Last Will and Testament

of

BOOK 9539 PG 327

J. E. BOYCE

I, J. E. Boyce, of Nashville, Davidson County, Tennessee, being of sound mind and disposing memory, do make, declare and publish this my last will and testament, hereby revoking all former wills and codicils to wills heretofore made by me.

ITEM ONE

I direct that my funeral expenses and all just debts and obligations be paid out of my general estate as soon after my death as may be practicable.

ITEM TWO

If my daughter, Diane Boyce Rhoten, survives me, I devise to her for her life my home at 5001 Cypress Drive, Nashville, Tennessee because she has done so much for me and upon her death I give and devise the same to her heirs and to my children, James Boyce, Thomas Boyce, and Nancy Boyce Norman in equal shares (one quarter to the heirs, one quarter to James Boyce, one quarter to Thomas Boyce and one quarter to Nancy Boyce Norman). If my daughter, Diane Boyce Rhoten should elect not to use her life estate, then it is my desire that the property be sold and the proceeds from the sale be divided in equal shares between my four children, James Boyce, Thomas Boyce, Diane Boyce Rhoten and Nancy Boyce Norman.

ITEM THREE

All the rest residue and remainder of my property whether real, personal or mixed, wheresoever situated, I will, devise and bequeath to my four children, James Boyce, Thomas Boyce, Nancy Boyce Norman and Diane Boyce Rhoten, in equal shares on the basis of monetary value.

ITEM FOUR

I hereby nominate and appoint my daughter, Diane Boyce Rhoten as executrix of this will, to serve without bond. I authorize and empower my executrix to sell dispose of my real estate and

personal property in accordance with the terms of this will, at public or private sale, at such times and upon such terms as she shall deem proper, and to execute, acknowledge and deliver all paper writings, deeds of conveyance and transfers thereof.

In witness whereof I have set my hand to this my last will and testament at Nashville, Tennessee, this the 13th day of April, 1982 the same consisting of two sheets of paper.

J. E. Boyce
TESTATOR

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ATTESTATION CLAUSE

Signed, published and declared by the testator, J. E. Boyce, to be his last will and testament in the presence of both of us at one and the same time, and we at his request and in his presence and in the presence of each other, have hereunto subscribed our names as witnesses, and we do hereby attest to the sound and disposing mind of said testator and to the performance of the aforesaid act of execution at the place and on the date hereinabove set out.

Martha C. Child — Nashville, Tenn.

Patsy McElroy — Nashville, Tenn.
WITNESSES — ADDRESSES

PICK-UP

14991
IDENTIFICATION REFERENCE

0568 12/02/82 01:01 01CASH

12-00

Will prepared by attorney Martha Child

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.

JAN 27 1994

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

Linda S. Wallace, M.D.

BOOK 9539 PG 329

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER 9400284

DECEDENT

1 DECEDENT'S NAME (First, Middle, Last): JACOB ECKHARDT BOYCE
2 SEX: MALE
3 DATE OF DEATH (Month, Day, Year): JANUARY 11, 1994
4 SOCIAL SECURITY NUMBER (of Deceased): [redacted]-1802
5a AGE – LAST BIRTHDAY (Years): 73
5b UNDER 1 YEAR – MOS / DAYS
5c UNDER 1 DAY – HOURS / MIN
6 DATE OF BIRTH (Month, Day, Year): SEPT 18 1920
7 BIRTHPLACE (City and State or Foreign Country): NASHVILLE, 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 [X] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b FACILITY NAME (If not institution, give street and number): SOUTHERN HILLS MEDICAL CENTER
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): BRAKEMAN
12b KIND OF BUSINESS/INDUSTRY: RAILROAD
13a RESIDENCE – STATE: TENNESSEE
13b COUNTY: DAVIDSON
13c CITY, TOWN OR LOCATION: NASHVILLE
13d STREET AND NUMBER OR RURAL LOCATION: 5001 CYPRESS DRIVE
CENSUS TRACT
13e INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f ZIP CODE: 37211
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [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): 6TH; College (1-4 or 5+)

NAME OF DECEDENT For use by physician or institution

PARENTS

17 FATHER'S NAME (First, Middle, Last): WILLIAM THOMAS BOYCE
18 MOTHER'S NAME (First, Middle, Maiden Surname): ANNIE ROBERSON

INFORMANT

19a INFORMANT'S NAME (Type/Print): DIANE RHOTON
19b RELATIONSHIP TO DECEASED: DAUGHTER
19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 5001 CYPRESS DR., NASHVILLE, TN 37211

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: Jeffery L. Murphy
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 3862
21c SIGNATURE OF EMBALMER: Michelle Petrino
21d LICENSE NUMBER OF EMBALMER: 4188
22a NAME AND ADDRESS OF FUNERAL HOME: PETTUS-OWEN AND WOOD FUNERAL HOME, 4506 CHARLOTTE AVENUE, NASHVILLE, TENNESSEE 37209
22b LICENSE NUMBER OF FUNERAL HOME: 905

REGISTRAR

23 REGISTRAR'S SIGNATURE:
24 DATE FILED (Month, Day, Year): January 27, 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: CMcKay
25b LICENSE NUMBER: MO 11776
25c DATE SIGNED (Month, Day, Year): 1/25/94
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)
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. CARCINOMA OF THE LUNG
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 [ ] 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

PROCESSORS MEMO
LEGIBILITY OF [illegible] PRINTING IN THE DOCUMENT UNSATISFACTORY WHEN RECEIVED