilkerson

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Mrs. Wilma McClanahan
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 110 Connor Dr., Goodlettsville, Tn. 37072

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): Forest Lawn Cemtery
20c. LOCATION – City or Town, State: Goodlettsville, Tenn.
21a. SIGNATURE OF FUNERAL DIRECTOR: Stanely B. McAfee
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2396
21c. SIGNATURE OF EMBALMER: Jeff Croy
21d. LICENSE NUMBER OF EMBALMER: 3867
22a. NAME AND ADDRESS OF FUNERAL HOME: Cole & Garrett. P.O. Bx 444, Goodlettsville, Tn. 37070
22b. LICENSE NUMBER OF FUNERAL HOME: 718

R TRAR

23. REGISTRAR'S SIGNATURE: Patricia Dawn
24. DATE FILED (Month, Day, Year): January 21, 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: E Dey X
25b. LICENSE NUMBER: MA 1387
25c. DATE SIGNED (Month, Day, Year): 1/24/94
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)

SICIAN OR MED- L EXAMINER EX- TING CERTIFICATE ST COMPLETE AND N MEDICAL CERTIFI- ION WITHIN 48 IRS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Edmond F. Tipton, M.D., 211 22nd Ave., N., Nashville, Tenn. 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. Cellulitis of the leg
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. Organic brain syndrome
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

E INSTRUCTIONS ON OTHER SIDE

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
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-1059
REV. 1/89