BOOK 10396 PG 494

Last Will and Testament

OF

3041 03/31 0101 09:11

THOMAS JACKSON WITHROW

I, Thomas Jackson Withrow, a resident of Davidson County, Tennessee, being of sound mind and disposing memory do publish and declare this to be my Last Will and Testament hereby revoking all Wills and Codicils heretofore made by me.

1. **PAYMENT OF DEBTS**. I direct that all my just debts, my funeral expenses, the expense of the administration of my estate, any estate inheritance or like taxes that may be imposed by reason of my death, be first paid by my Executrix hereinafter named out of any funds coming into her hands as soon as practical after my death. My Executrix in her sole discretion may pay from any domiciliary estate all of any portion of the costs of ancillary administration and any other similar proceedings in other jurisdictions.

2. **GIFT OF ENTIRE ESTATE TO NEICE**. I hereby give, devise and bequeath outright and forever, all of the property whether real, personal or mixed and wheresoever situated of which I may die seized or possessed or over which I may have a power of appointment, to my Niece, Marlene Withrow Russell except for my guns which shall be divided among James Athur Withrow, Roy Lynn Withrow, Robert Douglas Withrow, and Thomas Joseph Withrow as they may agree.

3. **CONTINGENT GIFT**. In the event my Niece should predecease me or we should die as a result of a common disaster then, I give, devise and bequeath outright and forever, all my property whether real, personal, or mixed and wheresoever situated of which I may die seized or possessed or over which I may have power of appointment to James Arthur Withrow except for my guns which shall be divided among James Athur Withrow, Roy Lynn Withrow, Robert Douglas Withrow, and Thomas Joseph Withrow as they may agree.

4. **CONTINGENT GIFT**. In the event Marlene Withrow Russell and James Arthur Withrow should predecease me or we should die as a result of a common disaster then, I give, devise and bequeath outright and forever, all my property whether real, personal, or mixed and wheresoever situated of which I may die seized or possessed or over which I may have power of appointment in equal shares to Roy Lynn Withrow, Robert Douglas Withrow, and Thomas Joseph Withrow.

5. **APPOINTMENT OF EXECUTRIX**. I hereby appoint my Niece, Marlene Withrow Russell, to be my Executrix of this my Last Will and Testament. If my Niece shall predecease me or for any reason fail to qualify as Executrix hereunder, or be unwilling to serve, or die, or resign, then in such event I appoint James Arthur Withrow to act as Executor of my estate. I direct that no bond or other security shall be required of the above-named Executrix or substitute Executor for the faithful performance of their duties. I authorize my Executrix, including my substitute Executor in the exercise of reasonable discretion with respect to all property, real and personal at anytime forming a part of my estate, to exercise any and all powers set forth in Section 3 of Chapter 110 of the Tennessee General Assembly Act of 1963, Tenn. Code Ann. § 35-50-110, to the extent applicable, all of which provisions and powers are incorporated herein

Thomas J. Withrow
TESTATOR

by reference as fully as if copied herein verbatim. These powers, as set out in said Statute on the date of execution of this Will, are granted not withstanding that said Statute may be amended hereafter or repealed at the time of my death.

6. **USE OF GENDER AND NUMBER**. Whenever used within this Last Will and Testament, the singular number shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

7. **PERPETUITIES**. If any portion of this Last Will and Testament violates the rule against perpetuities then that portion shall be deleted as necessary and the remaining portion of this Last Will and Testament shall be treated as valid and as if the rule against perpetuities had not been violated.

8. **CONTEST**. If any beneficiary under this Will in any manner, directly or indirectly, contests or attacks this Will or any of its provisions, any share or interest in my Estate given to that contesting beneficiary under this Will is revoked and shall be disposed of in the same manner provided herein as if that contesting beneficiary predeceased me without issue.

The foregoing instrument, consisting of this and one preceding page, was on this 18th day of January, 1995 subscribed on each page and at the end thereof by, Thomas Jackson Withrow, the testator and by him signed, sealed, published and declared to be his Last Will and Testament, in the sight and presence of us and each of us who thereupon, at his request, in his presence, and in the presence of each other, have subscribed our names as attesting witnesses the day and date above written.

WITNESS

WITNESS

Thomas J. Withrow
TESTATOR

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AFFIDAVIT

Clark L. Shaw and M E Phillips being duly sworn, do depose and say that they witnessed the Will of Thomas Jackson Withrow and subscribed the Will in his presence and in the presence of each of us at the request of Thomas Jackson Withrow, that he appeared to be of full age and of sound and disposing mind and memory and competent to make testamentary disposition of real and personal property; that he voluntarily signed his Will and declared it to be his Last Will and Testament in the presence of the subscribing witnesses and that this Affidavit is made at the request of the Testator.

WITNESS

WITNESS

Sworn to and subscribed before me this 11th day of January, 1995.

NOTARY PUBLIC

My Commission Expires:

TESTATOR

Page 1 of 1

MAIL ENV.

97 MAR 31 PM 2:14

FELIX Z. WILSON II REGISTER
DAVIDSON COUNTY, TN.

IDENTIF. & REFERENCE

02888553

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 10396 PG 497

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

9606753

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1 DECEDENT'S NAME (First, Middle, Last): THOMAS JACKSON WITHROW
2 SEX: MALE
3 DATE OF DEATH (Month, Day, Year): DECEMBER 19, 1996
4 SOCIAL SECURITY NUMBER: [redacted]-8127
5a AGE-LAST BIRTHDAY (Years): 81
5b UNDER 1 YEAR: MOS. / DAYS
5c UNDER 1 DAY: HOURS / MIN.
6 DATE OF BIRTH (Month, Day, Year): DEC. 6, 1915
7 BIRTHPLACE (City and State or Foreign Country): RELIANCE, TENN.
8 EVER IN U.S. ARMED FORCES? 1 X Yes 2 No
9a PLACE OF DEATH (Check only one): 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 X Residence 6 Other (Specify)
9b FACILITY NAME (If not institution, give street and number): 269 BELL ROAD
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.): ASSEMBLY LINE
12b KIND OF BUSINESS/INDUSTRY: GENERAL MOTORS
13a RESIDENCE-STATE: TENN.
13b COUNTY: DAVIDSON
13c CITY, TOWN OR LOCATION: NASHVILLE
13d STREET AND NUMBER OR RURAL LOCATION: 269 BELL ROAD
CENSUS TRACT
13e INSIDE CITY LIMITS? 1 X Yes 2 No
13f ZIP CODE: 37217
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): WHITE
16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 10 College (1-4 or 5+):

PARENTS

17 FATHER'S NAME (First, Middle, Last): WILLIAM A. WITHROW
18 MOTHER'S NAME (First, Middle, Maiden Surname): DORA LANCE

INFORMANT

19a INFORMANT'S NAME (Type/Print): MARLENE RUSSELL
19b RELATIONSHIP TO DECEASED: NIECE
19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1485 NORTH GREEN HILL RD., MT. JULIET, TN 37122

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): WOODLAWN MEMORIAL PARK
20c LOCATION-City or Town, State: NASHVILLE, TENN.
21a SIGNATURE OF FUNERAL DIRECTOR: WENDELL L. BYRD
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 2556
21c SIGNATURE OF EMBALMER: SCOTTY J. BREWER
21d LICENSE NUMBER OF EMBALMER: 4687
22a NAME AND ADDRESS OF FUNERAL HOME: WOODBINE FUNERAL HOME, INC. 3620 NOLENSVILLE ROAD, NASHVILLE, TENN. 37211
22b LICENSE NUMBER OF FUNERAL HOME: 396

REGISTRAR

23 REGISTRAR'S SIGNATURE: Marsha K. Jones
24 DATE FILED (Month, Day, Year): January 6, 1997

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: Willard Montgomery
25b LICENSE NUMBER: 014157
25c DATE SIGNED (Month, Day, Year): 12/30/96
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)
27 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

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. Emphysema
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
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 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
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)

NAME OF DECEDENT (For use by physician or medical examiner)

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

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.

JAN 23 1995

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

BOOK 10396 PG 498

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): RUBYE CATHERINE WITHROW
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): JANUARY 9, 1995
4. SOCIAL SECURITY NUMBER: [redacted]-5771
5a. AGE – LAST BIRTHDAY (Years): 82
6. DATE OF BIRTH (Month, Day, Year): OCT. 27, 1912
7. BIRTHPLACE (City and State or Foreign Country): NASHVILLE, TENN.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): SUMMIT HOSPITAL
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): THOMAS WITHROW
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): LOOPER
12b. KIND OF BUSINESS/INDUSTRY: MAY HOSIERY MILL
13a. RESIDENCE – STATE: TENN.
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 269 BELL ROAD
CENSUS TRACT: 3
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37217
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – if yes, specify Cuban, Mexican, Puerto Rican, etc.) Specify, if yes: Yes 0 [X] No
15. RACE – American Indian, Black, White, etc. (Specify): WHITE
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 9; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): WILLIAM GRIGGS
18. MOTHER'S NAME (First, Middle, Maiden Surname): ANNA MAE VAUGHN

INFORMANT

19a. INFORMANT'S NAME (Type/Print): THOMAS J. WITHROW
19b. RELATIONSHIP TO DECEASED: HUSBAND
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 269 BELL RD., NASHVILLE, TENN. 37217

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): WOODLAWN CEMETERY
20c. LOCATION – City or Town, State: NASHVILLE, TENN.
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Wendell T Byrd
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2556
21c. SIGNATURE OF EMBALMER: ▶ William R Appleton
21d. LICENSE NUMBER OF EMBALMER: 3310
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODBINE FUNERAL HOME, INC. 3620 NOLENSVILLE ROAD, NASHVILLE, TENN. 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 396

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Marsha H Jones
24. DATE FILED (Month, Day, Year): January 03, 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 [ ] SIGNATURE AND TITLE OF PHYSICIAN: ▶ Deborah Montgomery
25b. LICENSE NUMBER: MD 01415
25c. DATE SIGNED (Month, Day, Year): 1/13/95
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):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print):

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. CHF (5)
DUE TO (OR AS A CONSEQUENCE OF): b. Perforation of viscious (bowel)
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
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: COPD, Long mass thought c/w assistant with tumor but no tissue diagnosis
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 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-1656 REV 2-93

RDA 1399

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