Last Will and Testament

OF

MADELYN LOUISE WALKER BOOK 10312 PG. 71

I, Madelyn Louise Walker, being of sound mind and disposing memory, make, declare and publish this my last will and testament, hereby revoking any and all will or codicils heretofore made by me.

1st. I request that all my just debts, including my funeral expenses, be paid by my Executrix hereinafter named.

2nd. I give, devise and bequeath all the rights, title, interest or equity I may have in the house and lot located at 1023 42nd. Avenue North, Nashville, Tennessee, to my son William Walker, Jr.

3rd. I name, appoint and constitute my daughter, Margaret Cowan, Executrix, she to serve without bond.

4th. This will is made for the sole puprose of disposing of the specific property named above. As to any other property which I may own, or have an interest in at my death, I expect to dispose of by a codicil to this will at a later date. But should I die before the making of the codicil then it is my desire that the undisposed of property pass according to the laws of descent and distribution of the State of Tennessee.

This the 31 day of July, 1968.

Madelyn Louise Walker
Testator

Signed by Madelyn Louise Walker, as and for her last will and testament, in the presence of us, the undersigned, who, at her request, and in her sight and presence, and in the presence of each other, have subscribed our names hereto as attesting witnesses, this the day and date above written.

Annie Mae Nichols

Callie Johnson

02618 78
IDENTIF. & REFERENCE
97 JAN -6 PM 1:43
FELIX Z. [illegible] REGISTER
DAVIDSON COUNTY, TN.
PICK-UP
2408 01/06 0101 03CHECK 8.00

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 10312 PG 72

9605440

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT: For use by physician or licensed professional

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Madelyn L. Kincade Walker
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): October 13, 1996
4. SOCIAL SECURITY NUMBER: [redacted]-1058
5a. AGE – LAST BIRTHDAY (Years): 77
5b. UNDER 1 YEAR – MOS.
5c. UNDER 1 DAY – HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 05/06/1919
7. BIRTHPLACE (City and State or Foreign Country): Shelbyville, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 XX No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 Inpatient 2 ER/Outpatient 3 XX DOA; OTHER 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution give street and number): Centennial Medical Center
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): Housewife
12b. KIND OF BUSINESS/INDUSTRY: Own Residence
13a. RESIDENCE – STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 3304 42nd Avenue North
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 XX Yes 2 No
13f. ZIP CODE: 37209
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – if yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Yes 0 XX 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): 12th grade; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Limas Kincade
18. MOTHER'S NAME (First, Middle, Maiden Surname): Maggie Ray Kincade

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Bobby Kincade
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3304 Austin Lane-Nashville, TN 37207

20a. METHOD OF DISPOSITION: 1 XX Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Nashville National Cemetery
20c. LOCATION – City or Town, State: Madison, TN

FUNERAL DIRECTOR

21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Mrs. Elizabeth J. SCales
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 1240
21c. SIGNATURE OF EMBALMER: ▶ R. H. Stewart
21d. LICENSE NUMBER OF EMBALMER: 3732
22a. NAME AND ADDRESS OF FUNERAL HOME: SCALES FUNERAL HOME, INC., 1412 Jefferson St., Nash., TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 786

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Ruby Beard Bowers
24. DATE FILED (Month, Day, Year): October 24, 1996

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: ▶ Harvey W Bowles
25b. LICENSE NUMBER: MD18704
25c. DATE SIGNED (Month, Day, Year): 10/24/96

MEDICAL EXAMINER

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):

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.	Respiratory Failure	4 months
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): Amyotropic Lateral Sclerosis	3 years
c.	DUE TO (OR AS A CONSEQUENCE OF):	
d.	DUE TO (OR AS A CONSEQUENCE OF):	

SEE INSTRUCTIONS ON OTHER SIDE

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

30. MANNER OF DEATH: 1 XX 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:
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-1050
REV 1/89

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