LAST WILL AND TESTAMENT

OF

ELIZABETH S. RUCKER BOOK 9958 PG 634

I, ELIZABETH S. RUCKER, domiciled in Nashville, Tennessee do make, publish and declare this to be my Last Will and Testament, hereby revoking all Wills and Codicils heretofore made by me.

ARTICLE I

I direct that all of my just debts, my funeral expenses, unpaid charitable pledges and the costs of administration of my estate be paid as soon as practicable after my death. My Executor, in his sole discretion, may pay from my domiciliary estate all or any portion of the costs of ancillary administration and similar proceedings in other jurisdictions.

ARTICLE II

I direct that there shall be paid out of my residuary estate, without apportionment, all estate, inheritance, succession and other taxes, assessed by reason of my death, imposed by the government of the United States, or any state or territory thereof, or by any foreign government or political subdivision thereof in respect of all property required to be included in my gross estate for estate of like tax purposes by any of such governments, whether the property passes under this will or otherwise, including property over which I have a taxable power of appointment, without contribution by any recipient of any such property.

ARTICLE III

I bequeath to my husband, RAYMOND L. RUCKER, in fee, all clothing, jewelry, household goods, personal effects, automobiles and all other tangible personal property not otherwise

specifically bequeathed, except cash on hand or on deposit, owned by me at the time of my death. I direct that any expenses incurred in safeguarding or delivering such property be paid from my estate as an administrative expense thereof. If my said husband, RAYMOND L. RUCKER, shall not survive me, I bequeath all of the aforesaid property in equal shares to my three children, ROBERT L. RUCKER, BLOSSIE S. RUCKER and RAYMOND D. RUCKER, who shall be living at the time of my death.

ARTICLE IV

All the rest, residue and remainder of the property which I may own at the time of my death, real, personal and mixed, tangible and intangible, of whatsoever nature and wheresoever situated, including all property which I may acquire or become entitled to after the execution of this will, including all lapsed legacies and devises and all life insurance payable to my estate, I bequeath and devise in to my husband, RAYMOND L. RUCKER. If my said husband, RAYMOND L. RUCKER, shall not survive me then I bequeath and devise the said property in fee in equal shares to my three children, ROBERT L. RUCKER, BLOSSIE S. RUCKER, and RAYMOND D. RUCKER.

ARTICLE V

I appoint my husband, RAYMOND L. RUCKER, to be the Executor of this my Last Will and Testament and direct that no bond be required for the faithful performance of his duties; and I vest my said Executor with full power and authority to sell, transfer and convey any property, real or personal, which I may own at the time of my death at such time and price and upon such terms and conditions as he may determine and to do every other act and thing necessary or appropriate for the complete administration of this Will. If my husband, RAYMOND L. RUCKER, shall predecease me

or for any reason shall fail to qualify as Executor hereunder, then in such event, my oldest son, ROBERT L. RUCKER, shall act as Executor of my estate.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name to this my Last Will and Testament, consisting of this and preceding two typewritten pages, and for the purposes of identification I have initialed each such page, all in the presence of the persons witnessing it at my request on this 30 day of June, 1986, at Nashville, Tennessee.

Elizabeth S. Rucker.
ELIZABETH S. RUCKER

The foregoing instrument, consisting of this and two preceding typewritten page, was signed, sealed, published and declared by ELIZABETH S. RUCKER, the testatrix, to be her last will and testament, in our presence, and we, at her request and in her presence and in the presence of each other, have hereunto subscribed our names as witnesses, this 30th day of June, 1986, at Nashville, Tennessee.

William B. Bruce residing at 1610 Parkway Towers Nashville, TN.

[signature] residing at 5361 Village Way
Nashville, Tn. 37211

Charla S. Haak residing at 4324-B Lindawood Drive
Nashville, TN 37215

A F F I D A V I T

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

We, the undersigned, being first duly sworn, make oath that ELIZABETH L. RUCKER, on the day and date above written, declared and signified to us that this instrument is 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 the execution the Testatrix was more than eighteen (18) years of age, of sound mind and disposing memory, and did not appear under undue influence; and that the undersigned each being more than eighteen (18) years of age, make and sign this Affidavit at the Testatrix's request on the day and date above written.

William B. Bone

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Thomas J. Wallington II

Charla L. Haas

Sworn to and subscribed before me this 30th day of June, 1986.

Peggy D. Chapman

NOTARY PUBLIC

My Commission Expires: 11/1/87

0153976 IDENTIF. ↑ REFERENCE

96 FEB 27 PM 12:32

FELIX Z. WILSON II REGISTER
DAVIDSON COUNTY, TN.

PICK-UP

1838 02/27 0101 01CASH 0258 20.00

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

BOOK 9958PG638

APR 25 1994

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.

Linda E. Wolley, MD
LOCAL REGISTRAR

9402051

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last): Elizabeth Smith Rucker
2. SEX: Fe
3. DATE OF DEATH (Month, Day, Year): 4-15-94
4. SOCIAL SECURITY NUMBER: [redacted]-4174
5a. AGE – LAST BIRTHDAY (Years): 70
6. DATE OF BIRTH (Month, Day, Year): May 6th 1923
7. BIRTHPLACE (City and State or Foreign Country): Murfreesboro Tenn.
5b. IF EVER IN U.S. ARMED FORCES? 1 Yes 2 No
5c. PLACE OF DEATH (Check only one): 1 Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA; 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Westside
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): Raymond Rucker
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Nurse
12b. KIND OF BUSINESS/INDUSTRY: Hubbard Hospital
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2721 Meadowrose Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 Yes 2 No
13f. ZIP CODE: 37206
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes No
Specify, if yes:
15. RACE – American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

17. FATHER'S NAME (First, Middle, Last): Richard Smith
18. MOTHER'S NAME (First, Middle, Maiden Surname): Emma Martin
19a. INFORMANT'S NAME (Type/Print): Raymond Rucker
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2721 Meadowrose Dr. Nash. Tenn. 37206
20a. METHOD OF DISPOSITION: 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Greenwood
20c. LOCATION – City or Town, State: Nashville Tenn
21a. SIGNATURE OF FUNERAL DIRECTOR: Henry Smith
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3167
21c. SIGNATURE OF EMBALMER: Delmas Boggs
21d. LICENSE NUMBER OF EMBALMER: 3687
22a. NAME AND ADDRESS OF FUNERAL HOME: Smith Funeral Directors 706 Monroe St. Nash. Tenn.
22b. LICENSE NUMBER OF FUNERAL HOME: 809
23. REGISTRAR'S SIGNATURE: Patricia Jones
24. DATE FILED (Month, Day, Year): April 25, 1994

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: [signature] MD
25b. LICENSE NUMBER: 9588
25c. DATE SIGNED (Month, Day, Year): 4/25/94
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):

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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Stroke
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. DUE TO (OR AS A CONSEQUENCE OF):
c. DUE TO (OR AS A CONSEQUENCE OF):
d.
Approximate Interval Between Onset and Death: 6wk
SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
Brain mass
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)

BIRTH NO

PH-1659
REV. 1/89

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