Last Will and Testament

OF

BOOK 9632PG504

FINLEY T PROFFETT

I, Finley T. 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 wife, Susan E. Proffett, if she shall survive me, to be hers, in fee simple and absolutely.

THIRD: Should my wife, Susan E. Proffett, predecease me, I bequeath all of her 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.

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PICK-UP
47085

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.

BOOK 9632PG505

FIFTH: I hereby nominate and appoint my wife, Susan E. Proffett, Executrix of this my Last Will and Testament and direct that she may serve without bond. If my wife, Susan E. 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 Executrix 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 Executrix 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 Dec 1989 at Mt. Juliet, Tennessee

Finley T. Proffett

FINLEY T. PROFFETT

Signed by the said Finley T Proffett as and for his Last Will and Testament, in the presence of us the undersigned. who at his request and in his 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 9632PG506

ATTESTATION CLAUSE AND AFFIDAVIT

STATE OF TENNESSEE
COUNTY OF WILSON

We, the undersigned, being first duly sworn make oath that Finley T. Proffett, on the day and date above written, declared and signified to us that the foregoing instrument was his Last Will and Testament; that he then signed said instrument in our sight and presence; that we, at his request and in his 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 Testator 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 Testator's request on the day and date above written.

BOOK 9632 PG 507

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

89 02/21 0101 01 MSHD 20.00

DEPARTMENT OF PUBLIC HEALTH
LEBANON, TN 37087

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): FINLEY TOM PROFFETT
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): March 1, 1995
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-1712
5a. AGE – LAST BIRTHDAY (Years): 81
5b. UNDER 1 YEAR – MONTHS: | 5c. UNDER 1 YEAR – DAYS: | 5d. UNDER 1 DAY – HOURS: | 5e. UNDER 1 DAY – MIN.:
6. DATE OF BIRTH (Month, Day, Year): Oct. 5, 1913
7. BIRTHPLACE (City and State or Foreign Country): Glasgow, 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 [ ] DOA; OTHER 4 [X] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Mt. Juliet Health Care
9c. CITY, TOWN, OR LOCATION OF DEATH: Mt. Juliet
9d. COUNTY OF DEATH: Wilson
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): Carpenter
12b. KIND OF BUSINESS/INDUSTRY:
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Old Hickory
13d. STREET AND NUMBER OR RURAL LOCATION: 4820 Rig Horn Drive
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): Perry Proffett
18. MOTHER'S NAME (First, Middle, Maiden Surname): Ollie Gravens

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Schelia Jenkins
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 304 Hollywood 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
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶Robert R. Coats
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2981
21c. SIGNATURE OF EMBALMER: ▶James D. (Bud) Coats
21d. LICENSE NUMBER OF EMBALMER: 3482
22a. NAME AND ADDRESS OF FUNERAL HOME: Mt. Juliet Funeral Home, Mt. Juliet, TN 37122
22b. LICENSE NUMBER OF FUNERAL HOME: 382

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶Judy Denney / Deputy
24. DATE FILED (Month, Day, Year): March 15, 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 [ ] SIGNATURE AND TITLE OF PHYSICIAN ▶
25b. LICENSE NUMBER: 0024617
25c. DATE SIGNED (Month, Day, Year): March 13 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): R. Allen Redden MD 1419 Baddour Pkwy. Lebanon TN 37087

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. End Stage COPD
DUE TO (OR AS A CONSEQUENCE OF):
b. Myocardial Infarction
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

SEE INSTRUCTIONS ON OTHER SIDE

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: 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):

BOOK 9632 PC 508

BIRTH NO

PH-1659
REV. 1/89

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE RECORD ON FILE IN THE DIVISION OF VITAL RECORDS – TENNESSEE DEPARTMENT OF HEALTH & ENVIRONMENT. THIS IS VALID ONLY IF THE EMBOSSED SEAL OF THE ISSUING LOCAL HEALTH DEPARTMENT IS AFFIXED.

STATE OF TENNESSEE WILSON COUNTY HEALTH DEPARTMENT SEAL

Cassandra Dooley
DEPUTY REGISTRAR