97P-46 12, March 97

LAST WILL AND TESTAMENT

OF

BOOK 10738 PG 740

MARY CHRISTINE GILLIAM CARTER

I, MARY CHRISTINE GILLIAM CARTER, a resident of Davidson County, Tennessee, presently residing at 5820 Robert E. Lee Drive, Nashville, Tennessee, being of sound mind and disposing memory, do hereby make, publish and declare this to be my Last Will and Testament, hereby revoking and making void all previous Wills and Codicils heretofore made by me intending to dispose of all property of whatever kind and wherever situate of which I may die, seized and possessed, or which may come to my estate upon my death, including the proceeds of all policies of life or other insurance of every kind payable to me or to my estate.

ITEM I

I direct my Executor, hereinafter named, to pay all of my just debts and funeral expenses as soon after my death as practicable. He shall pay out of my estate all of the Inheritance, Estate and Succession Taxes, both State and Federal, assessed to and against my estate as may be proper, the same to be considered and treated as claims against my estate. My Executor shall also provide a suitable monument or headstone at my grave unless there have previously been made arrangements concerning this subject.

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

ITEM II

After the payment of those items mentioned in the foregoing ITEM I, I do hereby give, devise and bequeath all remaining property of which I die seized and possessed, real, personal and mixed, including the proceeds of any and all policies of life or other insurance, payable to my estate and wheresoever situate, to my husband, DONALD BRACKSTON CARTER, to be his absolutely.

BOOK 1009 PAGE 295

ITEM III

We have a daughter, DEBORAH CARTER GRANT, and in the event my said husband has predeceased me I give, devise and bequeath all of said property to our said daughter, DEBORAH CARTER GRANT, to be hers, absolutely.

Mary Christine Gilliam Carter
MARY CHRISTINE GILLIAM CARTER

ITEM IV

We have a grandson, JASON CARTER GRANT, born July 8, 1976, and in the event that my said husband, DONALD BRACKSTON CARTER and our said daughter, DEBORAH CARTER GRANT, the mother of said grandchild, should be both deceased at the time of my death, or in the event that my said husband and I and our said daughter all die together as a result of a common casualty or accident and said grandchild survives, together with any other grandchildren we may have, hereafter, I do hereby give, devise and bequeath all of my said property of every kind heretofore mentioned to our said grandchild or said grandchildren should our daughter have any more children, who are born hereafter, prior to my death, or within 21 years thereafter.

In the event my said husband has predeceased me or that he and I and our said daughter and our said grandchild or any other grandchildren who may have been born prior to my death, all have predeceased me, then I do hereby give, devise and bequeath all of said property of which I die seized and possessed, heretofore mentioned, to my brother-in-law, MARSHALL ALLEN CARTER, to be his absolutely or should he also be deceased, to his children, equally, per stirpes.

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

ITEM V

I do hereby nominate and appoint my husband, DONALD BRACKSTON CARTER, the Executor of this my Last Will and Testament, without bond. In the event he should have predeceased me or dies after my death and before my estate has been administered I do hereby nominate and appoint my daughter, DEBORAH CARTER GRANT, the Executrix or Successor Executrix of this my Last Will and Testament, without bond. Should both be deceased at the time of my death, I do hereby nominate and appoint my brother-in-law, MARSHALL ALLEN CARTER, the Executor of this my Last Will and Testament, without bond.

Mary Christine Gilliam Carter
MARY CHRISTINE GILLIAM CARTER

BOOK 10738 PG 742

IN TESTIMONY WHEREOF, I have hereunto subscribed my name to this my Last Will and Testament, consisting of this and two (2) preceeding typewritten pages, and for the purpsoe of identification, I have signed each such page, all in the presence of the persons witnessing it at my request, on this 24th day of January, 1978, at Nashville, Tennessee.

Mary Christine Gilliam Carter
MARY CHRISTINE GILLIAM CARTER, Testatrix

The foregoing instrument, consisting of this and two (2) preceeding typewritten pages, was signed, sealed, published and declared by MARY CHRISTINE GILLIAM CARTER, the Testatrix, to be her Last Will and Testament, in our sight and presence, and we, at her request, and in her sight and presence, and in the sight and presence of each other, have hereunto subscribed our names as witensses, this 24th day of January, 1978, at Nashville, Tennessee.

Richard Marshall NAME residing at 746 Elysian Fields Rd
Nashville Tenn. 37204. ADDRESS

Mary Frances Jeanes NAME residing at 5940 Robert E. Lee Drive
Nashville Tenn. 37215 ADDRESS

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

COUNTY OF [redacted]

BOOK 1009 PAGE 297

Page Three and the Last Page of the Last Will and Testament of:

Mary Christine Gilliam Carter
MARY CHRISTINE GILLIAM CARTER

STATE OF TENNESSEE §
§
COUNTY OF DAVIDSON §

BOOK 10738 PG 743

AFFIDAVIT

Richard Marshall and Mary Frances Turner,
after being duly sworn according to law, depose and say:

1. That they are adult citizens of Tennessee and at the time of the making of this affidavit are in Nashville, Davidson County, Tennessee.

2. That they witnessed the execution of the Last Will and Testament of MARY CHRISTINE GILLIAM CARTER, dated the 24th day of January, 1978, 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 §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, after she had signed the same and in her sight and presence, and in the sight and presence of each other, at the place and on the date recited in the said Last Will and Testament.

4. That the Testatrix signed said paper writing as and for her Last Will and Testament in their sight and presence, and declared and signified the same to be her Last Will and Testament.

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

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

Richard Marshall

Mary Frances Turner

STATE OF TENNESSEE §
COUNTY OF DAVIDSON §

Subscribed and sworn to before me, this 24th day of January, 1978, at Nashville, Davidson County, Tennessee.

Jessie Diane Jones
Notary Public at Large for the State of Tennessee

My Commission Expires: Feb. 1, 1981

BOOK 10738 PG 744

TRANSFERRED ON
RECORD BOOK
CUMBERLAND COUNTY

DEC 23 1997

Ralph Barnwell
ASSESSOR OF PROPERTY

State of Tennessee, County of CUMBERLAND
Received for record the 23 day of
DECEMBER 1997 at 8:00 AM. (REC# 187731)
Recorded in official records GENERAL IN
Book 1009 Page 294- 299
Notebook 10 Page 411
State Tax $ .00 Clerks Fee $ .00,
Recording $ 24.00, Total $ 24.00,
Register of Deeds JUDY GRAHAM SWALLOWS
Deputy Register PHYLLIS K. HALE

97 DEC 30 PM 1:36

REGISTER
DAVIDSON COUNTY, TN.

0338901

MAIL ENV.

2nd CD
Lot 247, BK I Windsor Bluff
DB 345 Pg. 530
Map + Parcel 91-P-A-1

Tax Bill to Owner; Deborah Grant
622 Forest Park Dr.
Brentwood, Tn. 37027

97 DEC 30 0101 03CHECK 28.00

BOOK 1009 PAGE 299

STATE OF TENNESSEE
I, Richard R. Rooker, Clerk of the Circuit Court in and for the County aforesaid, do hereby certify that the foregoing is a full, true and correct copy of the original order made and entered of record in my office, in Minute Book 212, Page 193 of the Circuit Court, Chancery Court, Criminal Court, Court of Claims, in Nashville, this 22 day of October 19 97.

RICHARD R. ROOKER, CLERK

By Lynn Lantrip
Deputy Clerk

RECORDED [illegible]
LEGIBILITY [illegible]
FOR [illegible]
DISTRIBUTION [illegible]

Metropolitan Government of Nashville and Davidson County

Richard H. Fulton, Mayor

J. M. BISTOWISH, M.D.
DIRECTOR OF HEALTH

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

BOOK 10738 PG 745

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

ES A LEGAL PROPERLY EXE-ED.

EN ACK INK.

CL WHERE DE- IF DEATH OC- TITUTION, GIVE FORE ADMIS-

RED PRIOR TO N OF BODY BY RIER OR RE- ATE

ATTENDED BY HORIZED OFFI- E. ANY PHYSI CAL EXAMINER TIFICATE MUST SIGN MEDICAL N WITHIN 72 OF SIGNATURE EGATED.

CM C

BIRTH NO. _____ STATE FILE NO

1. DECEASED—NAME (FIRST, MIDDLE, LAST)	2. DATE OF DEATH (MONTH, DAY, YEAR)
Donald Brackston Carter	Nov. 15, 1978

3a. AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR: 3b. MOS. / DAYS	UNDER 1 DAY: 3c. HOURS / MIN.	4. DATE OF BIRTH (MONTH, DAY, YEAR)	5. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY))	6. SEX
57			Oct. 28, 1921	White	male

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, GIVE STREET ADDRESS)	7e. IF HOSP. OR INST. INDICATE DOA, OP, OBS., RES., INMATE (SPECIFY)
Davidson	Nashville	yes	5820 Robert E. Lee Drive	

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)
Tennessee	U.S.A.	Married	Christine Gilliam

12a. SOCIAL SECURITY NUMBER	12b. SERVICE IN ARMED FORCES (SPECIFY WAR 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
[redacted]-8061	WWII	Executive	U. S. Postal Service

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.
Tennessee	Davidson	Nashville	5820 Robert E. Lee Drive	yes	186

15. FATHER—NAME	16. MOTHER—MAIDEN NAME	17. INFORMANT—NAME / MAILING ADDRESS
Roy B. Carter	Ruth Whitaker	Mrs. Christine Carter

18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY)	18b. DATE (MONTH, DAY, YEAR)	18c. CEMETERY OR CREMATORY—NAME	18d. LOCATION (CITY OR TOWN, STATE)
Burial	Nov. 17, 1978	Woodlawn Cem	Nashville, Tenn.

19a. FUNERAL DIRECTOR (SIGNATURE)	19b. LICENSE NO.	19c. EMBALMER (SIGNATURE)	19d. LICENSE NO.
[signature]	796	[signature]	2520

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
Roesch Patton Dorris & Charlton, Nashville In	[signature]	11-27-78

22a. PHYSICIAN—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)
Ronald L. Richardson	MD	11-21-78
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)
Ronald L. Richardson, M. D.	St. Thomas Medical Bldg., Nashville, Tennessee

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) Advanced carcinoma of the pancreas	12 months
DUE TO, OR AS A CONSEQUENCE OF		
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST	(b) 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 (a)

Gastrointestinal bleeding

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)

J. M. BISTOWISH, M.D., REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY

NOV 28 1978

J. M. Bistowish, M.D.

This is to certify that the above 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.

08-018 (11/74)

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 10738 PG 746

970030

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT (To be the physician or funeral director)

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): MARY CHRISTINE CARTER
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): JANUARY 2,1997
4. SOCIAL SECURITY NUMBER (or Decedent): [redacted]-8171
5a. AGE-LAST BIRTHDAY (Years): 76
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 2-8-1920
7. BIRTHPLACE (City and State or Foreign Country): MAURY COUNTY,TN
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): ST. THOMAS HOSPITAL
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): N/A
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): NURSE
12b. KIND OF BUSINESS/INDUSTRY: ST. THOMAS HOSPITAL
13a. RESIDENCE-STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 5820 ROBERT E LEE DRIVE
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37215
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
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+)

PARENTS

17. FATHER'S NAME (First, Middle, Last): CLAUDE HERMAN GILLUM
18. MOTHER'S NAME (First, Middle, Maiden Surname): ANNA MAE WILBURN

INFORMANT

19a. INFORMANT'S NAME (Type/Print): DEBORAH CARTER GRANT
19b. RELATIONSHIP TO DECEASED: DAUGHTER
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 622 FOREST PARK DRIVE NASHVILLE,TN 37205

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,TN
21a. SIGNATURE OF FUNERAL DIRECTOR: W.R. AUSTIN
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2767
21c. SIGNATURE OF EMBALMER: GEORGE DOBBS
21d. LICENSE NUMBER OF EMBALMER: 4337
22a. NAME AND ADDRESS OF FUNERAL HOME: ROESCH-PATTON AUSTIN BRACEY & CHARLTON FUNERAL HOME 1715 BROADWAY NASHVILLE,TN 37203
22b. LICENSE NUMBER OF FUNERAL HOME: 121

REGISTRAR

23. REGISTRAR'S SIGNATURE: Martha H. Sous
24. DATE FILED (Month, Day, Year): January 13, 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 [X] SIGNATURE AND TITLE OF PHYSICIAN: Laurence A. Grossman
25b. LICENSE NUMBER: 005078
25c. DATE SIGNED (Month, Day, Year): 1-9-97
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): Laurence A. Grossman, M.D., 4230 Harding Road, #400, Nashville, TN 37205

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)

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Anoxic encephalopathy — 2 days
DUE TO (OR AS A CONSEQUENCE OF):
b. Coronary heart disease — 1 year
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
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

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PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.: Atrial fibrillation; Cardiac arrhythmias

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 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)

BIRTH NO.

PH-1850
REV. 2-92

BOOK 10738 PG 747

TRANSFERRED ON
RECORD BOOK
CUMBERLAND COUNTY

DEC 23 1997

Robyn Barnwell
ASSESSOR OF PROPERTY

State of Tennessee, County of CUMBERLAND
Received for record the 23 day of
DECEMBER 1997 at 8:00 AM. (REC# 187730)
Recorded in official records GENERAL IN
Book 1009 Page 292- 293
Notebook 10 Page 411
State Tax $ .00 Clerks Fee $ .00,
Recording $ 8.00, Total $ 8.00,
Register of Deeds JUDY GRAHAM SWALLOWS
Deputy Register PHYLLIS K. HALE

INDEXED

24 CP
Lot 247, BK. I Windsor Bluff
DB 345 p. 530
M+P 91-P-A-1

Tax Bill to Owner: Deborah Grant
622 Forest Park Dr.
Brentwood, Tn. 37027