Last Will and Testament of

OF

HERBERT FRANKLIN

BOOK 10286 PG 108

I, HERBERT FRANKLIN, a citizen and resident of Madison, Davidson County, Tennessee, presently residing at 100 Tuckahoe Square East in Madison, Tennessee, being of sound mind and disposing memory, aware of the uncertainty of life and sureness of death and not acting under duress or under influence of any person or persons whomsoever, do make, publish and declare this instrument my Last Will and Testamment, hereby revoking and making void any and all wills and codicils by me at anytime heretofore made.

I

I hereby instruct and direct my Executrix hereinafter named, to pay all of my just debts, including the expense of my last illness, if any, and the expense of my funeral and burial, as soon after my decease as may be practical, and the expense of the administration of my estate as hereinafter directed, from funds coming into her hands, promptly, and in accordance with priority designated by law.

II

I give, devise and bequeath unto my daughter, Mary Louise Swanson my real property located at 2111 Scott Avenue, Nashville, Tennessee, together with all of my furniture and appliances located therein in fee simple and absolute. The description of said realty is as follows:

Land in Davidson County, Tennessee, being the north 50 feet front and 65 feet rear of lot No. 5 on the Map of Belle Forest

Herbert Franklin

TESTATOR

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

Subdivision, as of record in Book 547, page 22, Register's Office for Davidson County, Tennessee.

Said part of said Lot No. 5 fronts 50 feet on the easterly side of Scott Avenue or Street, and runs back between lines, 227.5 feet on the north line and 225¼ feet, more or less, on the south line, to a dead line in the rear, measuring 65 feet thereon.

BOOK 10286 PG 109

I further give, devise and bequeath unto my daughter, Mary Louise Swanson, all of the remainder of my estate, both real and personal, and wherever located, in fee simple and absolute.

III

I hereby nominate and appoint my daughter, Mary Louise Swanson, as Executrix of this my Last Will and Testament.

I direct that no bond or security of any nature be required of my Executrix named above in the performance of her duties.

IV

The Executrix serving under this instrument shall not be required to file any inventory or accounting with the Court, and the decisions and actions of my Executrix shall be final.

IN TESTIMONY WHEREOF, I have hereunto set my hand and subscribed my name to this, my last will and testament, containing three sheets of paper, including the attestation clause, written on one side only, on this the 22nd of March, 1991.

Herbert Franklin

TESTATOR

ATTESTATION CLAUSE

Signed by the said Herbert Franklin, 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 subscribed our names as attesting witnesses on the day and date heretofore written.

NAME	ADDRESS
Robert L. Doyle	301 Stahlman Bldg. Nashville Tenn. 37201
[illegible]	301 Stahlman Bldg. Nashville Tn. 37201

BOOK 10286 PG 110

A F F I D A V I T

STATE OF TENNESSEE
COUNTY OF DAVIDSON

RE: HERBERT FRANKLIN

BOOK 10286 PG 111

The undersigned, who are witnesses to the will of the above testator, to which this affidavit is attached, being duly sworn according to law, make oath as follows:

1. That each of us is an adult resident of the State of Tennessee, and that we are witnesses to a will executed by Herbert Franklin at Nashville, Tennessee on the 22nd. day of March, 1991.

2. That the testator declared the above dated instrument to be his last will and requested that each of us be witnesses thereto. That the testator signed the said will in the presence of us and that we in his presence and in the presence of each other signed the said will as witnesses on the date and at the place indicated above.

3. That at the time of execution of said will, each of us is of the opinion that the testator was of sound mind and was over eighteen years of age.

4. That this affidavit is executed on this 22nd. day of March, 1991 in accordance with Chapter 568 of the Public Acts of Tennessee of 1972.

Robert L Doyle

Denny Sedgwick, Jr.

Sworn to and subscribed before me on this 22nd day of March, 1991.

Johnnie A Andrews Sutton

NOTARY PUBLIC

MY COMMISSION EXPIRES: 1-23-94

0254447
IDENTIF. & REFERENCE

95 DEC 10 AM 10:28
REGISTER
DAVIDSON COUNTY, TN.

RECAP

91 3/10 0101 03CHECK
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 10286 PG 112

DEC 10 1996

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.

9604779

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): Herbert G. Franklin | 2. SEX: Male | 3. DATE OF DEATH (Month, Day, Year): 9-4-1996

4. SOCIAL SECURITY NUMBER (of Deceased): 410-07-5244 | 5a. AGE (Last Birthday): 86 | 5b. UNDER 1 YEAR: Months | Days | Hours | Minutes | 6. DATE OF BIRTH (Month, Day, Year): Dec. 5 1909 | 7. BIRTHPLACE (City and State or Foreign Country): Franklin, Tn.

DECEDENT

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): 2111 Scott Ave. | 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) | 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Drywaller | 12b. KIND OF BUSINESS/INDUSTRY: Construction

13a. RESIDENCE-STATE: Tn. | 13b. COUNTY: Davidson | 13c. CITY, TOWN OR LOCATION: Nashville | 13d. STREET AND NUMBER OR RURAL LOCATION: 2111 Scott Ave

CENSUS TRACT | 13e. INSIDE CITY LIMITS? 1 X Yes 2 No | 13f. ZIP CODE: 37216 | 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes ___ No X | 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): Tom Franklin | 18. MOTHER'S NAME (First, Middle, Maiden Surname): Erma (Unknown)

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Mary Swanson | 19b. RELATIONSHIP TO DECEASED: Daughter | 19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2111 Scott Ave. - Nashville, 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): Nashville, Tn.

21a. SIGNATURE OF FUNERAL DIRECTOR: K. Gardner | 21b. LICENSE NUMBER OF FUNERAL DIRECTOR: #218 | 21c. SIGNATURE OF EMBALMER: Ford Otey (KG) | 21d. LICENSE NUMBER OF EMBALMER: 1059

22a. NAME AND ADDRESS OF FUNERAL HOME: K. Gardner & Son Inc, 1511 Jefferson St - Nash Tn. | 22b. LICENSE NUMBER OF FUNERAL HOME: #389

REGISTRAR

23. REGISTRAR'S SIGNATURE: Marsha D. Jones | 24. DATE FILED (Month, Day, Year): September 20, 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 X SIGNATURE AND TITLE OF PHYSICIAN: [illegible] M.D. | 25b. LICENSE NUMBER | 25c. DATE SIGNED (Month, Day, Year): 9/17/96

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)

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)

SEE INSTRUCTIONS ON OTHER SIDE

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. Advanced carcinoma | 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.

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 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.

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