LAST WILL AND TESTAMENT

OF

PATRICK AUGUSTINE COLLEY

BOOK 10649 PG 103

I, PATRICK AUGUSTINE COLLEY, of Davidson County, Tennessee, being of sound mind and disposing memory, do make, publish and declare this My Last Will and Testament, hereby revoking all former Wills and Codicils to Wills heretofore made by me.

FIRST: I direct that all my judicially enforceable debts, including my funeral expenses and the costs of administration, beppaid out of my general estate by my Executrix as soon as practicable after my death. To this end I authorize my Executrix to sell any of my property, real, personal and mixed and to execute all conveyances necessary to effectuate such sale. I direct my Executrix to pay all estate, inheritance, succession and other death taxes which may be payable by, or chargeable against my estate, or any of the beneficiaries thereof, out of my general estate as an expense of administration without apportionment or proration among the several beneficiaries, legatees and devisees.

SECOND: I give, devise and bequeath all of my property which I may own at the time of my death, real, personal and mixed, tangible and intangible, of whatsoever nature and wheresoever situated, including all property which I may acquire or become entitled to after the execution of this Will, including all life insurance payable to my estate, in fee, to my wife, ALMA JEAN SAWYER COLLEY, if she survives me.

THIRD: Further, in the event my wife fails to survive me, I give, devise and bequeath all the rest, residue and remainder of my said property to my children, JANE DOWNER COLLEY and SETH PATRICK COLLEY, equally, per stirpes.

FOURTH: A. Any person who fails to survive me by 120 hours shall be deemed to have predeceased me for purposes of succession to property under this Will.

B. Any legally adopted person or descendants of the blood and legally adopted descendants of such person shall take under this Will as if they were related by blood.

C. My Executrix shall have the power to pay or deliver any legacy or bequest to any beneficiary without waiting any time that may be prescribed by law.

FIFTH: I hereby nominate, constitute and appoint my wife, ALMA JEAN SAWYER COLLEY, as Executrix of this, my Last Will and Testament. I hereby expressly excuse her from executing bond as Executrix and from making and filing any inventory and final settlement of my estate with any court. I authorize and empower my Executrix to sell and dispose of any or all of my real estate and personal property in accordance with the terms of this Will, public or private sale, at such times and on such terms and conditions as she shall deem proper and in the best interest, and to execute, acknowledge and direct all paper writings, deeds of conveyance and transfers thereof. My Executrix is to have full authority to make such dispositions of any and all of my real and personal property as she deems necessary.

SIXTH: In the event my said wife, Alma Jean Sawyer Colley, shall not survive me, or is unwilling or unable for any reason to serve as my Executrix then I appoint, JOHN COLLEY the Executor of this my Last Will and Testament. My Executor shall have all the powers as herein granted to my Executrix and shall also be excused from bond, inventory and final settlement.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name to this my Last Will and Testament, consisting of three (3) typewritten pages, this page included, and for the purposes of identification I have initialed each such page, all in the presence of the persons witnessing it at my request on this the 20th day of May, 1986, at Nashville, Tennessee.

PATRICK AUGUSTINE COLLEY

The foregoing instrument, consisting of Three (3) typewritten pages, this page included, was signed, sealed, published and declared by PATRICK AUGUSTINE COLLEY, the Testator to be his Last Will and Testament, in our presence and we at his request and in his presence and in the presence of each other have hereunto subscribed our names as witnesses on this 20th day of May, 1986, at Nashville, Tennessee.

Rebecca S. Crowell residing at Davidson County, TN.

Dona Pate Sawyer residing at Davidson County Tn

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STATE OF TENNESSEE

COUNTY OF DAVIDSON

We make oath or affirm that:

1. PATRICK AUGUSTINE COLLEY signed the foregoing Will on the date shown on the Will, and at the time of such signing he informed us that he signed it as his Will.

2. He signed this Will when we were both in his sight and presence. Contemporaneously with the signing, he requested us to sign the Will as his attesting witnesses, which we did in his sight and presence and in the sight and presence of each other.

3. PATRICK AUGUSTINE COLLEY is more than eighteen (18) years of age, and we are both more than eighteen (18) years of age.

4. In our judgment PATRICK AUGUSTINE COLLEY is legally competent to make a Will.

0967 10/17 0101 03CHECK 20.00

Rebecca S. Carroll

Associate Lawyer

Sworn or affirmed and subscribed to before me this 20 day of May, 1986.

Charles Reeves
NOTARY PUBLIC

My commission expires:
16th Sept. 1989

NOTARY PUBLIC AT LARGE

0360024
IDENTIF. ↑ REFERENCE

97 OCT 17 AM 9:34
FELIX Z. [illegible] REGISTER
DAVIDSON COUNTY, TN.

MAIL ENV.

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

BOOK 10649 PG 107

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.

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 9702038

TYPE/PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEDENT'S NAME (First, Middle, Last): PATRICK COLLEY
2 SEX: Male
3 DATE OF DEATH (Month, Day, Year): April 3, 1997
4 SOCIAL SECURITY NUMBER: [redacted]9473
5a AGE LAST BIRTHDAY (Years): 59
5b UNDER 1 YEAR: MOS / DAYS
5c UNDER 1 DAY: HOURS / MIN
6 DATE OF BIRTH (Month, Day, Year): AUG 23, 1937
7 BIRTHPLACE (City and State or Foreign Country): NASHVILLE, TENNESSEE
8a WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
8b PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; DIALH 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9a FACILITY NAME (If not institution, give street and number): 617 LEMONT DRIVE
9b CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
9c COUNTY OF DEATH: DAVIDSON
10 MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Married
11 SURVIVING SPOUSE (If wife, give maiden name): JEAN SAWYER
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): ASSISTANT TO DIRECTOR
12b KIND OF BUSINESS/INDUSTRY: N.TN. PRIVATE INDUSTRY
13a RESIDENCE-STATE: TN
13b COUNTY: DAVIDSON
13c CITY, TOWN OR LOCATION: NASHVILLE
13d STREET AND NUMBER OR RURAL LOCATION: 617 LEMONT DRIVE
CENSUS TRACT
13e INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f ZIP CODE: 37216
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): ; College (1-4 or 5+): 5+

PARENTS

17 FATHER'S NAME (First, Middle, Last): WM. HUBERT COLLEY
18 MOTHER'S NAME (First, Middle, Maiden Surname): MARY AGNES GEIST

INFORMANT

19a INFORMANT'S NAME (Type/Print): JEAN COLLEY
19b RELATIONSHIP TO DECEASED: Wife
19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 617 LEMONT DRIVE, NASHVILLE, TN 37216

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): MT. HOPE
20c LOCATION-City or Town, State: FRANKLIN, TN.
21a SIGNATURE OF FUNERAL DIRECTOR: [signature]
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 2153
21c SIGNATURE OF EMBALMER:
21d LICENSE NUMBER OF EMBALMER:
22a NAME AND ADDRESS OF FUNERAL HOME: MARSHALL-DONNELLY-COMBS, 201 25TH AVE. N. NASHVILLE, TN. 37203
22b LICENSE NUMBER OF FUNERAL HOME: 40

REGISTRAR

23 REGISTRAR'S SIGNATURE: [signature]
24 DATE FILED (Month, Day, Year): April 18, 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. [X] 1 SIGNATURE AND TITLE OF PHYSICIAN: [signature]
25b LICENSE NUMBER: TN 25549
25c DATE SIGNED (Month, Day, Year): Apr 16 1997
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.	Metastatic Gall Bladder Cancer	Months, 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): 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 [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:
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 (To be completed by physician or institution)

PH 1659
REV 2-93

BIRTH NO.

RDA 1399

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