Prepared by
Beck & Beck
Hallatin Rd Nash, Tenn

LAST WILL AND TESTAMENT
OF
JOHN SIMS

I, **JOHN SIMS**, a single man, 1310 Stainback Avenue, Nashville, Tennessee 37207, being a resident of Davidson County, Tennessee, being of sound mind and disposing memory, do make declare, and publish this instrument to be my Last Will and Testament, hereby revoking all other Wills that I may have made heretofore.

BOOK 10161 PG 553

ITEM I

I nominate and appoint Arnett Sims, my brother, his residence being 2809 Gear Avenue, Nashville, Tennessee 37216, as Executor of this, my Last Will and Testament, and I direct that he not be required to make bond.

ITEM II

I direct that my personal representative pay all of my just debts and funeral expenses, as well as the cost of the administration of estate, as soon after my death as practicable.

ITEM III

I hereby devise, give and bequeath all of my property whether real or personal to my brother, Arnett Sims.

ITEM IV

I hereby authorize my Executor to make deeds or bills of sale to the purchaser conveying titles to any and all property without the necessity of Court approval, and further authorize that my Executor perform without the necessity of placing a bond.

V

I authorize my Executor including any substance or successor personal representatives or Trustees, in the exercise of all reasonable discretion with respect to all property, real or personal, at anytime forming part of my estate, to exercise any or all the powers set forth in Section 3, Chapter 110, of the Tennessee General Assembly of 1963, Tennessee Code Annotated, 35-50-110 to the extent applicable, all of which provisions and powers

JOHN SIMS

are incorporated herein by reference as fully as if copied herein verbatim. These powers (as set out in said stature on the date of execution of this Will) are granted, notwithstanding that said statute may be amended hereafter or repealed at the time of my death.

IN WITNESS WHEREOF, I have hereunto set my hand to this, my Last Will and Testament, at Nashville, Tennessee , this the 7th day of December, 1994, consisting of three (3) typewritten pages, including the attestation clause and Affidavit of witnesses.

JOHN SIMS

The foregoing instrument was signed, published and declared by the Testator, **JOHN SIMS**, as and for his last Will and Testament, in the sight and presence of us and each of us and we at the same time at his request and in his sight and presence and in the sight and presence of each other in believing him to be of sound mind have hereunto subscribed our names as attesting witnesses on this the 7th day of December, 1994.

Jackie Redmond
WITNESS

4754 B Trenton Dr. Hermitage, TN 37076
ADDRESS

Suzanne Kay
WITNESS

PO Box 1927 Antioch, TN. 37011
ADDRESS

PAGE TWO OF MY LAST WILL AND TESTAMENT

JOHN SIMS

8853 08/20 0101 01CASH

PICK-UP

96 AUG 20 AM 11:10

FELIX A. WILSON REGISTER
DAVIDSON COUNTY, TN.

02216235

IDENTIFICATION REFERENCE

BOOK 10161 PG 555

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

We, the undersigned, being first duly sworn, make Oath; that the Testator, **JOHN SIMS**, on this the 7th day of December, 1994, declared and signified to us the foregoing signed said instrument to be 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 attestating witnesses; that at the time of his execution of the foregoing instrument, **JOHN SIMS**, was more than 18 years of age and we believed him to be of sound mind; that we, the undersigned, each being more than 18 years of age and under no legal disability now make and sign this Affidavit at the request of the Testator on the day and date above written.

This Affidavit is made and written under the provisions of TCA 32-2-100, for the purpose of attaching the same to the Last Will and Testament of said Testator for proof as to the execution of said Will.

Jackie Redmond
AFFIANT

Suzanne Gray
AFFIANT

Sworn to and subscribed before me, this the 7th day of December, 1994.

Bertha M White
NOTARY PUBLIC
MY COMMISSION EXPIRES: 1-22-95



PAGE THREE OF MY LAST WILL AND TESTAMENT

JOHN SIMS

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

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

AND DAVID A. COLLIN

APR 13 1995

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 10161 PG 556

LOCAL REGISTRAR 1501888

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT For use by physician or institution

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): John Sims
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): 1/12/95
4. SOCIAL SECURITY NUMBER: [redacted] 4570
5a. AGE – LAST BIRTHDAY (Years): 66
5b. UNDER 1 YEAR: MONTHS
5c. UNDER 1 DAY: HOURS
5d. MINUTES
6. DATE OF BIRTH (Month, Day, Year): Dec 13, 1928
7. BIRTHPLACE (City and State or Foreign Country): Nash. TN.
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 Nursing Home 5 [X] Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 1310 Stanback
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
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.): Laborer
12b. KIND OF BUSINESS/INDUSTRY: N/A
13a. RESIDENCE—STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1310 Stanback
CENSUS TRACT: V2
13e. INSIDE CITY LIMITS? [X] Yes 2 No
13f. ZIP CODE: 37207
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes [X] No
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+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): John Sims Sr
18. MOTHER'S NAME (First, Middle, Maiden Surname): Ernestine Vann

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Arnett Sims
19b. RELATIONSHIP TO DECEASED: Brother
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2 P09 Gear Ave Nash. TN 37216

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): Hills of Calvary
20c. LOCATION—City or Town, State: Nash. TN.
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ K. Gardner Jr.
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2215
21c. SIGNATURE OF EMBALMER: ▶ A. L. Oxley (AG)
21d. LICENSE NUMBER OF EMBALMER: 1059
22a. NAME AND ADDRESS OF FUNERAL HOME: K. Gardner & Son Inc 811 Jefferson St. Nash. TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 389

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Cynthia A. St Claire
24. DATE FILED (Month, Day, Year): April 13, 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: ▶ Brian W. Christman MD
25b. LICENSE NUMBER: MD 0166 03
25c. DATE SIGNED (Month, Day, Year): 4/12/95
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): Brian W. Christman M.D. / Pulmonary Medicine / T-1217 MCN Vanderbilt Univ. Hosp.

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Lung Cancer
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. Pericardial metastases
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Approximate Interval Between Onset and Death

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 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 [X] No

SEE INSTRUCTIONS ON OTHER SIDE

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: HR / 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-1859
REV 1/89

RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING IN

Metropolitan Government of Nashville and Davidson County

Richard H. Fulton, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

ESTHER D. GROH, LOCAL REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY

SEP 15 1987

Esther D. Groh

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 10161 PG 557

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DECEASED

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CARRIER OR RE-
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DISPOSITION

CERTIFIER

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CAUSE

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

BIRTH NO. _____ STATE FILE NO. _____

1. DECEASED—NAME: First: Hattie Middle: E. Last: Taylor Sims
2. DATE OF DEATH (MONTH, DAY, YEAR): August 17, 1987
3a. AGE—LAST BIRTHDAY (YEARS): 61
3b. UNDER 1 YEAR: MONTHS / DAYS
3c. UNDER 1 DAY: HOURS / MINS.
4. DATE OF BIRTH (MONTH, DAY, YEAR): Nov. 7, 1925
5. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.): Black
6. ORIGIN OR DESCENT (ITALIAN, MEXICAN, GERMAN, ETC.): American
7. SEX: Female
8a. COUNTY OF DEATH: Davidson
8b. CITY, TOWN OR LOCATION: Nashville
8c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
8d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.): Southern Hills Hosp.
8e. IF HOSP. OR INST. INDICATE DEA. (Outpatient, ER, Inpatient, Emergency): Inp
9. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Tennessee
10. CITIZEN OF WHAT COUNTRY: USA
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
12. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): John Sims Jr
13a. SOCIAL SECURITY NUMBER: [redacted]7081
13b. SERVICE IN ARMED FORCES (SPECIFY BRANCH OR ENTER NO. OF SERVICE): No
13c. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): HouseKeeper
13d. KIND OF BUSINESS OR INDUSTRY: W.W. Galbreath
14a. RESIDENCE—STATE: Tennessee
14b. COUNTY: Davidson
14c. CITY, TOWN OR LOCATION: Nashville
14d. STREET AND NUMBER: 1310 Stainback Ave
14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14f. CENSUS TRACT NO.:
15. FATHER—NAME: Ellis Taylor
16. MOTHER—MAIDEN NAME: Sallie M. Robinson
17. INFORMANT—NAME: Mr. John Sims Jr
17a. MAILING ADDRESS: 1310 Stainback Ave. Nashville TN
18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial
18b. DATE (MONTH, DAY, YEAR): Aug. 22, 1987
18c. CEMETERY OR CREMATORY—NAME: Hills of Calvary
18d. LOCATION—CITY OR TOWN, STATE: Nashville, Tennessee
19a. FUNERAL DIRECTOR (SIGNATURE): K. Gardner Jr
19b. LICENSE NO.: 2218
19c. EMBALMER (SIGNATURE): Ford Otey
19d. LICENSE NO.: 1059
19e. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): K. Gardner Jr 1711 Jefferson St Nashville, TN 37208
19f. REGISTRAR—SIGNATURE: Esther D. Groh
19g. DATE RECEIVED BY LOCAL REGISTRAR: 9-15-87
20a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE TIME, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE: [signature] DEGREE:
20b. DATE SIGNED (MONTH, DAY, YEAR): 9-8-87
20c. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE: TITLE:
20d. DATE SIGNED (MONTH, DAY, YEAR):
20e. CERTIFIER—NAME (TYPE OR PRINT): Deborah R. Montgomery, M. D.
20f. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Nashville, TN.
21. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
(a) IMMEDIATE CAUSE: Lung Cancer
(b) DUE TO, OR AS A CONSEQUENCE OF: 3
(c) DUE TO, OR AS A CONSEQUENCE OF:
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a).
22. AUTOPSY (YES OR NO):
23a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
23b. DATE OF INJURY (MONTH, DAY, YEAR):
23c. HOUR:
23d. DESCRIBE HOW INJURY OCCURRED:
23e. INJURY AT WORK (SPECIFY YES OR NO):
23f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (SPECIFY):
23g. LOCATION—STREET OR R.F.D. NO., CITY OR TOWN, STATE:

DHR
3481 cmc

302-06-002