LAST WILL AND TESTAMENT

OF

KATHRYN BOHAN GILL

K. B. G.

I, Kathryn Bohan Gill, a resident of Nashville, Davidson County, Tennessee, being of sound mind and disposing memory do make, declare and publish this my Last Will and Testament, hereby revoking all former Wills and Codicils to Wills heretofore made by me.

K.B.G. J.H.G. Jr.

ITEM I

I am a widow and reside at 1708 Ashwood Avenue, Nashville, Tennessee 37212. I have four living children as follows: Jeanne Frances Gill, Mary Claire Minick, Anthony Bohan Gill and James Hale Gill, Jr.

ITEM II

I direct my personal representative, hereinafter named, to pay all my just debts, including funeral expenses and costs of final administration, soon as practicable.

ITEM III

I name and appoint my daughter, Jeanne Frances Gill, as personal representative of this my Last Will and Testament, excusing her from bond and I authorize and empower her to sell any part or all of my estate to achieve the purposes of this my Last Will and Testament.

Should Jeanne Frances Gill decline or be unable to serve, then I name and appoint my son, James Hale Gill, Jr., as personal representative of this my Last Will and Testament, to serve without bond and to have the same powers as granted to Jeanne Frances Gill.

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ITEM IV

I give, devise and bequeath all my property, real and personal, wheresoever located, to my four children as named in Item I, to be shared equally.

Should any of these four named children predecease me, leaving children of their own, then I direct that these grand-children of mine shall take their parent's share.

In Witness Whereof, I have hereunto set my hand this 26 day of Aug-, 1989, and do publish and declare this as my Last Will and Testament in the presence of each and all of the subscribing witnesses, whom I have requested to act as such by signing their names as attesting witnesses in my presence and in the presence of each other and by signing the affidavit below.

Kathryn Bohan Gill
KATHRYN BOHAN GILL Testatrix

Witnesses:	Residing at:
Rosie K. Myers	510 Heritage Dr. 12 Madison, Tenn. 37115
John B. Myers Jr.	510 Heritage Dr. - 12 Madison, Tenn. 37115

AFFIDAVIT

BOOK 9999 PG 755

STATE OF TENNESSEE

COUNTY OF DAVIDSON

We, the undersigned, being first duly sworn, make oath that Kathryn Bohan Gill, 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 hereto as attesting witnesses; that at the time of execution the Testatrix was more than 21 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 21 years of age, make and sign this Affidavit at the Testatrix's request on the day and date above written.

Rossie K. Myers
Witness

John B. Myers Jr.
Witness

On this 26 day of Aug-, 1989, before me personally appeared Rossie K. Myers and John B. Myers Jr., proved to me on the basis of satisfactory evidence to be the persons who executed the foregoing instrument and acknowledged that they executed the same as their free act and deed.

Thelma M. Singer
Notary Public

My Commission Expires: JULY 24, 90

0166471
IDENTIF. & REFERENCE

96 APR -2 AM 11:12
FELIX A. [illegible] REGISTER
DAVIDSON COUNTY, TN.

PICK-UP

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.

BOOK 9999 PG 756

0600653

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): KATHRYN BOHAN GILL
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): JANUARY 28, 1996
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-3884
5a. AGE – LAST BIRTHDAY (Years): 90
5b. UNDER 1 YEAR – MOS / DAYS
5c. UNDER 1 DAY – HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): MAR. 21, 1905
7. BIRTHPLACE (City and State or Foreign Country): NEW YORK, NEW YORK
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): IMPERIAL MANOR
9c. CITY, TOWN, OR LOCATION OF DEATH: MADISON
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): WIDOWED
11. SURVIVING SPOUSE (If wife, give maiden name): N/A
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: MADISON
13d. STREET AND NUMBER OR RURAL LOCATION: 306 WEST DUE WEST AVENUE
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37015
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – if yes, specify Cuban, Mexican, Puerto Rican, etc.): [ ] Yes [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): UNKNOWN; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or medical examiner

PARENTS

17. FATHER'S NAME (First, Middle, Last): WILLIAM E. BOHAN
18. MOTHER'S NAME (First, Middle, Maiden Surname): MARY ELLEN BOHAN

INFORMANT

19a. INFORMANT'S NAME (Type/Print): JAMES H. GILL JR
19b. RELATIONSHIP TO DECEASED: SON
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1708 ASHWOOD NASHVILLE, TN 37212

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): WOODALWN MEMORIAL PARK
20c. LOCATION – City or Town, State: NASHVILLE, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ TRACEY BOND
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3930
21c. SIGNATURE OF EMBALMER: ▶ GEORGE DOBBS
21d. LICENSE NUMBER OF EMBALMER: 4337
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODLAWN FUNERAL HOME 660 THOMPSON LANE NASHVILL, TN
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Emily Jeanel Bowers
24. DATE FILED (Month, Day, Year): February 14, 1996

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: ▶ Stephen A. Bohn, M.D.
25b. LICENSE NUMBER: MD14299
25c. DATE SIGNED (Month, Day, Year): 2/12/96
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): Stephen A. Bohn, M.D.; 610 W. Due West Ave, Madison, TN 37115

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. Pneumonia — DUE TO (OR AS A CONSEQUENCE OF): — days

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.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Alzheimer's dementia

29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] 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-1650 REV 2-93

RDA 1399

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