-0120993

IDENTIF. ↑ REFERENCE

PICK-UP

BOOK 9854 PG 380

95 NOV -3 PM 1:21

Last Will and Testament

OF

WILLIAM OWEN HUGHES, JR.

I, WILLIAM OWEN HUGHES, JR., of Nashville, Davidson County, Tennessee, being of sound mind and disposing memory, realizing the uncertainties of life, and wishing to set my estate in order in the event of my death, do hereby make, declare and publish the following as and for my LAST WILL and TESTAMENT, hereby revoking all former wills by me made.

ITEM I: As soon after my death as possible I direct that all my just debts and obligations, including my reasonable funeral expenses, be paid in full.

ITEM II: I give and bequeath my player piano to my granddaughter, Tammy Lue Hughes.

ITEM III: I give, devise and bequeath my house and lot and the furniture therein at 4204 Nevada Avenue, Nashville, Tennessee, to my wife, Lula Elizabeth Brimm Hughes, for and during her natural life, or so long as she remains unmarried but in the event of her death or remarriage, I give, devise and bequeath said real and personal property to my son, William Owen Hughes, III.

ITEM IV: All the rest and residue of my estate of every kind and character - real, personal and mixed - I will, give, devise and bequeath to my wife, Lula Elizabeth Brimm Hughes, and my son, William Owen Hughes, III, share and share alike.

ITEM V: I nominate and appoint my son, William Owen Hughes, III, of Donelson, Tennessee, as Executor of this my LAST WILL and TESTAMENT, and direct that he be permitted to qualify and serve as such without bond.

William Owen Hughes Jr

William Owen Hughes, Jr. - Testator

WITNESS my hand at Nashville, Tennessee, this the 14th day of September, 1960.

William Owen Hughes, Jr. - Testator

Signed by the said William Owen Hughes, Jr., 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 presence of each other have hereunto signed our names as attesting witnesses on the day and date above written.

Kathryn Waldt

John L. Waldron

...Davidson
...Court, ...
...office. Witness ...
Given under my hand ... in
Nashville, this 8th ... November ... 83.
... COUNTY COURT ... CLERK
By Lynn Randell
Deputy Clerk

6243 11/08 0101 01CASH 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.

NOV 6 1995

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

BOOK 9854 PG 382

LOCAL REGISTRAR 9505736

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT (Last, First, Middle)

1 DECEDENT'S NAME (First, Middle, Last): Lula Brimm Hughes
2 SEX: Female
3 DATE OF DEATH (Month, Day, Year): October 24, 1995
4 SOCIAL SECURITY NUMBER: [redacted] 2309
5 AGE-LAST BIRTHDAY: 86
6 DATE OF BIRTH (Month, Day, Year): October 25,1908
7 BIRTHPLACE (City and State or Foreign Country): Sumner County, TN
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 X No
9a PLACE OF DEATH (Check only one): 1 X Inpatient 2 ER/Outpatient 3 DOA 4 Hospice, Inpatient 5 Residence 6 Other (Specify)
9b OTHER
9c FACILITY NAME (If not institution, give street and number): Centennial Medical Center
9d CITY, TOWN, OR LOCATION OF DEATH: Nashville
9e COUNTY OF DEATH: Davidson
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): Homemaker
12b KIND OF BUSINESS/INDUSTRY: Domestic
13a RESIDENCE STATE: Tennessee
13b COUNTY: Davidson
13c CITY, TOWN OR LOCATION: Nashville
13d STREET AND NUMBER OR RURAL LOCATION: 4204 Nevada Avenue
CENSUS TRACT
13e INSIDE CITY LIMITS? 1 X Yes 2 No
13f ZIP CODE: 37209
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No, if yes, specify Cuban, Mexican, Puerto Rican, etc.): 1 Yes 2 X No
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+):

PARENTS
17 FATHER'S NAME (First, Middle, Last): Robert Brimm
18 MOTHER'S NAME (First, Middle, Maiden Surname): Jane Chambers

INFORMANT
19a INFORMANT'S NAME (Type/Print): W.O. Hughes
19b RELATIONSHIP TO DECEASED: Step-Son
19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2508 Meadowood DRive Nashville, TN 37214

DISPOSITION
20a METHOD OF DISPOSITION: 1 X Burial 2 Cremation 3 Donation 4 Entombment 5 Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Harpeth Hills Memory Gardens
20c LOCATION (City or Town, State): Nashville
21a SIGNATURE OF FUNERAL DIRECTOR: ▶Stephen R. Murphy
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 4097
21c SIGNATURE OF EMBALMER: ▶ Stephen R. Murphy
21d LICENSE NUMBER OF EMBALMER: 4169
22a NAME AND ADDRESS OF FUNERAL HOME: Pettus-Owen & Wood 4506 Charlotte Ave; Nashville, TN 37209
22b LICENSE NUMBER OF FUNERAL HOME: 905

REGISTRAR
23 REGISTRAR'S SIGNATURE: ▶ [signature]
24 DATE FILED (Month, Day, Year): November 6, 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: ▶ [signature]
25b LICENSE NUMBER: 3400
25c DATE SIGNED (Month, Day, Year): 10/30/95
26a 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: ▶
26b LICENSE NUMBER:
26c DATE SIGNED (Month, Day, Year):
27 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print):

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

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 Acute Respiratory failure
DUE TO (OR AS A CONSEQUENCE OF): b CVD.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: DUE TO (OR AS A CONSEQUENCE OF): c
DUE TO (OR AS A CONSEQUENCE OF): d

SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death, but not resulting in the underlying cause given in Part I
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
30 DATE OF INJURY (Month, Day, Year)
31 TIME OF INJURY
32 INJURY AT WORK? 1 Yes 2 No
33 DESCRIBE HOW INJURY OCCURRED
34 PLACE OF INJURY (At home, farm, street, factory, office building, etc. (Specify))
35 LOCATION (Street and Number or Rural Route Number, City or Town, State)

PH 1659
REV 2-91

RDA 1389

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