Last Will and Testament

OF

MARTHA E. LOVELL

OF

DAVIDSON COUNTY, TENNESSEE

I, MARTHA E. LOVELL, 103 PEGGY STREET, NASHVILLE, 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 CODICALS THERETO BY ME AT ANY TIME HERETOFORE MADE.

I.

I DIRECT THAT ALL MY JUST DEBTS AND FUNERAL EXPENSES BE PAID FROM MY ESTATE.

II.

I DO HEREBY WILL, DEVISE AND BEQUEATH TO MY SON, JOHN W. LOVELL, 103 PEGGY STREET, NASHVILLE, TENNESSEE ALL OF MY PROPERTY BOTH REAL AND PERSONAL WHICH I NOW OWN OR MAY HEREINAFTER ACQUIRE OF EVERY KIND AND NATURE AND INTEREST, TITLE, EQUITY OR EXPECTANCY THEREIN, TO BE HIS IN FEE SIMPLE ABSOLUTE AND SAME SPECIFICALLY INCLUDES ANY INHERITANCE THAT I MAY RECEIVE, OR HEREINAFTER RECEIVE, FROM MY DECEASED PARENTS OR ANY PERSON WHOMSOEVER.

III.

I NOMINATE AND APPOINT THE SAID JOHN W. LOVELL AS EXECUTOR OF THIS MY LAST WILL AND TESTAMENT AND DIRECT THAT HE SERVE WITHOUT BOND. IN THE EVENT HE CAN OR WILL NOT SERVE AS SAME I DIRECT THAT THE COURT

PROBATING THIS WILL APPOINT SUITABLE EXECUTOR.

IN TESTIMONY WHEREOF I HAVE HEREUNTO SET MY SIGNATURE THIS 28 DAY OF OCTOBER, 1960.

Martha E. Lovell
TESTATOR

SIGNED BY THE SAID MARTHA E. LOVELL FOR HER LAST WILL AND TESTAMENT CONSISTING OF TWO 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 HAD SUBSCRIBED OUR NAMES AS ATTESTING WITNESSES THE DAY AND DATE ABOVE WRITTEN.

0085332
IDENTIF. ↑ REFERENCE
95 AUG -2 PM 2:18
FELIX Z. WILSON II REGISTER
DAVIDSON COUNTY, TN.
PICK-UP

Mrs Jack Green.

[illegible]

CODICIL

THIS CODICIL TO MY FOREGOING WILL MADE AND EXECUTED THIS 20TH DAY OF AUGUST, 1963.

I HEREBY DEVISE AND BEQUEATH TO MY HUSBAND, F. O. WOODROOF, A LIFE ESTATE IN MY PROPERTY LOCATED AT 204 BEVERLY DRIVE, MADISON, TENNESSEE AND AT HIS DEATH THE REMAINDER TO MY SON, JOHN W. LOVELL, IN FEE SIMPLE ABSOLUTE. THIS BEQUEATH OF A LIFE ESTATE TO MY HUSBAND SHALL BE VALID ONLY IF HE MAKES A HOME FOR MY SON, JOHN W. LOVELL, PROVIDED MY SON WANTS SAME, AT THE SAID RESIDENCE, 204 BEVERLY DRIVE, MADISON, TENNESSEE.

Mrs Martha E. Lovell Woodroof.
MRS. MARTHA E. (LOVELL) WOODROOF

ATTESTING WITNESSES:

Jack Green

Milton B. Battle

844 08/02 0101 03CHECK 12.00

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.

AUG 2 1995

BOOK 9749 PG 896

0503518

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT (For use by physician or medical examiner)

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Martha Elizabeth Woodroof
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): 06-17-95
4. SOCIAL SECURITY NUMBER: [redacted]-2856
5. AGE - LAST BIRTHDAY (Years): 82
6. DATE OF BIRTH (Month, Day, Year): 06-05-1913
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ Yes 2 ☒ No
9. PLACE OF DEATH: 1 ☒ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify)
9a. FACILITY NAME (If not institution, give street and number): Baptist Hospital
9b. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9c. COUNTY OF DEATH: Davidson
10. MARITAL STATUS: Widowed
11. SURVIVING SPOUSE (If wife, give maiden name):
12a. DECEDENT'S USUAL OCCUPATION: Housewife
12b. KIND OF BUSINESS/INDUSTRY: Domestic
13a. RESIDENCE - STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN, OR LOCATION: Madison
13d. STREET AND NUMBER OR RURAL LOCATION: 204 Beverly Dr.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 ☒ Yes 2 ☐ No
13f. ZIP CODE: 37115
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☒ No
15. RACE - American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 10 th College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Ollie Claire Craddock
18. MOTHER'S NAME (First, Middle, Maiden Surname): Bessie Elizabeth Edwards

INFORMANT

19a. INFORMANT'S NAME (Type/Print): John Lovell
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 300 Berkley Dr. APT. d-13 Madison, TN 37115

DISPOSITION

20a. METHOD OF DISPOSITION: 1 ☒ Burial 2 ☐ Cremation 3 ☐ Donation 4 ☐ Donation 5 ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Forest Lawn MEM. Gardens
20c. LOCATION - City or Town, State: Goodlettsville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: James S. Tinsley
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3171
21c. SIGNATURE OF EMBALMER: Jim Brewer
21d. LICENSE NUMBER OF EMBALMER: 2969
22a. NAME AND ADDRESS OF FUNERAL HOME: Madison Funeral Home 219 Old Hickory Blvd Madison TN
22b. LICENSE NUMBER OF FUNERAL HOME: 690

REGISTRAR

23. REGISTRAR'S SIGNATURE: Ruby Jean Brown
24. DATE FILED (Month, Day, Year): July 11, 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: Mveng
25b. LICENSE NUMBER: 021116
25c. DATE SIGNED (Month, Day, Year): 6/26/95
25d. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
2 ☐ SIGNATURE AND TITLE OF MEDICAL EXAMINER:
25e. LICENSE NUMBER:
25f. DATE SIGNED (Month, Day, Year):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr. Tracey Doering 300 20th Ave. North Nashville,TN 37203

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

CAUSE OF DEATH

28. PART I. Enter the chain of events, diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Approximate Interval: Onset to Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Cardiac arrest
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. Carcinoma of breast
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: DNR (Attending physician)

28a. WAS AN AUTOPSY PERFORMED? 1 ☐ Yes 2 ☐ No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ Yes 2 ☐ No

29. MANNER OF DEATH: 1 ☐ Natural 2 ☐ Accident 3 ☐ Suicide 4 ☐ Homicide 5 ☐ Pending Investigation 6 ☐ Could not be Determined
30a. DATE OF INJURY (Month, Day, Year)
30b. TIME OF INJURY
30c. INJURY AT WORK? 1 ☐ Yes 2 ☐ No
30d. DESCRIBE HOW INJURY OCCURRED
30e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
30f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING IN THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED