Prepared By: ALAN C. HOUSHOLDER
420 Stahlman Building
Nashville, TN 37201

LAST WILL AND TESTAMENT

OF

MINNIE L. MARTIN

BOOK 10234 PG 801

I, MINNIE L. MARTIN, of Nashville, Tennessee, do hereby revoke all Wills and Codicils, as well as all other instruments of a testamentary nature heretofore made by me, and do hereby make, publish and declare this to be my Last Will and Testament in manner and form following:

FIRST: I direct that all of my just debts and funeral expenses shall be paid as soon after my death as shall be practicable.

SECOND: After the payment of my just debts and funeral expenses, I give, devise and bequeath all of the real and personal property to which I may be entitled or over which I may have disposing power at the time of my death as follows:

A. I give a life estate in my house and lot at 2416 14th Avenue North, Nashville, Tennessee to my granddaughter, Donna Fay Jackson. I give the remainder interest in said house and lot equally to my two great grandchildren, Desiree Oniece Jackson and Anothony McLaughlin.

B. I give all the remainder of my estate to Donna Fay Jackson.

THIRD: I appoint Donna Fay Jackson, to be Executrix of this Last Will and Testament, and I direct that no bond or other undertaking shall be demanded or required of her.

FOURTH: I hereby give and grant to my Executrix full power and authority to mortgage, sell, manage, lease, rent, or in any manner, in her sole discretion, to dispose of any or all of my property, real, personal or mixed.

IN WITNESS WHEREOF, I have hereunto signed my name on this 19th day of April, 1989.

/s/ Minnie L. Martin
MINNIE L. MARTIN

On this 19th day of April, 1989, the above-named Testatrix subscribed and sealed the foregoing instrument, consisting of two (2)

pages, and at the same time published and declared the same to be her Last Will and Testament, and thereupon, we, at such time, at her request, and in her presence, and in the presence of each other, signed our names thereto as attesting witnesses.

Susan J McCriff residing at Goodlettsville, Tenn.

Ann C. Phillips residing at Nashville, Tennessee

BOOK 10234 PG 802

02392216

IDENTIF. ↑ REFERENCE

96 OCT 23 PM 1:57

FELIX Z. [illegible] REGISTER
DAVIDSON COUNTY, TN.

MAIL ENV.

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

BOOK 10234 PG 803

Before me, the undersigned authority, pursuant to Tennessee Code Annotated, 32-2-110 and at the request of Minnie L. Martin on this day personally appeared Teresa J. McGriff and Ann C. Phillips, who hereby swear that they are the witnesses to the Will of Minnie L. Martin and both of said witnesses to the Will being by me duly sworn, each on his oath states that the said testatrix had declared to them that said instrument was her Last Will and Testament, and that she executed same as such and wanted each of us to sign it as a witness; and upon their oaths each witness states further that they did sign the same as witnesss in the presence of the said testatrix and at her request and in the presence of each other; that she was at the time twenty-one years of age or over and was of sound mind and that each of said witnesses was then at least twenty-one years of age.

Teresa J. McGriff

Ann C. Phillips

Subscribed and acknowledged before me by the said Teresa J. McGriff and Ann C. Phillips, witnesses, this the 19th day of April, 1989.

Notary Public

My commission expires: 7/18/92

10/23 01:01 03CHECK 20.00

[redacted]

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.

OCT 23 1998

BOOK 10234 PG 804

8800873

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED

TYPE OR PRINT IN PERMANENT BLACK INK.

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PERMIT REQUIRED PRIOR TO TRANSPORTATION OF BODY BY COMMON CARRIER OR REMOVAL FROM STATE

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE. ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

PH-1853
Rev. 9/81

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

BIRTH NO _____ STATE FILE NO

1. DECEASED—NAME (First, Middle, Last)	Abraham Martin		DATE OF DEATH (Month, Day, Year) 2. Feb. 14, 1988
3a. AGE—Last Birthday (Years)	74	3b. If Under 1 Year: Months / Days	3c. If Under 1 Day: Hours / Minutes
4. DATE OF BIRTH (Month, Day, Year)	Feb. 23, 1913	5. RACE (White, Black, American Indian, etc.) (Specify)	Black
6. WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Yes or No)	American	7. SEX	Male
7a. COUNTY OF DEATH	Davidson	7b. CITY, TOWN OR LOCATION	Nashville
7c. INSIDE CITY LIMITS (Specify Yes or No)	Yes	7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street address)	General Hospital
7e. If Hospital or Nursing Home, Inpatient or Outpatient (Specify)	DOA		
8. STATE OF BIRTH (If not in U.S.A. name country)	Tennessee	9. CITIZEN OF WHAT COUNTRY	U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	Married	11. SURVIVING SPOUSE (If wife, give maiden name)	
12a. SOCIAL SECURITY NUMBER	414-03-2432	12b. SERVICE IN ARMED FORCES (Specify branch or dates of service)	None
13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Labor	13b. KIND OF BUSINESS OR INDUSTRY	None
14a. RESIDENCE—STATE	Tennessee	14b. COUNTY	Davidson
14c. CITY, TOWN, OR LOCATION	Nashville	14d. STREET AND NUMBER	2416-14th Ave
14e. INSIDE CITY LIMITS (Specify Yes or No)	Yes	14f. CENSUS TRACT NO.	
15. FATHER—NAME	Fred Martin	16. MOTHER—MAIDEN NAME	Anna Dillinghurst
17. INFORMANT—NAME	Minnie Lawler	MAILING ADDRESS	2416-14th Ave.N.
18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	Burial	18b. DATE (Month, Day, Year)	Feb. 17, 1988
18c. CEMETERY OR CREMATORY—NAME	Greenwood	18d. LOCATION (City or Town)	Nashville, Tennessee
19a. FUNERAL DIRECTOR (Signature)		19b. LICENSE NO.	
19c. EMBALMER (Signature)		19d. LICENSE NO.	
20. FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	Davis-Campbell-McClain	21. REGISTRAR—SIGNATURE	Mary C. Pentecost
21b. DATE RECEIVED BY LOCAL REGISTRAR	Mar. 1, 1988		
22a. PHYSICIAN—CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED — SIGNATURE		DEGREE	
22b. DATE SIGNED (Month, Day, Year)	2/29/88		
23a. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED — SIGNATURE		TITLE	
23b. DATE SIGNED (Month, Day, Year)			
24a. CERTIFIER—NAME (Type or Print)	Terry R. Allen, M.D.	24b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	Nashville, Tn.

25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE	(a)	Myocardial Infarction
DUE TO, OR AS A CONSEQUENCE OF	(b)	Coronary Insufficiency
CONDITIONS IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST	DUE TO, OR AS A CONSEQUENCE OF (c)	Acute Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) — 26. AUTOPSY (Yes or No)

27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (Specify)	27b. DATE OF INJURY (Month, Day, Year)	27c. HOUR		27d. DESCRIBE HOW INJURY OCCURRED
27e. INJURY AT WORK (Specify Yes or No)	27f. PLACE OF INJURY (At home, farm, street, factory, office bldg., etc.) (Specify)	27g. LOCATION	Street or R.F.D. No. / City or Town / State	

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

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

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

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

DATE 10234 PG 845

SEP 13 1996

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 95020

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): Minnie Lawler Martin
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): January 8, 1995
4. SOCIAL SECURITY NUMBER: [redacted]7853
5a. AGE – LAST BIRTHDAY (Years): 78
6. DATE OF BIRTH: 3/26/1916
7. BIRTHPLACE (City and State or Foreign Country): Henderson, Tenn
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ___ Yes 2 ___ 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): 2416 14th Avenue North
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): None
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, Do not use retired): Caterer
12b. KIND OF BUSINESS/INDUSTRY: None
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN, OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2416 14th Ave. N.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 ___ No
13f. ZIP CODE: 37208
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if yes, specify Cuban, Mexican, Puerto Rican, etc.) ___ Yes 0 [X] No
15. RACE – American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): X; College (1-4 or 5+):

NAME OF DECEDENT (To be typed by Physician or Institution) MINNIE MARTIN

PARENTS
17. FATHER'S NAME (First, Middle, Last): James Lawler
18. MOTHER'S NAME (First, Middle, Maiden Surname): Callie (unknown)

INFORMANT
19a. INFORMANT'S NAME (Type/Print): Donna Faye Jackson
19b. RELATIONSHIP TO DECEASED: Grandaughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1122 Meridian Nashville, Tenn 37207

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): Greenwood Cemetery
20c. LOCATION – City or Town, State: Nashville, Tenn

FUNERAL DIRECTOR
21a. SIGNATURE OF FUNERAL DIRECTOR: W. R. Davis
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2937
21c. SIGNATURE OF EMBALMER: James Studdard
21d. LICENSE NUMBER OF EMBALMER: 4070
22a. NAME AND ADDRESS OF FUNERAL HOME: Davis-Campbell-McClain 1404 Jefferson St. Nashville, Tenn
22b. LICENSE NUMBER OF FUNERAL HOME: 403

REGISTRAR
23. REGISTRAR'S SIGNATURE: Mavis D. Davis
24. DATE FILED (Month, Day, Year): January 27, 1995

PHYSICIAN
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
25b. LICENSE NUMBER
25c. DATE SIGNED (Month, Day, Year)

MEDICAL EXAMINER
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 [X] SIGNATURE AND TITLE OF MEDICAL EXAMINER: J.C. Giles MD
26b. LICENSE NUMBER: 25291
26c. DATE SIGNED (Month, Day, Year): 1-20-95
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): J.C. GILES, M.D., 84 HERMITAGE AVENUE, NASHVILLE, TENN. 37210-2110, MEN-027-95

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. HYPERTENSIVE CARDIOVASCULAR DISEASE
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.

SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Recent surgery for small bowel obstruction with small bowel mesenchymal tumor
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

INJURY
30. MANNER OF DEATH: 1 [X] Natural 5 ___ Pending Investigation 2 ___ Accident 3 ___ Suicide 6 ___ Could not be Determined 4 ___ Homicide
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-1859 REV 1/89

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