LAST WILL AND TESTAMENT

OF

WILSE WILLIAMS BOOK 10405 PG 151

I, WILSE WILLIAMS, a resident of Nashville, Tennessee, do make, publish, and declare this to be my last will and testament, hereby revoking all wills and codicils heretofore made be me.

ARTICLE I

I direct that all of my just debts, my funeral expenses (including the cost of a suitable monument at my grave), and the cost of the administration of my estate be paid as soon as practicable after my death.

ARTICLE II

I direct that my Executrix pay out of my residuary estate without apportionment, all estate, inheritance, succession and other taxes (together with any interest or penalty thereon), assessed by reason of my death, imposed by the government of the United States, or any state or territory thereof, or by any foreign government or political subdivision thereof, in respect of all property required to be included in my gross estate for estate or like tax purposes by any of such governments, whether the property passes under this will or otherwise, without contribution by any recipient of any such property.

5283 04/03 0101 03CHECK 24.00

ARTICLE III

I will, devise and bequeath my house located at 1616 Gartland to my daughter, Joyce Ann Gatlin, for life with the provision that she can sell and reinvest in other real property.

ARTICLE IV

All other property, both personal and real, is to be sold and the proceeds to be invested and the above-mentioned daughter is to receive the interest.

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

ARTICLE V

The residue of my estate is to be divided equally between my grandchildren: Jan Elaine Gatlin, Jeffrey Thomas Gatlin, Joy Carol Gatlin, and Jada Petrie Gatlin.

ARTICLE VI

I authorize my Executrix (including any substitute or successor personal representative) in the exercise of a reasonable discretion with respect to all property, real and personal, at any time forming part of my estate, to exercise any or all the powers set forth in Section 2 of Chapter 110 of the Tennessee General Assembly of 1963, T.C.A. Section 35-618, to the extent applicable, all of which provisions and powers are incorporated herein by reference as fully as if copied herein verbatim.

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ARTICLE VII

I appoint Jan Elaine Gatlin to be the Executrix of this my last will and testament and direct that no bond nor accounting be required for the faithful performance of her duties; and I vest my said Executrix or substitute representative with full power and authority to sell, transfer and convey any property, real or personal, which I may own at the time of my death at such time and price and upon such terms and conditions (including credit) as she may determine and to do every other act and thing necessary or appropriate to the complete administration of this will.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name to this my last will and testament, consisting of this and one (1) preceding typewritten page and for the purpose of identification I have initialed each such page, all in the presence of the persons witnessing it at my request on this 6 day of Nov, 1981, at Nashville, Tennessee.

Wilse Williams

WILSE WILLIAMS

The foregoing instrument, consisting of this and one (1) preceding typewritten page, was signed, sealed, published and declared by WILSE WILLIAMS, the testatrix, to be her last will and testament, in our presence, and we, at her request and in her presence

 Wilse Williams

and in the presence of each other, have hereunto subscribed our names as witnesses, this 6 day of May, 1981, at Nashville, Tennessee.

C Houston Logan residing at 500 Post Rd E #24

RW Cox residing at 1604 Maxwell

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PAGE THREE OF MY WILL _____

AFFIDAVIT

C. Houston Jr. and R. H. Cox

after being duly sworn according to law, depose and say:

1. That they are adult citizens of the State of Tennessee.

2. That they witnessed the execution of the Last Will and Testament of Wilse Williams, dated the 6 day of NOV 1981, 1981, to which this affidavit is attached, and that this affidavit is being made at the request of the Testatrix, and in accordance with Tennessee Code Annotated, Section 32-211.

3. That their signatures are affixed to said Last Will and Testament, that they signed or affixed the same at the instance and at the request of the Testatrix and in her presence, and in the presence of each other, at the place and on the date recited in said Last Will and Testament.

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4. That the Testatrix signed said paper writing as and for her Last Will and Testament in their sight and presence.

5. That at the time they witnessed said will, the Testatrix was, in their opinion, of sound mind.

C. Houston Jr.

R. H. Cox

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Subscribed and sworn to before me this 6 day of Nov, 1981.

J. C. Cox

NOTARY PUBLIC

My Commission Expires:

My Commission Expires JULY 17, 1983

PICK-UP

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

97 APR -3 PM 2:12
FILED FOR RECORD AND REGISTER
DAVIDSON COUNTY, TN.

IDENTIF. + REFERENCE

02907111

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Eastland Funeral Home

FUNERAL DIRECTORS

904 GALLATIN ROAD NASHVILLE, TENNESSEE 37206
TELEPHONE 615-227-9558

I hereby certify the below to be an authentic copy of the Death Certificate as filed with the Tennessee Department of Public Health.

Bobby C. Compton

Bobby C. Compton, Funeral Director

Sworn and subscribed before me this 4 **day of** March, 19 97.
My Commission expires September 18, 1999.

Charles E. Worrell

Charles E. Worrell, Notary Public

NOTARY PUBLIC DAVIDSON COUNTY TENN

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Wilse Williams
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): February 20, 1997
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-3191
5a. AGE-LAST BIRTHDAY (Years): 93
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 1-26-1904
7. BIRTHPLACE (City and State or Foreign Country): Allen Co., Kentucky
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 [X] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Jackson Park Christian HOme
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.): Self Employed
12b. KIND OF BUSINESS/INDUSTRY: Grocery Store
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 110 Rosebank Ave.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37206
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No — Specify, if yes:
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12th; College (1-4 or): 2

NAME OF DECEDENT For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): W.F. Williams
18. MOTHER'S NAME (First, Middle, Maiden Surname): Martha Wolfe

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Joyce Gatlin
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 110 Rosebank Ave. Nashville, Tn. 37206

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): Spring Hill
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: David Baldwen
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3169
21c. SIGNATURE OF EMBALMER: Dale Skelton
21d. LICENSE NUMBER OF EMBALMER: 3700

REGISTRAR

22a. NAME AND ADDRESS OF FUNERAL HOME: Eastland 904 Gallatin Rd. Nashville, Tennessee 37206
22b. LICENSE NUMBER OF FUNERAL HOME: 120
23. REGISTRAR'S SIGNATURE:
24. DATE FILED (Month, Day, Year):

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: William a Pettit MD
25b. LICENSE NUMBER: MD 3737
25c. DATE SIGNED (Month, Day, Year): Feb 28 97
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): Dr. William Pettit 602 Gallatin Rd. Nashville, Tennessee 37206

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.	Cerebral Thrombosis	8 Months
DUE TO (OR AS A CONSEQUENCE OF): b.	Hypertension	4 years
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.		
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 [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 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

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.

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CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

BIRTH NO. _____ STATE FILE NO.

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

1266

TYPE OR PRINT IN PERMANENT BLACK INK.

DECEASED

1. DECEASED—NAME (First, Middle, Last): Mary Louise Williams
2. DATE OF DEATH (Month, Day, Year): February 17, 1979
3a. AGE—Last Birthday (Years): 74
3b. If Under 1 Year—Months
3c. If Under 1 Day—Hours, Minutes
4. DATE OF BIRTH (Month, Day, Year): February 13, 1905
5. RACE (White, Black, American Indian, etc.): White
6. SEX: Female
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, specify private residence, business, street, etc.): Miller Hospital
7e. If Hosp. or Inst., Include Dept. (Ward, Room, Nursing Station): Emer. Rm. DOA
8. STATE OF BIRTH (If not in U.S.A., name country): Kentucky
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Wilse Williams
12a. SOCIAL SECURITY NUMBER: 415-70-2221A
12b. SERVICE IN ARMED FORCES (Specify Yes or No): _____
13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nursery worker
13b. KIND OF BUSINESS OR INDUSTRY: _____

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

14a. RESIDENCE—STATE: Tennessee
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Nashville
14d. STREET AND NUMBER: 110 Rosebank
14e. INSIDE CITY LIMITS (Specify Yes or No): yes
14f. CENSUS TRACT NO.: _____

PARENTS AND INFORMANT

15. FATHER—NAME: James Pugh
16. MOTHER—MAIDEN NAME: Alice Cummins
17. INFORMANT—NAME, MAILING ADDRESS: Mr. Wilse Williams-110 Rosebank Ave.

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

DISPOSITION

18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
18b. DATE (Month, Day, Year): 2-14-79
18c. CEMETERY OR CREMATORY—NAME: Spring Hill
18d. LOCATION—CITY OR TOWN, STATE: Nashville TN.
19a. FUNERAL DIRECTOR (Signature): C. Frank Pierce
19b. LICENSE NO.: 2480
19c. EMBALMER (Signature): H. B. Speer
19d. LICENSE NO.: 3476
20. FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip): Roesch Patton Dorris Charlton-Nashville TN.
21a. REGISTRAR—SIGNATURE: Esther D. Groh
21b. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year): 3-12-79

CERTIFIER

22a. PHYSICIAN—I 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): _____
23a. 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: John C Ashburst MD
23b. DATE SIGNED (Month, Day, Year): 3-2-79
24a. CERTIFIER—NAME (Type or Print): John C. Ashburst, M.D.
24b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 4200 Kings Ct. Nashville, TN. 37218

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE. ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 72 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

CAUSE

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

(a) IMMEDIATE CAUSE: Congestive Heart Failure
DUE TO, OR AS A CONSEQUENCE OF:
(b) Arteriosclerotic Heart Disease
DUE TO, OR AS A CONSEQUENCE OF:
(c)

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

AUTOPSY (Yes or No): 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.): _____
27g. LOCATION (Street or R.F.D. No., City or Town, State): _____

PHLH FORM NO. 55-10
REVISED 1-78 CRC