Last Will and Testament

OF

BOOK 9632PG499

SUSAN E. PROFFETT

I, Susan E. Proffett, of Davidson County, Tennessee, being of sound mind and disposing memory. do hereby make, declare and publish this my Last Will and Testament, hereby revoking all former Wills heretofore made by me.

FIRST: I direct that all my judicially enforceable debts, including the expenses of my last illness and funeral, be paid as soon as practicable after my death.

SECOND: I hereby will, devise and bequeath all of my property of every kind and character, real or personal and wheresoever situated, to my beloved husband, Finley T. Proffett, if he shall survive me, to be his, in fee simple and absolutely.

THIRD: I bequeath all of my rings to my daughter, Sheila Jenkins, in fee, and I bequeath and devise all of my remaining property of every kind and character, real or personal, and wheresoever situated, including the proceeds of any life insurance policies made payable to my estate, in equal shares, to Sheila Jenkins, Stefanie Jenkins, Sheryl Jenkins, and Thomas E. Proffett, in fee.

95 0371 0151 0CASH 20.00
PICK-UP
95 MAR 31 AM 9:30
REGISTER
DAVIDSON COUNTY, TN.
DELETE FOR REFERENCE
470844

FOURTH: All the rest and residue of my estate, including all lapsed legacies and devises, I bequeath and devise in equal shares unto my heirs at law to be determined in accordance with the laws of descent and distribution then in effect in the State of Tennessee.

FIFTH: I hereby nominate and appoint my husband, Finley T. Proffett, Executor of this my Last Will and Testament and direct that he may serve without bond. If my husband, Finley T. Proffett, does not survive me or is unable to serve for any reason, I hereby appoint my daughter, Sheila Jenkins, as Substitute Executrix of this my Last Will and Testament and direct that she may serve without bond. I vest my Executor and Substitute Executrix with full power to sell, transfer and convey any property, real or personal, which I may own at the time of my death upon such terms and conditions as my said Executor or Substitute Executrix may deem appropriate.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name to this my Last Will and Testament in the presence of the persons witnessing it at my request on this the 3 day of Nov. 1989, at Mt. Juliet, Tennessee.

Susan E. Proffett
SUSAN E. PROFFETT

Signed by the said Susan E Proffett as and for her Last Will and Testament, in the presence of us, the undersigned who at her request and in her sight and presence and in the sight and presence of each other have subscribed our names hereto as attesting witnesses on the day and date above written.

Witness

Address

Witness

Address

BOOK 9632PG501

ATTESTATION CLAUSE AND AFFIDAVIT

STATE OF TENNESSEE
COUNTY OF WILSON

BOOK 9632 PG 502

We the undersigned being first duly sworn make oath that Susan E. Proffett, on the day and date above written declared and signified to us that the foregoing instrument was her Last Will and Testament; that she then signed said instrument in our sight and presence; that we, at her request and in her sight and presence and in the sight and presence of each other then subscribed our names thereto as attesting witnesses; that at the time of execution the Testatrix was more than 18 years of age, of sound mind and disposing memory and did not appear under any undue influence, and that the undersigned, each being more than 18 years of age, make and sign this affidavit at the Testatrix's request on the day and date above written

Witness — Address

Witness — Address

Sworn to and subscribed before me this 3rd day of February, 1989.

Notary Public

My Commission Expires: 7-31-91

DENISE CARVER NOTARY PUBLIC AT LARGE STATE OF TENNESSEE

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

BOOK 9632PG503

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

AUG 18 1992

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.

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

9203785 — STATE FILE NUMBER 157

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Susan Elizabeth Proffett
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): July 15, 1992
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-9235
4a. AGE – LAST BIRTHDAY (Years): 71
4b. UNDER 1 YEAR: MOS. / DAYS
4c. UNDER 1 DAY: HOURS / MIN.
5. DATE OF BIRTH (Month, Day, Year): 9/20/1920
7. BIRTHPLACE (City and State or Foreign Country): Glasglow, Kentucky
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [X] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Donelson Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Finley Proffett
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Excutive Housekeeping
12b. KIND OF BUSINESS/INDUSTRY: McKendree Manor
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Old Hickory
13d. STREET AND NUMBER OR RURAL LOCATION: 4820 Big Horn Dr.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37138
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): Bedford Gravens
18. MOTHER'S NAME (First, Middle, Maiden Surname): Jannie Pedigo

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Finley Proffett
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4820 Big Horn Dr. Old Hickory, Tn. 37138

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): Hermitage Memorial Gardens
20c. LOCATION—City or Town, State: Hermitage, Tn. 37076
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Douglas Ranier
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2300
21c. SIGNATURE OF EMBALMER: ▶ Bobby Compton
21d. LICENSE NUMBER OF EMBALMER: 3416
22a. NAME AND ADDRESS OF FUNERAL HOME: Hermitage Funeral Home, Shute Lane Hermitage, Tn. 37076
22b. LICENSE NUMBER OF FUNERAL HOME: 540

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Mary C. Bontecoat
24. DATE FILED (Month, Day, Year): August 17, 1992

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 [ ] SIGNATURE AND TITLE OF PHYSICIAN ▶
25b. LICENSE NUMBER:
25c. DATE SIGNED (Month, Day, Year):

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 ▶ Gretel C. Harlan, M. D.
26b. LICENSE NUMBER: 8872
26c. DATE SIGNED (Month, Day, Year): 8/7/92

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): Gretel C. Harlan, M.D. 84 Hermitage Ave., Nashville, TN 37210-2110

CAUSE OF DEATH

SEE INSTRUCTIONS ON OTHER SIDE

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. CARDIAC TAMPONADE

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. PERFORATION OF LEFT VENTRICULAR MYOCARDIUM

DUE TO (OR AS A CONSEQUENCE OF):

c. THROMBOSIS OF LEFT CIRCUMFLEX CORONARY ARTERY

DUE TO (OR AS A CONSEQUENCE OF):

d. ATHEROSCLEROTIC HEART DISEASE

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 [X] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [X] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [X] 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