LAST WILL AND TESTAMENT
OF
JAMES WILLIAM HOOPER

BOOK 9613 PG 827

I, JAMES WILLIAM HOOPER, of Davidson County, Tennessee, being of sound mind and disposing memory, do hereby make and publish this my Last Will and Testament, hereby revoking all wills by me heretofore made.

ITEM ONE: I direct that all of my just debts, including my funeral expenses and the costs of administration, be paid as soon after my death as practicable; however, I leave to the sole discretion of my Executrix as to whether or not any mortgage or lien on my real estate should be paid in whole or in part. All estate and inheritance taxes, including any assessments of such taxes against the proceeds of any insurance on my life, shall be paid out of my general estate and no devise or legacy, devisee or legatee, shall be charged with my inheritance.

ITEM TWO: If my wife, IDA ELIZABETH HOOPER, survives me and does not die within the time periods and under the conditions set out in Item Three below, I give, devise and bequeath all property which I own or have the right to dispose of at my death and which remains after payment of my debts, funeral expenses, taxes and administration costs, of whatever kind, character and description, both real and personal, and wherever situate, to my said wife, Ida Elizabeth Hooper.

ITEM THREE: In the event my wife does not survive me, or dies within three (3) days after the date of my death (or within thirty (30) days after my death, if her death and mine shall result from a common accident or disaster) then I give, devise and bequeath all my property, after payment of my debts, funeral expenses, taxes and administration costs, both real personal, as follows:

J.W.H.

1. To my son, James William Hooper, Jr., my house and lot located at 2603 Bluefield Ave. in Donelson, Tennessee together with all furniture, furnishings, tools and other like chattels located in, on or about said property and any and all automobiles and personal belongings owned by me at my death.

2. All cash, checking accounts, savings accounts, insurance proceeds that do not go to a named beneficiary, bonds, stock and other personal property of a similar nature shall be divided among the following persons in the percentages shown opposite their respective names, to wit:

   a) 1/2 to my son, James William Hooper, Jr.
   b) 1/4 to my grandson, James David Hooper
   c) 1/4 to my granddaughter, Joan Marie Hooper

3. All the rest and residue of my property, both real and personal, to the persons and in the percentages set forth in paragraph 2 of this Item Three.

In the event my son James William Hooper, Jr. shall predecease me then the share of my estate that would have gone to him pursuant to this Item Three had he survived me shall be divided equally between my grandson James David Hooper and my granddaughter, Joan Marie Hooper, except that 1/3 of all cash, savings accounts and checking accounts shall go to my daughter-in-law, Mary Joanne Hooper. In the event James David Hooper or Joan Marie Hooper shall predecease me, then his or her share shall go to his or her surviving issue and if there be no surviving issue then such gift shall lapse and become a part of my residual estate and be disposed of in accordance with paragraph 3 of this Item Three.

_____

ITEM FOUR: I hereby nominate and appoint my wife, IDA ELIZABETH HOOPER, as Executrix of this Will without the requirement of bond or surety. In the event she should predecease me or die within three (3) days after the date of my death, if her death and mine shall not result from a common accident or disaster, or within thirty (30) days after my death if her death and mine shall result from a common accident or disaster, then I hereby nominate and appoint my son James William Hooper, Jr., as Successor Executor, who shall also serve without bond and shall be vested with and succeed to all of the powers of the original appointed Executrix without court action.

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ITEM FIVE: I hereby give to my Executrix with respect to my estate, and to her successors, in addition to, but not in limitation of, her common law, implied and statutory powers, the power to sell, mortgage or dispose of any or all of my property for such prices and on such terms as my Executrix may deem advisable. Any sale thereof may be either public or private, as in her sole discretion she may deem advisable. I also give to my Executrix power to borrow money for any purposes associated with the protection or preservation or improvement of my general estate when in her judgment advisable. My Executrix is further given power to execute and deliver any and all instruments as may be deemed necessary to carry out any of the aforesaid powers or the duties to be performed as Executrix and shall not be required to report to any court nor to seek authority of any court to buy or sell assets, whether real, personal or mixed.

ITEM SIX: Third persons dealing with my Executrix are not required to look to the authority of the Executrix or to the application of any consideration of any kind paid to my Executrix and my directions are all personal to my Executrix, who may exercise any or all of her powers without application to any court and may sell at public or private sale upon such terms and for such prices as she may think best.

[redacted]

This Will is executed on four (4) typewritten pages, including this page, each bearing my signature.

IN WITNESS WHEREOF, I have hereunto set my hand to this my Last Will and Testament and declared and published it as such in the presence of witnesses, this 10 day of July, 1978.

James William Hooper
JAMES WILLIAM HOOPER

The foregoing instrument was signed, published and declared by the said James William Hooper, as and for his Last Will and Testament in the joint sight and presence of the undersigned, who at his request and in his sight and presence and in the sight and presence of each other, have hereunto subscribed our names as attesting witnesses thereto the day and year last above written.

WITNESSES:

1. Charles T. Evans Jr.
109 Spring Valley Road
Davidson, TENN. 37214

2. Dorothy A. Davis
107 Spring Valley Rd
Davidson Tenn 37214

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AFFIDAVIT OF WITNESSES TO PROVE WILL

Charles K. Davis, Jr. and Dorothy A. Davis

after being duly sworn according to law, depose and say:

1. That they are adult citizens of Davidson County, Tennessee.

2. That they witnessed the execution of the Last Will and Testament of James William Hooper, dated July 10, 1978, 1978, to which this affidavit is attached, and that this affidavit is being made at the request of the Testator and in accordance with Tennessee Code Annotated §32-211.

3. That their signatures are affixed to said Last Will and Testament, that they signed or affixed the same at the instance and at the request of the Testator and in his presence, and in the presence of each other, at Donelson, Tenn., Tennessee, and on the date recited in said Last Will and Testament.

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4. That the Testator signed said paper writing as and for his Last Will and Testament in their sight and presence.

5. That at the time they witnessed said will, the Testator was, in their opinion, of sound mind.

Charles K. Davis Jr.

Dorothy A. Davis

STATE OF TENNESSEE)

COUNTY OF Davidson)

Subscribed and sworn to before me this 10th day of July, 1978.

Jill Bostick

NOTARY PUBLIC

_____, County, Tennessee

My Commission expires: 7/8/79

CODICIL TO LAST WILL AND TESTAMENT

OF

JAMES WILLIAM HOOPER

I, JAMES WILLIAM HOOPER, of Davidson County, Tennessee, being of sound mind and disposing memory, do hereby make and publish this Codicil to My Last Will and Testament dated July 10, 1978:

ITEM THREE:

2. All cash, checking accounts, savings accounts, insurance proceeds that do not go to a named beneficiary, bonds, stock and other personal property of a similar nature shall be divided among the following persons in the percentages shown opposite their respective names, to wit:

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(a) 49% to my son, James William Hooper, Jr.

(b) 24% to my grandson, James David Hooper

(c) 24% to my granddaughter, Joan Marie Hooper

(d) 3% to my sister, Katharine Hooper

3. All the rest and residue of my property, both real and personal, to my son, James William Hooper, Jr.

In the event my son, James William Hooper, Jr. shall predecease me then the share of my estate that would have gone to him pursuant to this Item Three had he survived me shall be divided equally between my grandson, James David Hooper, and my granddaughter, Joan Marie Hooper, except that 40% of all cash, savings accounts and checking accounts shall go to my daughter-in-law, Mary Joanne Hooper, and 10% of all cash savings accounts and checking accounts shall go to my sister, Katharine Hooper. In the event James David Hooper or Joan Marie Hooper shall

James W. Hooper

JAMES WILLIAM HOOPER

predecease me, then his or her share shall go to his or her surviving issue and if there be no surviving issue then such gift shall lapse and become a part of my residual estate and be disposed of in accordance with paragraph 3 of this Item Three.

This Codicil is executed on two (2) typewritten pages, including this page, each bearing my signature.

IN WITNESS WHEREOF, I have hereunto set my hand to this Codicil to My Last Will and Testament dated July 10, 1978, and declare and publish it as such in the presence of witnesses, this 9th day of June, 1992.

James W. Hooper
JAMES WILLIAM HOOPER

The foregoing instrument was signed, published and declared by the said James William Hooper, as and for Codicil to his Last Will and Testament dated July 10, 1978, in the joint sight and presence of the undersigned, who at his request and in his sight and presence and in the sight and presence of each other, have hereunto subscribed our names as attesting witnesses thereto the day and year last above written.

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WITNESSES:

1. Lisa A Bullington
2618 Old Lebanon Raod
Nashville, TN 37214

2. Janice V. Felts
2618 Old Lebanon Roa d
Nashville, TN 37214

James W. Hooper
JAMES WILLIAM HOOPER

AGREEMENT OF UNDERSTANDING

THIS AGREEMENT OF UNDERSTANDING (Agreement) made this 9 day of June, 1992, by and between JAMES W. HOOPER (JWH) and JAMES W. HOOPER, JR. (JWH Jr.) both of Davidson County, Tennessee.

WITNESSETH

WHEREAS, JWH, for the purposes hereinafter stated, has created or established certain joint accounts in his name and the name of JWH Jr., with rights of survivorship, with the banks and savings institutions and in the principal amounts shown on Schedule "A" attached hereto and made a part hereof; and

WHEREAS, all deposits heretofore made to said accounts were made from the sole and separate funds of JWH, and it is anticipated that all future deposits to said accounts will be from the sole and separate funds of JWH; and BOOK 9613 PG 834

WHEREAS, the purpose of making said accounts joint is (a) to permit JWH Jr. to withdraw funds therefrom in the event of the illness, inability, unavailability or upon the express direction of JWH and for his use and (b) to provide for survivorship rights therein.

NOW, THEREFORE, in consideration of the premises and the mutual benefits to the parties to this Agreement, JWH and JWH Jr., intending to be bound thereby, agree as follows:

1. That the joint accounts shown on Schedule "A" attached hereto have been established for the purposes set forth above.
2. That JWH Jr. disclaims any and all ownership interests in and to said accounts so long as JWH is living, leaving him only with a right of survivorship in the event he survives JWH.

3. That any balance in said accounts upon the death of JWH shall, in accordance with the laws of Tennessee, be and become the property of JWH Jr., provided he survives JWH.

4. That JWH Jr. will not pledge, hypothecate, encumber, or otherwise dispose of all or any part of said accounts except as herein specifically permitted, and any attempt to do so shall be null and void.

5. That JWH Jr. may at any time or times make one or more withdrawals from said accounts upon the express consent of JWH or in the event of his illness or inability to act for himself.

6. That JWH may at any time terminate this Agreement or change said accounts, or any of them, from joint accounts with JWH Jr.

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7. That this Agreement shall be binding upon the parties hereto and their heirs and assigns.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement the day and date first shown above.

James W. Hooper

James W. Hooper

James W. Hooper Jr.

James W. Hooper, Jr.

SCHEDULE "A"
TO
AGREEMENT OF UNDERSTANDING
DATED JUNE 9, 1992

A. **CHECKING ACCOUNT** in the name of James W. Hooper or James W. Hooper, Jr.

Third National Bank - Account No. 0640-00041-4279-914-7

B. **SAVINGS ACCOUNTS** in the name of James W. Hooper or James W. Hooper, Jr.

Third National Bank - Account No. 09-10303-01

Fidelity Federal Savings & Loan - Account No. 06-00-604888

Fidelity Federal Savings & Loan - Account No. 06-27-001044

Fidelity Federal Savings & Loan - Account No. 06-40-000840

C. All savings accounts, checking accounts, stocks, bonds, and all financial investments.

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PICK-UP

95 MAR -8 AM 9:43

FELIX [illegible] REGISTER
DAVIDSON COUNTY, TN.

40295

IDENTIF. & REFERENCE

3448 03/08 0101 03CHECK 44.00

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.

BOOK 9613 PG 837

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): James William Hooper
2 SEX: Male
3 DATE OF DEATH (Month Day Year): March 1, 1995
4 SOCIAL SECURITY NUMBER (of Deceased): [redacted]-3287
5a AGE – LAST BIRTHDAY (Years): 87
6 DATE OF BIRTH (Month Day Year): 11-19-1907
7 BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8 WAS DECEDENT EVER IN US ARMED FORCES? 1 [ ] Yes 2 [X] No
5b PLACE OF DEATH (Check only one): HOSPITAL 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
5c FACILITY NAME (If not institution, give street and number): Summit Medical Center
5a CITY, TOWN OR LOCATION OF DEATH: Hermitage, Tennessee
5d 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"): Salesman
12b KIND OF BUSINESS/INDUSTRY: Radio Advertising
13a RESIDENCE – STATE: Tennessee
13b COUNTY: Davidson
13c CITY, TOWN OR LOCATION: Nashville
13d STREET AND NUMBER OR RURAL LOCATION: 3025 Fernbrook Dr.
CENSUS TRACT
13e INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f ZIP CODE: 37214
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+):

NAME OF DECEDENT For use by physician or institution

PARENTS
17 FATHER'S NAME (First Middle Last): James Montgomery Hooper
18 MOTHER'S NAME (First, Middle, Maiden Surname): Sue Hogin

INFORMANT
19a INFORMANT'S NAME (Type/Print): James William Hooper, Jr.
19b RELATIONSHIP TO DECEASED: Son
19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 306 Glenwood Dr. Mt. Juliet, Tn. 37122

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 Cemetery
20c LOCATION – City or Town, State: Nashville, Tennessee

FUNERAL DIRECTOR
21a SIGNATURE OF FUNERAL DIRECTOR: E W Hooper
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 188
21c SIGNATURE OF EMBALMER: Don Clapp
21d LICENSE NUMBER OF EMBALMER: 3374
22a NAME AND ADDRESS OF FUNERAL HOME: 59 N. Jefferson Avenue Hooper & Huddleston Funeral Home, Cookeville, Tennessee 38501
22b LICENSE NUMBER OF FUNERAL HOME: Number 1

REGISTRAR
23 REGISTRAR'S SIGNATURE: Marsha M. Sears
24 DATE FILED (Month Day Year): March 2, 1995

PHYSICIAN
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 Hurt MD
25b LICENSE NUMBER: MD-1734
25c DATE SIGNED (Month Day Year): 3-2-95

MEDICAL EXAMINER
26a MEDICAL EXAMINER – On the basis of examination and/or investigation, in my opinion death occurred at the time, date 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): Dr. Joseph Hurt 3025 Park Dr. Nashville, Tn. 37214

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 Bilateral Pneumonia
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 Chronic Obstructive Lung Disease
DUE TO (OR AS A CONSEQUENCE OF)
c Pulmonary Asbestosis
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: Calcified Vascular Plaque - Ischemic Heart Disease - Organic Brain Syndrome

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 4 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 5 [ ] Could not be Determined 4 [ ] Homicide
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 1659
REV. 1/89