BOOK 10743 PG 588

PICK-UP

Last Will and Testament

OF

WILLIE E. HATCHER

98 JAN -2 AM 10:34
FELIX E. DELK, REGISTER
DAVIDSON COUNTY, TN.

IDENTIF. # REFERENCE 03861 01

I, WILLIE E. HATCHER, a resident of Nashville, Davidson County, Tennessee, being of sound mind and disposing memory, and realizing the uncertainty of life, do hereby make and publish this my last will and testament, hereby revoking all wills and codicils thereto by me at any time heretofore made.

I.

I direct that all of my just debts and funeral expenses be paid out of my estate as soon as practicable after my decease.

7705 01/02 0101 01CASH 28.00

II.

I declare that I am a married man, being married to Irene Hatcher, and that there are six children born of our marriage, Willie Hatcher, Jr., Deborah Davis, Melvin Hatcher Barbara Hatcher, Calvin Hatcher and Alice Hatcher.

I hereby give, devise and bequeath all of my property real, personal and mixed, tangible and intangible, of whatever nature and wherever situated, including all property which I may acquire or become entitled to after the execution of this will, including all lapsed legacies and devices and all life insurance payable to my estate, I bequeath and devise it in fee to my wife, Irene Hatcher, should she survive me. If my said wife, Irene Hatcher shall not survive me, then I bequeath and devise said property and fee in equal shares to Willie Hatcher, Jr., Deborah Hatcher Davis, Melvin Hatcher, Barbara Hatcher, Calvin Hatcher and Alice Hatcher, my children, or to those of them who shall survive me, it being my intention

Willie E. Hatcher

WILLIE E. HATCHER

that only those above named living at the time of my death shall receive the benefit of this article, share and share alike. In the event, however, that anyone of my children shall predecease me and leave heirs of his body that those heirs shall take their parent's portion of my estate, share and share alike.

III.

I authorize my executor in the exercise of reasonable discretion with respect to all property real and personal at any time forming part of my estate to exercise any and all power set forth in Section 3 of Chapter 110 of Tennessee General Assembly of 1963, TCA Section 35-618 to the extent applicable, all of which provisions and powers are incorporated herein by reference as fully as if copied herein verbatem. These powers are granted notwithstanding that said statute may be amended hereafter or repealed at the time of my death.

IV.

I appoint my daughter, Deborah Hatcher Davis, to be the executrix of this my last will and testament and direct that no bond be required of her for the faithful performance of her duties; and I vest in my said executrix the 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 to do every other act and thing necessary or appropriate to the complete administration of this will. Should my daughter be unable or unwilling to serve as my executrix, I appoint my attorney, R. Price Nimmo, executor of this my last will and testament to serve without bond and to have the same rights and powers contained herein.

V.

If my wife, Irene Hatcher, and I die under such

circumstances that there is not sufficient evidence to determine the order of our deaths, or if she shall die within a period of six months after the date of my death and then all bequests, devises and provisions made under this will to or for her benefit shall be void and my estate shall be administered and distributed in all respects as though my wife, Irene Hatcher, had not survived me.

IN TESTIMONY WHEREOF, I, hereunto subscribed my name to this my last will and testament consisting of this and two preceding typewritten pages and for the purposes of identification, I have signed at the bottom of each page and all in the presence of the persons witnessing it at my request this the 31 day of March, 1975, in Nashville, Tennessee.

Willie E. Hatcher
WILLIE E. HATCHER

ATTEST:

The foregoing instrument consisting of this and so many preceding typewritten pages was signed, sealed and published and declared by Willie E. Hatcher, the testator, to be his last will and testament in our presence, and we in his presence and his presence and in the presence of each other, have hereunto subscribed our names as witnesses this 31st day of March, 1975, in Nashville, Tennessee.

Jo Francisco
Name

536 Indian Lake Rd.
Hendersonville, Tenn.
Address

[signature]
Name

Suite 308, 95 White Bridge
Nashville, Tenn
Address

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BOOK 10743 PG 591

WILL AFFIDAVIT

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

I/We, Jo FRANCISCO,

after first being duly sworn according to law, make Oath to the following facts:

1. That I was a witness to the Last Will and Testament of Willie E. HATCHER.

2. That on the 31ST day of MARCH, 19 75, I/~~We~~, the undersigned, on request of the testator/trix, witnessed the testator/trix sign his/her Last Will and Testament.

3. That the said testator/trix signed the Last Will and Testament in the sight and presence of the undersigned and the other attesting witness(es) to the Last Will and Testament and in our sight and presence and the sight and presence of the testator/trix, the said testator/trix declared the same to be his/her Last Will and Testatment and the undersigned together with the other witness(es) to the Last Will and Testatment signed his/her name thereto.

4. That on the day and date the Last Will and Testament was signed, the undersigned and the testator/trix were of the age of majority and in the opinion of the undersigned, the testator/trix was of sound mind and disposing memory.

FURTHER AFFIANT SAITH NOT.

Affiant Signature(s): X Jo A Francisco

Sworn to and subscribed, before me this 3rd day of January, 1997.

NOTARY PUBLIC

9/26/98 : Commission expiration date

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BOOK 10743 PG 592

WILL AFFIDAVIT

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

I/We, R. PRICE NIMMO,

after first being duly sworn according to law, make Oath to the following facts:

1. That I was a witness to the Last Will and Testament of Willie E. Hatcher.

2. That on the 31 day of MARCH, 19~~8~~75, I/We, the undersigned, on request of the testator/trix, witnessed the testator/trix sign his/her Last Will and Testament.

3. That the said testator/trix signed the Last Will and Testament in the sight and presence of the undersigned and the other attesting witness(es) to the Last Will and Testament and in our sight and presence and the sight and presence of the testator/trix, the said testator/trix declared the same to be his/her Last Will and Testatment and the undersigned together with the other witness(es) to the Last Will and Testatment signed his/her name thereto.

4. That on the day and date the Last Will and Testament was signed, the undersigned and the testator/trix were of the age of majority and in the opinion of the undersigned, the testator/trix was of sound mind and disposing memory.

FURTHER AFFIANT SAITH NOT.

Affiant Signature(s): R. PRICE Nimmo

Sworn to and subscribed, before me, this 27th day of December, 1996.

NOTARY PUBLIC

~-25-98 : Commission expiration date

STATE OF TENNESSEE, DAVIDSON COUNTY

I Richard R. Rooker, Clerk of the Probate Court of Davidson County, State aforesaid, do HEREBY CERTIFY the foregoing to be a full, true and complete copy of the original now on file in my office. Will Book 210 Page 466

Given under my hand and official seal, at office, in Nashville, this 1st of January 19 98.

RICHARD R. ROOKER, CLERK

By _____
Deputy Clerk

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 10743 PG 594

Dec 14 1995

Fidi S Walker, M.D.

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 9406391

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Alice Irene Hatcher
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): December 4, 1994
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]5268
5a. AGE – LAST BIRTHDAY (Years): 66
5b. UNDER 1 YEAR: MOS. DAYS
5c. UNDER 1 DAY: HOURS MINS.
6. DATE OF BIRTH (Month, Day, Year): Mar 16, 1928
7. BIRTHPLACE (City and State or Foreign Country): College Grove, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
8a. PLACE OF DEATH (Check only one): HOSPITAL 1 Inpatient 2 [X] ER/Outpatient 3 DOA; OTHER 4 Nursing Home 5 Residence 6 Other (Specify)
8b. FACILITY NAME (If not institution, give street and number): Baptist Hospital
8c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
8d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Willie E. Hatcher, Sr.
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Housewife
12b. KIND OF BUSINESS/INDUSTRY: Homemaker
13a. RESIDENCE – STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 505 Papppus Court
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37207
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – if yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes 0 [X] No. Specify, if yes:
15. RACE – American Indian, Black, White, etc. (Specify): Black
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 institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): John Henry Sawyers
18. MOTHER'S NAME (First, Middle, Maiden Surname): Vera Burns

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Barbara H. Lee
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 505 Pappus Court, Nashville, TN 37207

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): Locust Ridge Cemetary
20c. LOCATION – City or Town, State: College Grove, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Irving Sanchez
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4404
21c. SIGNATURE OF EMBALMER: ▶ Delmas Bogus
21d. LICENSE NUMBER OF EMBALMER: 3687
22a. NAME AND ADDRESS OF FUNERAL HOME: LEWIS & WRIGHT FUNERAL DIRECTORS, 2500 Clarksville Hwy., Nashville, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 0812

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Patricia Sawyers
24. DATE FILED (Month, Day, Year): December 14, 1994

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: ▶ R T Cochran
25b. LICENSE NUMBER: MD 3795
25c. DATE SIGNED (Month, Day, Year): 12-8-94
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): Robert T. Cochran, Jr., M.D. 2201 Murphy Avenue, #301, Nashville TN 37203

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. cerebrovascular accident — DUE TO (OR AS A CONSEQUENCE OF): — 6 hrs

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST:
b. hemorrhagic infarction of cerebral cortex — DUE TO (OR AS A CONSEQUENCE OF): — 6 hrs
c. hypertension — DUE TO (OR AS A CONSEQUENCE OF): — 30 yrs
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: multiple cerebral emboli of brain with congestive hemorrhages

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 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-1050 REV. 1/89

REGISTERED