LAST WILL AND TESTAMENT OF MARY LOUISE CHAMBERLAIN BUCY

I, MARY LOUISE CHAMBERLAIN BUCY, make, publish, and declare and hereby, specifically revoke any and all previous wills and codicils heretofore made by me.

I hereby appoint Mary Elizabeth Smith McCuiston to serve as the Executrix of my estate, and this service shall be performed without the posting of bond of any type, either directly or indirectly connected with my estate. I further waive any inventory, accounting, or final accounting which would otherwise be required of her service. I further authorize a statement in lieu of a detailed accounting pursuant to T.C.A. 30-2-601.

I hereby direct my executrix to pay out of my estate all of my just debts, including the expenses of my last illness. I further direct that my funeral expenses be held to an absolute minimum.

I hereby devise my interest in all realty which I possess at the time of my passing, either domestic or foreign, to Mary Elizabeth Smith McCuiston in trust for Charles McEwen Smith and Mary Elizabeth Smith McCuiston. I direct my Executrix to equally divide the value of my realty between my two beneficiaries. My Executrix shall have the sole and exclusive power to determine the method of distribution, and she may distribute the parcels of realty which I possess as a part of an equal distribution between my beneficiaries, or at her election, she may sell any or all of the realty and divide the cash proceeds. Her discretion in this distribution is total and absolute and shall not be questioned by any individual or entity. Value shall be determined as market value on the date of my passing.

I further bequeath all of my personal property of every kind, type or description, titled or untitled, to Mary Elizabeth Smith McCuiston as Trustee for my two beneficiaries. She shall equally distribute all of my personalty between my two beneficiaries and shall have the power to do so by the distribution of cash, specific pieces of personalty, or the cash equivalency. She shall also have the right to sell any pieces of personalty which she deems

necessary to make a fair and equitable distribution between my beneficiaries, and her discretion in the distribution or reduction to cash of any of my personalty is total, complete, and absolute. Her discretion in these matters shall not be questioned by any individual or entity, and market value shall be determined as the value on the date of my passing. Upon the completion of the administration of my estate, this trust shall terminate with the closing of my estate.

IN WITNESS WHEREOF, I have hereunto signed my name, acknowledged and published this instrument as my Last Will and Testament in the presence of the undersigned this 19th day of February, 1992.

Mary Louise Chamberlain Bucy
MARY LOUISE CHAMBERLAIN BUCY

The foregoing instrument was signed, sealed, published and declared by Mary Louise Chamberlain Bucy as and for her Last Will and Testament, in the presence of each of us, and we at the same time, at her request and in her presence, each of the other, and believing her to be of sound mind, have hereunto subscribed our names as attesting witnesses this 19th day of February, 1992, all at the city of Nashville, State of Tennessee.

300 Spring Hollow Rd
Goodlettsville TN 37072

A F F I D A V I T

BOOK 9492 PG 609

STATE OF TENNESSEE

COUNTY OF DAVIDSON

We, the undersigned attesting witnesses to the Last Will and Testament of MARY LOUISE CHAMBERLAIN BUCY at her request, do make and sign this Affidavit, stating:

That the said Last Will and Testament was signed, sealed, published and declared by the Testator, to be her Last Will and Testament, in the presence of all of us at one and the same time; and that the Testator was more than eighteen years of age; and we, at her request and in her presence and in the presence of each other, subscribed our names thereto as witnesses, and we do hereby attest to the sound mind and disposing memory of said Testator and to the performance of the said act of execution at the place and on the date hereinbefore set out.

That we are all more than eighteen years of age.

This Affidavit is made pursuant to the provisions of T.C.A. Section 32-2-110, for the purpose of attaching the same to the Last Will and Testament of said Testator, for proof as to the execution of said Will.

99571 IDENTIF. ↑ REFERENCE

94 OCT 13 PM 2:24 FELIX Z. ELLIS III REGISTER DAVIDSON COUNTY, TN.

PICK-UP

Sworn to and subscribed before me this 19th day of February, 1992.

Carole B. Wilson
NOTARY PUBLIC

My Commission expires: 9-16-95

NOTARY PUBLIC AT LARGE STATE OF TENNESSEE

7811 10/13 0101 CHECK 20.00

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

BOOK 9492 PG 610

AUG 19 1992

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.

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

TYPE / PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

9203836

CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): MARY C. BUCY
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): August 12, 1992
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-4126
5a. AGE – LAST BIRTHDAY (Years): 79
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Feb. 1, 1913
7. BIRTHPLACE (City and State or Foreign Country): DICKSON, TENNESSEE
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): BELCOURT TERRACE NURSING HOME
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): ASSEMBLY LINE WORKER
12b. KIND OF BUSINESS/INDUSTRY: DUPONT
13a. RESIDENCE – STATE: TN
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 1710 BELCOURT AVENUE
CENSUS TRACT:
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37212
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): 10; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): ANDREW B. CHAMBERLAIN
18. MOTHER'S NAME (First, Middle, Maiden Surname): ELIZABETH PATEY

INFORMANT

19a. INFORMANT'S NAME (Type/Print): MS. MARY McCUISTON
19b. RELATIONSHIP TO DECEASED: NIECE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 7948 STALLION DRIVE, NASHVILLE, TN 37221

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, TENNESSEE
21a. SIGNATURE OF FUNERAL DIRECTOR: Joseph Moore
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4039
21c. SIGNATURE OF EMBALMER: Lynn Gauthier
21d. LICENSE NUMBER OF EMBALMER: 4052
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODLAWN FUNERAL HOME 660 THOMPSON LANE, NASHVILLE, TN 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 731

REGISTRAR

23. REGISTRAR'S SIGNATURE: Mary C. Pentecost
24. DATE FILED (Month, Day, Year): August 19, 1992

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: Robert Brown
25b. LICENSE NUMBER: MD 10455
25c. DATE SIGNED (Month, Day, Year): 8/17/92
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):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print):

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS

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.	METASTATIC LYMPHOMA, UNKNOWN PRIMARY	
	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.		
	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.

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 [ ] 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

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

BOOK 9492 PG 611

STATE OF TENNESSEE
DEPARTMENT OF HEALTH AND ENVIRONMENT
CORDELL HULL BUILDING
NASHVILLE, TENNESSEE 37219-5402

I hereby certify the below to be an accurate reproduction of facts shown on the official document on file in this department. Valid ONLY when embossed seal of the Tennessee Department of Health and Environment and red imprinted signature of the State Registrar are affixed.

Paula Taylor
Paula Taylor
State Registrar

9100158

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
CERTIFICATE OF DEATH

STATE FILE NUMBER 91 000371

1. DECEDENT'S NAME (First, Middle, Last): Morris Pierce Bucy	2. SEX: Male	3. DATE OF DEATH (Month, Day, Year): January 12, 1991	
4. SOCIAL SECURITY NUMBER: 412-72-9038	5a. AGE – LAST BIRTHDAY (Years): 93	6. DATE OF BIRTH: 2-5-1897	7. BIRTHPLACE (City and State or Foreign Country): Henry Co. Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No	9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [X] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)		
9b. FACILITY NAME (If not institution, give street and number): Metro General Hospital	9c. CITY, TOWN OR LOCATION OF DEATH: Nashville	9d. COUNTY OF DEATH: Davidson	
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Married	11. SURVIVING SPOUSE (If wife, give maiden name): Mary Chamberlain	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Letter Carrier	12b. KIND OF BUSINESS/INDUSTRY: U.S. Post Office
13a. RESIDENCE – STATE: Tennessee	13b. COUNTY: Davidson	13c. CITY, TOWN OR LOCATION: Nashville	13d. STREET AND NUMBER OR RURAL LOCATION: 1026 Maynor Ave.
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 [X] No	15. RACE – American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8th; College (1-4 or 5+):			
17. FATHER'S NAME (First, Middle, Last): Franklin Pierce Bucy		18. MOTHER'S NAME (First, Middle, Maiden Surname): Martha Morris	
19a. INFORMANT'S NAME (Type/Print): Mary C. Bucy	19b. RELATIONSHIP TO DECEASED: Wife	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1026 Maynor Ave. Nashville, Tn. 37216	
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): Nashville National	20c. LOCATION – City or Town, State: Madison, Tennessee	
21a. SIGNATURE OF FUNERAL DIRECTOR: Charles Worrell	21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2480	21c. SIGNATURE OF EMBALMER	21d. LICENSE NUMBER OF EMBALMER
22a. NAME AND ADDRESS OF FUNERAL HOME: Eastland 904 Gallatin Rd. Nashville, Tennessee 37206		22b. LICENSE NUMBER OF FUNERAL HOME: 120	
23. REGISTRAR'S SIGNATURE: Mary C. Pentecost		24. DATE FILED (Month, Day, Year): January 22, 1991	

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 | 25c. DATE SIGNED (Month, Day, Year)

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 [X] SIGNATURE AND TITLE OF MEDICAL EXAMINER: Charles W. Harlan, M.D. | 26b. LICENSE NUMBER: 7778 | 26c. DATE SIGNED (Month, Day, Year): 1/17/91

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Charles W. Harlan, M.D., 84 Hermitage Ave., Nashville, TN 37210-2110

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. CONTACT GUNSHOT WOUND TO THE HEAD
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. 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 [ ] Natural 6 [ ] Pending Investigation; 2 [ ] Accident; 3 [X] Suicide 6 [ ] Could not be Determined; 4 [ ] Homicide	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 _____

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