Last Will and Testament of

FOSHAL L.N. SMITH

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I, FOSHAL L.N. SMITH, of Nashville, Davidson County, Tennessee, being of sound mind and disposing memory and realizing the uncertainty of life, do hereby make and publish this my Last Will and Testament, hereby revoking all wills and codicils thereto by me at any time heretofore made.

ITEM I

I direct that all of my just debts and funeral expenses be paid from my estate.

ITEM II

Except as otherwise directed in Item III hereof, I give, devise and bequeath to my wife, Edna Lee Wooley Smith, absolutely and in fee simple, all property which I own or have the right to dispose of at my decease and which remains after payment of my just debts and funeral expenses, of whatever kind, character and description, real, personal, intangible and mixed, and wherever situated.

ITEM III

In the event my said wife, Edna Lee Wooley Smith, does not survive me, or dies within three (3) days after the date of my death if her death and mine shall not result from a common accident or within thirty (30) days after my death if her death and mine shall result from a common accident, then I give, devise and bequeath to our daughter, Shelby Jean Smith Kerr, absolutely and in fee simple, all property which I own or have the right to dispose of at my decease and which remains after payment of my just debts and funeral expenses, of whatever kind, character

Foshal L.N. Smith

and description, real, personal, intangible and mixed, and wherever situated.

ITEM IV

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I nominate and appoint my said wife, Edna Lee Wooley Smith, Executrix of this my Last Will and Testament and I authorize my said Executrix to do any and all things which in her opinion are necessary to complete the administration and settlement of my estate, including full right, power and authority, without the order of any court and upon such terms and under such conditions as to my said Executrix shall seem best for the proper settlement of my estate, to bargain, sell at public or private sale, convey, transfer, deed, mortgage, lease, exchange, pledge, manage and deal with any and all property belonging to my estate, to compromise, settle, adjust, release and discharge any and all obligations or claims in favor of or against my estate, and to borrow money for the payment of inheritance and estate taxes or for any other purpose. Without in any way limiting the scope of the powers enumerated herein of my Executrix, I hereby specifically give to her full power to retain any and all securities or property owned by me at the time of my decease whenever, in her absolute and uncontrolled discretion, such a course shall seem to her to be best, without liability for depreciation or loss, and free from investment restrictions incident to trusteeship or executorship, whether imposed by common law or statute. In the execution of said duties and powers said Executrix shall have the power to comply with all legal requirements as to the execution and delivery of deeds and all other writings, documents or formalities without the order of any court.

In the event my said wife, Edna Lee Wooley Smith, does not survive me or for any other reason fails to qualify as Executrix of this my Last Will and Testament, or, having qualified, thereafter

Jack L. W. Smith

for any reason shall cease to act, then I nominate and appoint my daughter, Shelby Jean Smith Kerr, now residing in Nashville, Davidson County, Tennessee, Executrix of this my Last Will and Testament with all the duties, rights, powers, liabilities, privileges and immunities which are hereinbefore given to my said wife, Edna Lee Wooley Smith, as Executrix as aforesaid.

I direct that no bond be required of either my said wife, Edna Lee Wooley Smith, as such Executrix, or my said daughter, Shelby Jean Smith Kerr, as Executrix.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name this the 16th day of July, 1971.

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Foshal L. N. Smith
TESTATOR

Signed by the said Foshal L.N. Smith as and for his last will and testament, consisting of three pages, including this page, in the presence of us, the undersigned, who, at his request and in his sight and presence, and in the presence of each other, have subscribed our names as attesting witnesses the day and date above written.

Sara E Sweeney
Attesting Witness

539 Maplewood Lane
Address

Mrs. Rita Sweeney
Attesting Witness

539 Maplewood Lane
Address

46966
IDENTIF. & REFERENCE

95 MAR 30 PM 3:22
REGISTER'S OFFICE
DAVIDSON COUNTY, TN.
PICK-UP

3820 03/30 0101 03CHECK
16.00

Page Three of My Will

Foshal L. N. Smith

Metropolitan Government of Nashville and Davidson County

Richard H. Fulton, Mayor

J. M. BISTOWISH, M.D., REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY

FEB 3 1984

J. M. Bistowish M.D.

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

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.

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8400370

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

BIRTH NO. _____ STATE FILE NO. _____

DECEASED

1. DECEASED—NAME (First, Middle, Last): Foshal L. N. Smith
2. DATE OF DEATH (Month, Day, Year): Jan. 23, 1984
3a. AGE—Last Birthday (Years): 64
3b. If Under 1 Year: Months / Days
3c. If Under 1 Day: Hours / Min.
4. DATE OF BIRTH (Month, Day, Year): Apr. 12, 1919
5. RACE (White, Black, American Indian, etc.): White
6. ORIGIN OR DESCENT (Italian, Mexican, German, etc.): American
7. SEX: Male
7a. COUNTY OF DEATH: Davidson
7b. CITY, TOWN OR LOCATION: Madison
7c. INSIDE CITY LIMITS (Specify Yes or No): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, specify private residence, Rd., No., Street, etc.): Nashville Memorial
7e. If Hosp. or Inst., Inpatient or Outpatient: Inpatient
8. STATE OF BIRTH (If not in U.S.A., name country): Tenn.
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Edna Wooley
12. SOCIAL SECURITY NUMBER: [redacted]-9906
12a. SERVICE IN ARMED FORCES (Specify war or dates of service): WW II
12b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Letter Carrier
12c. KIND OF BUSINESS OR INDUSTRY: U.S. Postal Service

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

13a. RESIDENCE—STATE: Tenn.
13b. COUNTY: Davidson
13c. CITY, TOWN, OR LOCATION: Nashville
13d. STREET AND NUMBER: 1247 Avondale Cir.
13e. INSIDE CITY LIMITS (Specify Yes or No): Yes
13f. CENSUS TRACT NO.:

PARENTS AND INFORMANT

15. FATHER—NAME: Winnie Smith
16. MOTHER—MAIDEN NAME: Pearlie Gregory
17. INFORMANT—NAME: Spouse
17a. MAILING ADDRESS: Same

PERMIT REQUIRED PRIOR TO TRANSPORTATION OF BODY BY COMMON CARRIER OR REMOVAL FROM STATE.

DISPOSITION

18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
18b. DATE (Month, Day, Year): Jan. 25, 1984
18c. CEMETERY OR CREMATORY—NAME: Forest Lawn
18d. LOCATION—CITY OR TOWN, STATE: Goodlettsville, Tenn.
19. FUNERAL DIRECTOR (Signature): James H. McSpadden
19a. LICENSE NO.: 3419
20. FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip): Forest Lawn, 1150 Dickerson Rd. Goodlettsville, Tenn
21. EMBALMER (Signature): James H. McSpadden
21a. LICENSE NO.: 3734
22. REGISTRAR—SIGNATURE: Marguerite M. Bumpus
22a. DATE RECEIVED BY LOCAL REGISTRAR: Feb. 1, 1984

CERTIFIER

23a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE: William W. Wilson DEGREE: Md
23b. DATE SIGNED (Month, Day, Year): 1-27-84
23c. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE / TITLE / DATE SIGNED
24a. CERTIFIER—NAME (Type or Print): William W. Wilson, M. D.
24b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): Nashville, Tn.

IF DEATH NOT ATTENDED BY PHYSICIAN AUTHORIZED OFFICIAL SIGN HERE. ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

CAUSE

25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
(a) IMMEDIATE CAUSE: Carcinoma of Tongue — INTERVAL BETWEEN ONSET AND DEATH: 6 mos
(b) DUE TO, OR AS A CONSEQUENCE OF:
(c) CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST — DUE TO, OR AS A CONSEQUENCE OF:
(d)

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a).

26. AUTOPSY (Yes or No): No

27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (Specify)
27b. DATE OF INJURY (Month, Day, Year)
27c. HOUR
27d. IN GENERAL HOW INJURY OCCURRED
27e. INJURY AT WORK (Specify Yes or No)
27f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify)
27g. LOCATION—STREET OR R.F.D. NO., CITY OR TOWN, STATE

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