Last Will and Testament of

BOOK 9632 PG 170

EDNA LEE WOOLEY SMITH

I, EDNA LEE WOOLEY 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 husband, Foshal L.N. 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 husband, Foshal L.N. Smith, does not survive me, or dies within three (3) days after the date of my death if his 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 and description, real, personal, intangible and mixed, and wherever situated.

Edna Lee Wooley Smith

ITEM IV

I nominate and appoint my said husband, Foshal L.N. Smith, Executor of this my Last Will and Testament and I authorize my said Executor to do any and all things which in his 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 Executor 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 Executor, I hereby specifically give to him full power to retain any and all securities or property owned by me at the time of my decease whenever, in his absolute and uncontrolled discretion, such a course shall seem to him 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 Executor 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 husband, Foshal L.N. Smith, does not survive me or for any other reason fails to qualify as Executor of this my Last Will and Testament, or, having qualified, thereafter for any reason shall cease to act, then I nominate and appoint my daughter, Shelby Jean Smith Kerr, now residing

Edna Lee Hooley Smith

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 husband, Foshal L.N. Smith, as Executor as aforesaid.

I direct that no bond be required of either my said husband, Foshal L.N. Smith, as such Executor, or my said daughter, Shelby Jean Smith Kerr, as Executrix.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name this the 7th day of July, 1971.

Edna Lee Wooley Smith
TESTATRIX

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

James E. Sweeney
Attesting Witness

539 Hazelwood Lane
Address

Mrs Rita Sweeney
Attesting Witness

539 Hazelwood Lane
Address

Page Three Of My Will

Edna Lee Wooley Smith

46967
IDENTIF. & REFERENCE

85 MAR 30 PM 3:23
PICK-UP
3824 03/30 0101 03CHECK 16.00

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.

Jackie S. Wadley, M.D.
LOCAL REGISTRAR

BOOK 9632 PG 173

TYPE / PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

8 5 0 0 8 0 5 TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): EDNA LEE SMITH
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): February 10, 1995
4. SOCIAL SECURITY NUMBER (If Deceased): [redacted]-2637
5a. AGE – LAST BIRTHDAY (Years): 75
5b. UNDER 1 YEAR – MONTHS:
5c. UNDER 1 DAY – HOURS / MINUTES:
6. DATE OF BIRTH (Month, Day, Year): Nov. 18, 1919
7. BIRTHPLACE (City and State or Foreign Country): MACON CO., TN,
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): VANDERBILT
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): WIDOW
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.): MACHINE OPERATOR
12b. KIND OF BUSINESS/INDUSTRY: U.S. TOBACCO CO.
13a. RESIDENCE – STATE: TN
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 1247 AVONDALE CIRCLE
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37207
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): 8; College (1-4 or 5+):

NAME OF DECEDENT For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): HARM TAYLOR WOOLEY
18. MOTHER'S NAME (First, Middle, Maiden Surname): REBECCA ELIZABETH MOSS

INFORMANT

19a. INFORMANT'S NAME (Type/Print): SHELBY KERR
19b. RELATIONSHIP TO DECEASED: DAUGHTER
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 7980 RIDGEWOOD RD.,GOODLETSVILLE,TN 37072

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): FOREST LAWN CEMETERY
20c. LOCATION – City or Town, State: GOODLETTSVILLE, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: JONOTHAN MATTHEWS
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4477
21c. SIGNATURE OF EMBALMER: George Dobbs
21d. LICENSE NUMBER OF EMBALMER: 4337
22a. NAME AND ADDRESS OF FUNERAL HOME: FOREST LAWN FUNERAL HOME 1150 DICKERSON RD, GOODLETSVILLE, TN 37072
22b. LICENSE NUMBER OF FUNERAL HOME: 927

REGISTRAR

23. REGISTRAR'S SIGNATURE: Ruby Jarrard Bridges
24. DATE FILED (Month, Day, Year): February 22, 1995

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: Jon S. Spencer MD
25b. LICENSE NUMBER: TN - 12533
25c. DATE SIGNED (Month, Day, Year): 2-20-95
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):

SEE INSTRUCTIONS ON OTHER SIDE

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.	Cardio Respiratory Arrest	
DUE TO (OR AS A CONSEQUENCE OF): b.	Cholangio Carcinoma	
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 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. 2-93

RDA 1399