LAW OFFICES
BAILEY, EWING, DAVIES & BAILEY
NASHVILLE TRUST BUILDING
NASHVILLE 3, TENNESSEE

BOOK 10565 PG 170

PICK-UP IDENTIF. + REFERENCE 0336510

97 AUG 11 PM 3:20
FELIX Z. [illegible] REGISTER
DAVIDSON COUNTY, TN.

LAST WILL AND TESTAMENT

of

MRS. NORA F. HICKS

* * *

I, MRS. NORA F. HICKS, declare this to be my last Will and Testament, and I hereby revoke any will, or wills, by me heretofore executed.

ITEM ONE: I direct my Executor, hereinafter named, to pay all of my just debts, including my funeral expenses, and the Executor shall have the right to sell any of my personal property for the purpose of obtaining funds to be used in the payment of my debts, taxes, and costs of administration.

ITEM TWO: I hereby direct that my Executor, hereinafter named, will divide my furniture equally between my three children, and the method of division shall be solely determined by the Executor and his decision pertaining to the division of furniture shall be conclusive. The Executor shall also have the right to sell any stocks, bonds, or other securities, and divide the proceeds of the sale among my three children, who are hereinafter named. Any child may direct the Executor to deliver his or her share of the stocks and bonds, and in this event the Executor will be excused from the provisions of the Will providing for the sale of such stocks and bonds.

ITEM THREE: I give, devise and bequeath my home place, consisting of twenty-seven acres, and located between the old

Clarksville Road and #41-A on the south, to Paul Landis Hicks, as Trustee; and he shall have the right to manage the said property and mortgage same, provided his brother and sister agree to the mortgage, and the profit from the operation of the farm, referred to as the "home place", shall be distributed equally between my three children, who are: Paul Landis Hicks, Ralph B. Hicks, and Juanita Hicks Colson. The Trustee may lease the farm for a long term, which may extend beyond the term of the trust.

ITEM FOUR: The Trustee will have the right to sell the farm, provided Ralph B. Hicks and Juanita Hicks Colson are in agreement as to the sale, and agree to the consideration. I prefer, however, that this farm be held as long as possible, and that the profits derived from the operation of the farm will be divided equally among my three children, as hereinabove set out. The Trustee herein named is exclused from making bond, but will make a report to the other two beneficiaries at least annually.

ITEM FIVE: The property known as No. 514 Trinity Lane shall be held by the Trustee, hereinabove named, for the equal benefit of my three children, but it may be sold and the proceeds of the sale shall be divided equally between my three children, hereinabove named, but, again, it is my desire that real estate be held by the Trustee for the benefit of the brother Ralph, and sister, Juanita, and for the benefit of himself, but the property must be sold and divided between my three children twenty-one (21) years after the death of the last of my three children - that is, all of the trust estate herein created shall pass to the beneficiaries twenty-one (21) years after the death of the child who might outlive the other two children.

ITEM SIX: I give, devise and bequeath to the Trustee a seventy-seven acre farm in the 14th District on the Bidwell Road.

This is Page Two of my
Last Will and Testament

Thomas F. Hicks

Again, I desire that this property be held in trust, in the same manner as hereinabove set out for other property. I have a savings account at a bank, and I have various tools, which are usually referred to as "outside tools", and it is my desire that said tools be sold and that the proceeds of the sale, together with the savings accounts, shall be used for the payment of my funeral expenses, debts, and the costs of administration of my estate.

ITEM SEVEN: I desire that the personal property be used for the payment of my debts, including funeral expenses, a marker for my grave, and the costs of administering my estate; and, the portion of the personal property which will first be used shall be the money derived from the sale of the outside yools, and the money derived from closing out of my savings accounts; but, if necessary, the Executor will have the right, in order to pay said debts, to convert any of my stocks or bonds, or other personal property, into cash for the purpose of paying same. After the personal property has been entirely consumed by the payment of debts, etc., then the Executor may sell a part or all of my real property in order to pay debts, taxes, etc.

ITEM EIGHT: I have attempted to devise and bequeath to my son, Paul Landis Hicks, Trustee, all of my property, both real and personal property, and my property to be held in trust for the equal benefit of my three children, Paul Landis Hicks, Juanita Hicks Colson, and Ralph B. Hicks, and I also direct that none of the real estate shall be sold or mortgaged unless the three beneficiaries unanimously agree to such sale or mortgage, or unless it is necessary to sell same to pay debts, taxes, etc., and the said Paul Landis Hicks shall manage the real estate and pay the net profits of the operation of the farms to the beneficiaries; likewise, dividends obtained from the ownership of stocks and bonds are to be divided equally between the three beneficiaries. Any extraordinary stock dividend, or cash dividend, shall

Paul Hicks Testator

be paid to the beneficiaries or shall be added to the corpus account as may seem proper to the Trustee, and the Trustee shall be the sole judge of the method of distributing such extraordinary cash or stock dividends.

ITEM NINE: The Trustee is hereby authorized to employ such persons as are necessary in order to properly administer my estate. The Trustee shall have the right to compromise claims in favor of or against my trust estate. The Trustee shall have the right to enter into contracts, such as mortgages or lease contracts, even though said contracts might extend beyond the term of the trust.

ITEM TEN: If one of my said children is deceased at the time of my death, then his or her children shall take the deceased parent's share, and if either of my children is deceased and fails to leave issue surviving, then my entire estate shall pass to the surviving beneficiaries, or if any one of the other beneficiaries is deceased, then to the surviving beneficiary and to the children of the other beneficiary.

ITEM ELEVEN: All of the rest and residue of my property, whether real or personal, I hereby give, devise and bequeath to Paul Landis Hicks, as Trustee, and I direct that all property, whether real or personal, which I have devised or bequeathed to him shall be held by him in his capacity as Trustee, and for the equal benefit of himself, his sister and brother.

ITEM TWELVE: I hereby nominate as Executor of this my last will and testament my son, Paul Landis Hicks, and if he is deceased at the time of my death then Ralph B. Hicks and Juanita Colson will qualify as Co-Executors, but all of the Executors hereinabove named shall be excused from making bond. If Paul Landis Hicks dies before the termination of the trust, then his surviving brother and sister will act as Trustees, and will have

_____

title to all of the property herein given, devised and bequeathed to the Trustee; and if only one of my children is living, then such child shall be the sole Trustee. If the three of my children are deceased at the time of my death, then and in that event I direct that Landis Wayne Hicks act as Trustee, and he is excused from making bond; and likewise, if my children are unable to serve as Executors then Landis Wayne Hicks shall act as Executor of my estate, and he is excused from making bond. If Landis Wayne Hicks becomes the Trustee, he shall have all of the authority herein given to the Trustee, and if Juanita Hicks Colson and Ralph B. Hicks are both deceased, then the Trustee shall determine whether or not the property should be sold, leased or mortgaged, and the Trustee, in this event, shall not be charged with the duty of obtaining the consent of any other person or persons before selling, mortgaging or leasing any of my real property or personal property.

ITEM THIRTEEN: I have not prohibited the sale of my property because such prohibition, in my opinion, would be impractical, but I direct that the property be held if possible for the longest period of time possible, as I believe the values will enhance. The terms of this item are not mandatory.

IN WITNESS WHEREOF, I have hereunto signed my name at the conclusion of this Will, and at the bottom of each page hereof, and have caused the making and publication hereof to be witnessed as hereinafter disclosed, on this 2nd day of June, 1961.

Nora F. Hicks

We, Bruce C Bailey and Betty Pearce, at the request of Mrs. Nora F. Hicks, have this day witnessed the signing, making and publication of her foregoing will, and acting at her like request, we have hereunto signed our names as subscribing witnesses in her sight and presence, and in the sight and presence of each other, all being present at the same time, this the 31 day of May, 1961.

Bruce C Bailey

Betty Pearce

This is the Fifth and concluding page of my Last Will and Testament

Nora F. Hicks

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

STATE OF TENNESSEE, DAVIDSON COUNTY

I, Richard R. Rooker, Clerk of the Chancery Court, in and for the County and State aforesaid, do hereby certify that the foregoing instrument of writing was filed for record in my office on the 23 day of August, 1994 at 11:11 o'clock A.M., and was duly recorded in Book 10565 Page 111 of the Records of said County.

Given under my hand and seal of office at Nashville, this 11th day of August, 1994.

RICHARD R. ROOKER, Clerk

By Ann Upchurch, Deputy Clerk

5716 08/11 0101 01C:GH 32.00

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 10565 PG 176

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

8704800
THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

BIRTH NO _____ STATE FILE NO

DECEASED

1. DECEASED—NAME: Paul Landis Hicks
2. DATE OF DEATH (MONTH, DAY, YEAR): October 14, 1987
3a. AGE—LAST BIRTHDAY (YEARS): 61
3b. UNDER 1 YEAR MOS.
3c. UNDER 1 DAY HOURS MINS.
4. DATE OF BIRTH (MONTH, DAY, YEAR): Feb. 17, 1926
5. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC (SPECIFY)): White
6. ORIGIN OR DESCENT (HISPANIC) (NOT HISPANIC GERMAN, ETC (SPECIFY)): American
7. SEX: Male
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.): Park View Hospital
7e. IF HOSP. OR INST.: INPATIENT, OUTPATIENT, DOA, ETC.: Inpatient
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Tennessee
9. CITIZEN OF WHAT COUNTRY: U S A
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Annette Boehms
12. SOCIAL SECURITY NUMBER (OF NONE, SPECIFY): [redacted]-9250
13a. SERVICE IN ARMED FORCES (SPECIFY ONE OR OR NO): WWII
13b. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Post Master
13c. KIND OF BUSINESS OR INDUSTRY: U S Postal Service
14a. RESIDENCE—STATE: Tennessee
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Joelton
14d. STREET AND NUMBER: 3722 Old Clarksville Hwy.
14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14f. CENSUS TRACT NO:

PARENTS AND INFORMANT

15. FATHER—NAME: Robert B. Hicks
16. MOTHER—MAIDEN NAME: Nora Felts
17. INFORMANT—NAME: Annette Hicks
MAILING ADDRESS: 3722 Old Clarksville Hwy. Joelton, Tn., 37080

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): Oct. 17, 1987
18c. CEMETERY OR CREMATORY—NAME: Woodlawn
18d. LOCATION (CITY OR TOWN, STATE): Nashville, Tennessee
19a. FUNERAL DIRECTOR (SIGNATURE): Robert Anderson
19b. LICENSE NO: 492
19c. EMBALMER (SIGNATURE): Robert Anderson
19d. LICENSE NO: 1954
20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Anderson-Garrett Joelton, Tn., 37080
21a. REGISTRAR—SIGNATURE: Esther D. Groh
21b. DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): 10-23-87

CERTIFIER

22a. PHYSICIAN—I CERTIFY THAT THIS DEATH OCCURRED AT THE PLACE, AT THE DATE, AND DUE TO THE CAUSES STATED. SIGNATURE: Morse Kochtitzky DEGREE: MD
22b. DATE SIGNED (MONTH, DAY, YEAR): 10/29/87
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 CAUSES STATED. SIGNATURE, TITLE
23b. DATE SIGNED (MONTH, DAY, YEAR)
24a. CERTIFIER—NAME (TYPE OR PRINT): Morse Kochtitzky, M.D.
24b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 345 24th Ave. N. Nashville, Tn., 37203

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE. ANY PHYSILIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 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).)
IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH): (a) Pneumonia Of Lung & Metastases — INTERVAL BETWEEN ONSET AND DEATH: 1 yr
DUE TO, OR AS A CONSEQUENCE OF: (b)
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: DUE TO, OR AS A CONSEQUENCE OF: (c)
PART II. OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (26): AUTOPSY (YES OR NO): 26 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. (SPECIFY)): 27g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):

PH-1659
Rev. 9/81

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

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

BOOK 10565 PG 177

9203140

CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Ralph Bryan Hicks
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): June 26, 1992
4. SOCIAL SECURITY NUMBER: [redacted]879
5a. AGE – LAST BIRTHDAY (Years): 68
6. DATE OF BIRTH (Month, Day, Year): May 27, 1924
7. BIRTHPLACE (City and State or Foreign Country): Flint, Michigan
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
8a. PLACE OF DEATH (Check only one): 1 [X] Hospital: Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): St. Thomas Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville, Tennessee
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Divorced
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): Warrant Officer
12b. KIND OF BUSINESS/INDUSTRY: Metro. Sheriff's Dept.
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Joelton
13d. STREET AND NUMBER OR RURAL LOCATION: 3831 Old Clarksville Hwy.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37080
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 [ ] Yes 0 [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): 12; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or medical examiner

PARENTS

17. FATHER'S NAME (First, Middle, Last): Robert Bryan Hicks
18. MOTHER'S NAME (First, Middle, Maiden Surname): Nora Felts Hicks

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Ralph Bryan Hicks Jr.
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 417 Brentwood Ave. Jacksonville, N.C. 28540

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, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Robert Anderson
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 492
21c. SIGNATURE OF EMBALMER: ▶ Robert Anderson
21d. LICENSE NUMBER OF EMBALMER: 1954
22a. NAME AND ADDRESS OF FUNERAL HOME: Anderson & Garrett Funeral Home, P O Box 68, Joelton, Tn. 37080
22b. LICENSE NUMBER OF FUNERAL HOME: 193

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Mary G. Pentecost
24. DATE FILED (Month, Day, Year): July 10, 1992

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: ▶
25b. LICENSE NUMBER:
25c. DATE SIGNED (Month, Day, Year):
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.	Liver Failure	2 weeks
DUE TO (OR AS A CONSEQUENCE OF): b.	Metastatic Rectal Carcinoma	6 months
DUE TO (OR AS A CONSEQUENCE OF): c.		
DUE TO (OR AS A CONSEQUENCE OF): d.		

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

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 [ ] 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 [redacted]PENED:
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):

PH-1050

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