Last Will and Testament OF

AQUILLA BOHANNON LOYAL BOOK 10418 PG 290

I, Aquilla Bohannon Loyal, a resident of Nashville, Davidson County, Tennessee, being of sound mind and disposing memory, blessed be to God for the same, do make, publish, and declare this to be my Last Will and Testament, hereby revoking all other wills and codicils by me at anytime made.

FIRST: It is my desire that my Executrix, hereinafter named, pay all of my just debts, including my funeral expenses and cost of administration out of the money first coming into her hands, and settle my estate as soon as possible under and in accordance with the laws of the State of Tennessee.

SECOND: I hereby will, devise and bequeath to my three children, namely, Willie Lee Bohannon, Naomi Bohannon Raybon, and Alonzo E. Bohannon, share and share alike, all of my property of every nature and kind real, personal and mixed and wherever found that I may die seized of.

THIRD: I hereby nominate and appoint my said daughter, Naomi Bohannon Raybon, as my Executrix of this my Last Will and Testament and direct that no bond be required of her as such Executrix, as I have full faith and confidence in her integrity.

IN WITNESS WHEREOF, I have hereunto set my hand this 1st day of September, 1982.

Aquilla Bohannon Loyal

PICK-UP

DAVIDSON COUNTY, TN.

9916 04/16 0101 03CHECK

02948 13

IDENTIFICATION REFERENCE

LAST WILL AND TESTAMENT OF AQUILLA BOHANNON LOYAL

BOOK 10418 PG 291

We, whose names are hereunto subscribed, do hereby certify that Aquilla Bohannon Loyal, subscribed her name to this instrument in our presence and in the presence of each of us, and declared at the same time in our presence and hearing that this instrument of two (2) pages (including this one) is her Last Will and Testament, and we, at her request signed our names hereto in her presence and in the presence of each other, as attesting witnesses.

WITNESS

ADDRESS, Nashville, Tennessee 37201

WITNESS

ADDRESS, Nashville, Tennessee 37218

Page two (2) of my Last Will and Testament

Metropolitan Government of Nashville and Davidson County

Bill Boner, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

FREDIA S. WADLEY, M.D.
LOCAL REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY, TN

OCT 28 1988

Fredia S. Wadley, M.D.

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 10418 PG 292

8805112

BECOMES A LEGAL (D WHEN PROPERLY EXE- AND FILED.

OR PRINT IN ANENT BLACK INK

RESIDENCE WHERE DE- D LIVED. IF DEATH OC- D IN INSTITUTION, GIVE ENCE BEFORE ADMIS-

T REQUIRED PRIOR TO PORTATION OF BODY BY ON CARRIER OR RE- FROM STATE.

ATH NOT ATTENDED BY ICIAN, AUTHORIZED OF- L SIGN HERE ANY ICIAN OR MEDICAL EX- ER EXECUTING CER- ATE MUST COMPLETE SIGN MEDICAL CER- ATION WITHIN 48 RS POWER OF ATURE CANNOT BE GATED.

H-1659
ev. 9/81 CRC

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

BIRTH NO. _____ STATE FILE NO

DECEASED

1 DECEASED—NAME (First / Middle / Last)	2 DATE OF DEATH (Month, Day, Year)
Aquilla G. Bohannon Loyal	Oct 9, 1988

3a AGE—Last Birthday (Years)	3b. Under 1 Year: Mos. / Days	3c. Under 1 Day: Hours / Min.	4. DATE OF BIRTH (Month, Day, Year)	5a RACE (White, Black, American Indian, etc.)	5b ORIGIN OR DESCENT (Italian, Mexican, German, etc.)	6 SEX
90			Dec 10, 1897	Black	American	Female

7a COUNTY OF DEATH	7b CITY, TOWN OR LOCATION	7c INSIDE CITY LIMITS (Specify Yes or No)	7d HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, specify private residence, business street, etc.)	7e. If hosp. or inst. indicate dda. Op/emer. adm., inpatient (Specify)
Davidson	Nashville	Yes	Baptist Hospital	Inpatient

8 STATE OF BIRTH (If not in U.S.A., name country)	9 CITIZEN OF WHAT COUNTRY	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	11 SURVIVING SPOUSE (If wife, give maiden name)
Georgia	U.S.A.	Widowed	

12a SOCIAL SECURITY NUMBER (If no, [redacted]-0586	12b SERVICE IN ARMED FORCES (Specify Wars or Dates of Service)	13a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	13b KIND OF BUSINESS OR INDUSTRY
	None	Proof Reader	Baptist Sunday School Bo

14a RESIDENCE—STATE	14b COUNTY	14c. CITY, TOWN OR LOCATION	14d STREET AND NUMBER	14e INSIDE CITY LIMITS (Specify Yes or No)	14f. CENSUS TRACT NO.
TN 37208	Davidson	Nashville	1111 Jackson St.	Yes	

PARENTS AND INFORMANT

15 FATHER—NAME	16 MOTHER—MAIDEN NAME	17 INFORMANT—NAME / MAILING ADDRESS
George W. Calhoun	Amanda Huggins	Mrs. Naomi Raybon 1111 Jackson St., Nashville, TN 372

DISPOSITION

18a BURIAL, CREMATION, REMOVAL, OTHER (Specify)	18b DATE (Month, Day, Year)	18c CEMETERY OR CREMATORY—NAME	18d LOCATION (City or Town, State)
Burial	Oct 15, 1988	Greenwood	Nashville, Tennessee

19a FUNERAL DIRECTOR (Signature)	19b LICENSE NO.	EMBALMER (Signature)	19d LICENSE NO.
Annie D. Johnson	2752	Eric M. Johnson	3829

20 FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	21a REGISTRAR—SIGNATURE	21b DATE RECEIVED BY LOCAL REGISTRAR
Johnson's House of Atena 1107 Buchanan St., Nashville, TN 37208	Mary C. Pentecost	Oct. 28, 1988

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)
X [illegible]	
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	23b DATE SIGNED (Month, Day, Year)

24a CERTIFIER—NAME (Type or Print)	24b MAILING ADDRESS (Street or R.F.D. No. / City or Town / State / Zip)
Dr. Kermit Brown	1916 Patterson St. Suite 300 Nashville, TN 37

CAUSE

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)	Cardio-Respiratory Arrest	Minutes
DUE TO, OR AS A CONSEQUENCE OF (b)	Cancer of Cervix with widespread Metastatic	Months
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST — DUE TO, OR AS A CONSEQUENCE OF (c)	Atherlosclerotic Heart Disease	Years

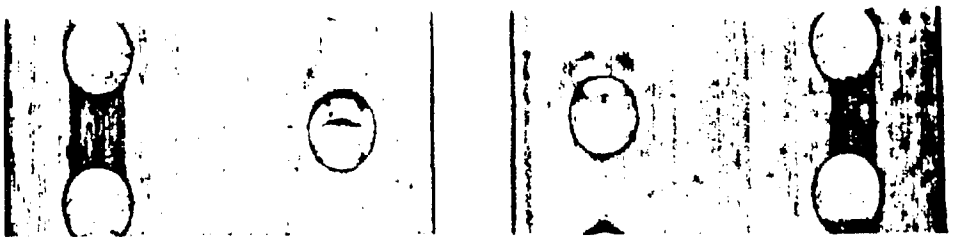
PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) — 26 AUTOPSY (Yes or No): No

27a ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (Specify)	27b. DATE OF INJURY (Month, Day, Year)	27c HOUR	27d DESCRIBE HOW INJURY OCCURRED
		M	

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)

02-06-002

RECORDER'S MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING IN THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED



CERTIFICATE OF DEATH/STATE OF GEORGIA — Local File Number 91067 — State Number 005680

TYPE OR PRINT IN PERMANENT BLACK OR BLUE-BLACK INK

DECEDENT

1a. DECEDENT'S NAME (First, Middle, Last): ALONZO EARNEST BOHANNON
1b. IF DECEDENT IS FEMALE, ENTER MAIDEN LAST NAME:
2. SEX: Male
3. DATE OF DEATH (Mo., Day, Year): Feb. 7, 1991
4. RACE (White, Black, Asian, Indian, etc.) (Specify): Black
5. ORIGIN OF DECEDENT (Hispanic, Mex., French, English, etc.): American
6. DATE OF BIRTH (Mo., Day, Year): July 30, 1938
7. AGE (Last Birthday) (Years): 52
UNDER 1 YEAR: Months / Days
UNDER 1 DAY: Hours / Minutes
8. COUNTY OF DEATH: Coweta
9. CITY, TOWN, or LOCATION OF DEATH: Newman
10. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and No.): Humana Hospital-Newman
If HOSPITAL OR FIRST (Inpatient) (Specify): DOA
10a. STATE AND COUNTY OF BIRTH (If not in USA, name Country): TN/Davidson
10b. CITIZEN OF WHAT COUNTRY?: U.S.
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
12. SPOUSE (If married or widowed, give spouse's name - if wife, give maiden name): Earlie J. Hodo
13. WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes or No): Yes
14. SOCIAL SECURITY NUMBER: Unobtainable
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Concrete Finisher
16. KIND OF INDUSTRY OR BUSINESS: Concrete Company
17. RESIDENCE - STATE: GA
17a. COUNTY: Coweta
17b. CITY, TOWN or LOCATION: Newman
17c. STREET AND NUMBER: 105 Essie Mae Walker RD
17d. INSIDE CITY LIMITS? (Yes or No): No

PARENTS

18. FATHER'S NAME (First, Middle, Last): Jessie Willie Andrew Bohannon
19. MOTHER'S MAIDEN NAME (First, Middle, Last): Aquilla Calhoun

INFORMANT

20a. INFORMANT'S NAME (First, Middle, Last): Naomi Raybon
20b. MAILING ADDRESS (Street, R.F.D. No., City or Town, State, Zip): 111 Jackson St. Nashville, TN 37208
20c. RELATIONSHIP: Sister

DISPOSITION

21a. BURIAL, CREMATION, REMOVAL (Specify): Burial
21b. DISPOSITION DATE (Mo., Day, Year): Feb.11, 1991
21c. CEMETERY OR CREMATORY NAME: Ft. Mitchell National Cemetery
21d. LOCATION (City or Town, State, Zip, County): Ft. Mitchell, Ala.
21e. FUNERAL DIRECTOR (Signature): Octavia Jenkins
FUN. DIR. LICENSE NO.: 1164
NAME AND ADDRESS OF FACILITY (Street, R.F.D. No., City or Town, State, Zip): Roscoe Jenkins Funeral Home, 25 E. Broad St., Newman, GA 30263
EST. LICENSE NO.: 203
21f. EMBALMER (Signature): Alfred Jenkins
EMBALMER LICENSE NO.: 1893

CAUSE OF DEATH

22. IMMEDIATE CAUSE (Enter only one cause per line for A, B and C)
PART I
a. Cardiac Arrest — Approximate interval between onset and death:
Due to, or as a consequence of:
b. Marked Arteriosclerosis — Approximate interval between onset and death:
Due to, or as a consequence of:
c. — Approximate interval between onset and death:
PART II
23. OTHER SIGNIFICANT CONDITIONS - conditions contributing to death but not related to cause given in Part Ia (If female, indicate if pregnant or birth occurred within 90 days of death)
AUTOPSY (Yes or No): NO
IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (Yes or No):
WAS OPERATION PERFORMED? (Yes or No): NO
DATE OF OPERATION (Mo., Day, Year):
CONDITIONS FOR WHICH OPERATION WAS PERFORMED (Specify):
ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify): X
DATE OF INJURY (Mo., Day, Year):
DESCRIBE HOW INJURY OCCURRED:
HOUR OF INJURY:
INJURY AT WORK? (Yes or No):
PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify):
LOCATION (Street, R.F.D. No., City or Town, State, Zip, County):

CERTIFIER

To Be Completed By CERTIFYING PHYSICIAN ONLY
24. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title):
DATE SIGNED (Mo., Day, Year):
HOUR OF DEATH:
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER:
To Be Completed By MEDICAL EXAMINER OR CORONER ONLY
25. 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) stated. (Signature and Title): Donald W. Millican Coroner
DATE SIGNED (Mo., Day, Year): Feb 21, 1991
HOUR OF DEATH: 9:30A
DATE PRONOUNCED DEAD (Mo., Day, Year): ON Feb 7, 1991
HOUR PRONOUNCED DEAD: AT 6:30A
NAME AND TITLE OF CERTIFIER (Physician, Medical Examiner, or Coroner): Donald W. Millican Coroner
ADDRESS OF CERTIFIER (Street, R.F.D. No., City or Town, State, Zip): Brega Hunter Co 30264

REGISTRAR

FEB 2 0 1991
26. REGISTRAR (Signature): Mary T. Crawford
DATE RECEIVED BY REGISTRAR (Mo., Day, Year): Feb 22 1991

Form 3943 (Rev. 4-88) GEORGIA DEPARTMENT OF HUMAN RESOURCES/VITAL RECORDS SERVICE — DO NOT FOLD THIS CERTIFICATE

NOTICE TO FUNERAL DIRECTOR AND CERTIFYING PHYSICIAN
(1) WAS THIS DEATH THE RESULT OF VIOLENCE, SUICIDE, OR CASUALTY; (2) WAS THE DECEASED IN APPARENT GOOD HEALTH; (3) WAS THE DECEASED UNATTENDED BY A PHYSICIAN; OR (4) WAS ANY SUSPICIOUS OR UNUSUAL MANNER ASSOCIATED WITH THIS DEATH? ☐ YES ☐ NO
IF "YES" TO EITHER 1, 2, 3, OR 4, PLEASE NOTIFY THE CORONER IN THE COUNTY WHERE THE BODY WAS FOUND OR THE DEATH OCCURRED.

This is to certify that this is a true and correct copy of the certificate filed with the Vital Records Service, Georgia Department of Human Resources. This certified copy is issued under the authority of Chapter 31-10, Vital Records, Code of Georgia.

Michael R. Lavoie
State Vital Records Registrar and Custodian
Director, Vital Records Service

County Custodian Mary T. Crawford
Mary T. Cranford
Issued By Helen B. Dowell Date 10-14-92
(Void without original signature and impressed seal)

BOOK 10418 PG 293

RECORDER'S MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING IN THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED