Form A235

LAST WILL AND TESTAMENT

BE IT KNOWN, that I, Jerry D. Campbell of 394 Bowmanville Dr., Hermitage, County of Davidson, in the State of Tennessee being of sound mind, do make and declare this to be my Last Will and Testament expressly revoking all my prior Wills and Codicils at any time made.

I. **PERSONAL REPRESENTATIVE:**

I appoint Pamela Rae Campbell of Hermitage TN, as Personal Representative of this my Last Will and Testament and provide if this Personal Representative is unable or unwilling to serve then I appoint N/A of , as alternate Personal Representative. My Personal Representative shall be authorized to carry out all provisions of this Will and pay my just debts, obligations and funeral expenses. I further provide my Personal Representative shall not be required to post surety bond in this or any other jurisdiction, and direct that no expert appraisal be made of my estate unless required by law.

II. **GUARDIAN:**

N/A In the event I shall die as the sole parent of minor children, then I appoint , as Guardian of said minor children. If this named Guardian is unable or unwilling to serve, then I appoint as alternate Guardian.

III. **BEQUESTS:**

I direct that after payment of all my just debts, my property be bequeathed in the manner following:

1. Dwelling & outbuilding on 394 Bowmanville Dr. of Hermitage shall become sole liability as responsibility of my Ex wife, Pamela Rae Campbell.
2. Contents of dwelling are now owned by sons, James & Rudy, and ex-wife, Pamela, who shall continue to own the same upon my death.
3. Contents of outbuilding & Hand tools have been divided between the (2) two sons and shall remain the same

44216
IDENTIF. & REFERENCE

95 MAR 22 PM 1:48
FELIX ... REGISTER
DAVIDSON COUNTY, TN.

PICK-UP

2778 03/22 0101 01CASH 12.00

(Revised 3/93)

0 53926 20028 3

IN WITNESS WHEREOF, I have hereunto set my hand this 31ST day of March, 1994, to this my Last Will and Testament.

Garry D. Campbell
Signature

IV. **WITNESSED:**

This Last Will and Testament of Garry D. Campbell was signed and declared to be his/her Last Will and Testament in our presence and at his/her request and in the presence of each other, we do hereby witness same on this 31 day of March, 1994.

Margie N. Moore
Witness Signature

4261 Brick Church Pike
Address White Creek, Tn. 37189

LaVerne J. Moore
Witness Signature

4261 BRICK CHURCH PIKE
WHITES CREEK, TN 37189
Address

Jack H. Pruett Sr.
Witness Signature

397 Bonnaville Dr.
Hermitage, Tn. 37076
Address

State of Tennessee, County of Davidson ss

We, Margie N. Moore, Lavene J. Moore, and Jack H. Pruett Sr, the testator and the witnesses, respectively, whose names are signed to the attached and foregoing instrument, were sworn and declared to the undersigned that the testator signed the instrument as his/her Last Will and that each of the witnesses, in the presence of the testator and each other, signed the will as witnesses.

Testator: Garry D. Campbell

Witness MARGIE N. MOORE

Witness LAVERNE J. MOORE

Witness Jack H. Pruett Sr.

State of Tennessee }
County of Davidson }

On Mar 31, 1994 before me, Garry D. Campbell appeared
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
WITNESS my hand and official seal.

Signature Dorothy L. Gleaves
Comm. Exp. 3-23-96

Affiant ____Known ____Produced ID
Type of ID ____

DOROTHY L. GLEAVES, NOTARY PUBLIC, DAVIDSON COUNTY, TENNESSEE (Seal)

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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.

MAY 4 1994

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

D402199

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

BOOK 9625 PG 46

STATE FILE NUMBER

1 DECEDENT'S NAME (First, Middle, Last): Garry Dale Campbell
2 SEX: M
3 DATE OF DEATH (Month, Day, Year): 4/30/94
4 SOCIAL SECURITY NUMBER: [redacted]3841
5 AGE - Last Birthday (Years): 53
6 DATE OF BIRTH (Month, Day, Year): 9/26/40
7 BIRTHPLACE (City and State or Foreign Country): Presque Isle, Maine
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X Yes 2 No
9 PLACE OF DEATH (Check only one): 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 X Residence 6 Other (Specify)
10 FACILITY NAME (If not institution, give street and number): 394 Bonnavale Dr.
11 CITY, TOWN OR LOCATION OF DEATH: Hermitage
11a COUNTY OF DEATH: Davidson
12 MARITAL STATUS: Married
13 SURVIVING SPOUSE (If wife, give maiden name): Pamela Ashley
12b DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, Do not use retired): Heavy Construction Foreman
12c KIND OF BUSINESS/INDUSTRY: King Pipeline & Utility Co.
13a RESIDENCE - STATE: TN
13b COUNTY: Davidson
13c CITY, TOWN OR LOCATION: Hermitage
13d STREET AND NUMBER OR RURAL LOCATION: 394 Bonnavale Dr.
13e WITHIN CITY LIMITS? 1 X Yes 2 No
13f ZIP CODE: 37076
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.): No
15 RACE - American Indian, Black, White, etc. (Specify): White
16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): College (1-4 or 5+)
17 FATHER'S NAME (First, Middle, Maiden Surname): Bernard Vance Campbell
18 MOTHER'S NAME (First, Middle, Maiden Surname): Kathleen Doris Pettengill
19a INFORMANT'S NAME (Type/Print): Pamela Campbell
19b RELATIONSHIP TO DECEASED: Wife
19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 394 Bonnavale Dr., Hermitage, TN 37076
20a METHOD OF DISPOSITION: 2 X Cremation
20b PLACE OF DISPOSITION (Name of cemetery, crematory or other place): Cole & Garrett Crematory
20c LOCATION - City or Town, State: Hendersonville, TN
21a SIGNATURE OF FUNERAL DIRECTOR: Warren Riegle
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 2466
21c SIGNATURE OF EMBALMER
21d LICENSE NUMBER OF EMBALMER
22a NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Co., 2707 Gallatin Rd., Nashville, TN 37216
22b LICENSE NUMBER OF FUNERAL HOME: 331
23 REGISTRAR'S SIGNATURE: Marsha H. Jones
24 DATE FILED (Month, Day, Year): May 4, 1994

PART I - To the best of my knowledge death occurred at the time, date and place and due to the cause(s) and manner as stated

25a 1 X SIGNATURE AND TITLE OF PHYSICIAN: Fred Kimbrell
25b LICENSE NUMBER: 9076
25c DATE SIGNED (Month, Day, Year): 5/3/94

26a 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): Dr. Fred Kimbrell 2760 Lebanon Rd., Nashville, TN 37214

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Squamous cell Carcinoma Right Lung
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to the 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.
Approximate Interval Between Onset and Death

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