Last Will and Testament

of

EZRA DOTSON MARTIN

I, Ezra Dotson Martin, domiciled in Joelton, Davidson County, Tennessee, do make, publish and declare this to be my last will and testament, hereby revoking all wills and codicils heretofore made by me.

ARTICLE I. I direct that all of my just debts, my funeral expenses (including the cost of a suitable monument at my grave), and the costs of administration of my estate be paid as soon as practicable after my death. To this end I have obtained a burial insurance policy and I have also opened a savings account with the First Tennessee Bank, Whites Creek, Tennessee.

ARTICLE II. I authorize my Executor and my Trustee (including any substitute or successor personal representative or Trustee) in the exercise of a reasonable discretion with respect to all property, real and personal, at any time forming part of my estate or any trust, to exercise any or all the powers set forth in Section 3 of Chapter 110 of the Tennessee General Assembly of 1963, T.C.A. §35-50-110, to the extent applicable, all of which provisions and powers are incorporated herein by reference as fully as if copied herein verbatim. These powers (as set out in said statute on the date of the execution of this will) are granted, notwithstanding that said statute may be amended hereafter or repealed at the time of my death.

ARTICLE III. I appoint my son, Ray Martin, to serve as Executor of my will without bond. If he shall predecease me or for any reason shall fail to qualify as Executor hereunder (or having

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qualified, shall die or resign), then in such event, I appoint my daughter, Patsy Arline Martin Cantrell, to be the Executrix of my will without bond.

ARTICLE IV. I will and devise and bequeath all my property, real, personal, and mixed, and wheresoever situated, to my son, Ray Dotson Martin, and to my daughter, Patsy Arline Martin Cantrell, jointly, share and share alike, per capita and not per stirpes.

ARTICLE V. In the event that both my son, Ray Dotson Martin, and my daughter, Patsy Arline Martin Cantrell, shall predecease me or die at or about the same time as I, then I will and devise and bequeath all my property, real, personal and mixed, and wheresoever situated, to the children of my said daughter, Patsy Arline Martin Cantrell, namely, to Kimberley Sanders, Ricky Sanders, Ronnie Cantrell, and Robbie Cantrell, per capita and not per stirpes. I make no provision for any other children of my deceased children otherwise. In this connection and in this event I appoint First Tennessee Bank of Whites Creek, Tennessee, to be Executor of my will without bond.

ARTICLE VI. As of the date of the execution of this my last will and testament, I am a widower and therefore have no need to make provision for a surviving spouse. I am presently the sole owner of my home and acreage known as 3037 Morgan Road, Joelton, Tennessee 37080.

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IN TESTIMONY WHEREOF, I have hereunto subscribed my name to this my last will and testament, consisting of this and two preceding typewritten pages, and for the purpose of identification I have initialed each such page, all in the presence of the persons witnessing it at my request on this 13 day of December, 1984, at Joelton, Davidson County, Tennessee.

Ezra Dotson Martin

EZRA DOTSON MARTIN

The foregoing instrument, consisting of this and two preceding typewritten pages, was signed, sealed, published and declared by Ezra Dotson Martin, 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, this ___ day of December, 1984, at Joelton, Davidson County, Tennessee.

Mattie L. Martin RESIDING AT 140 52 South Ct.
Nashville TN 37207

Bonnie Sue Williams RESIDING AT 7560 White Creek Pk.
Joelton TN 37080

STATE OF TENNESSEE, DAVIDSON COUNTY

I Richard R. Rooker, Clerk of the Probate Court of Davidson County, State aforesaid, do certify that the foregoing is a full, true and complete copy of the original on file in my office. Book 214 Page 113

Given under my hand and official seal, at office, Nashville, this 14th day of [illegible] 98

RICHARD R. ROOKER, CLERK

[illegible] Deputy Clerk

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THREE OF MY WILL E D M

BOOK 10925 PG 776

AFFIDAVIT OF WITNESSES TO PROVE WILL

The undersigned, after being duly sworn according to law, depose and say:

1. That they are adult citizens of Davidson County, Tennessee.

2. That they witnessed the execution of the Last Will and Testament of Ezra Dotson Martin, dated December 13, 1984, to which this affidavit is attached, and that this affidavit is being made at the request of the Testator, and in accordance with Tennessee Code Annotated § 32-2-110.

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 Testator and in his presence, and in the presence of each other, at the place and on the date recited in said Last Will and Testament.

4. That the Testator signed said paper writing as and for his Last Will and Testament in their sight and presence.

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

Martha S. Hunter
NAME OF WITNESS

Bonnie Sue Williams
NAME OF WITNESS

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Subscribed and sworn to before me this 13 day of December, 1984.

Emilie Lee Bandy
NOTARY PUBLIC

My commission expires 1-18-87

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5493 05/11 01:01 CHECK 20.0

PICK-UP

98 MAY 11 PM 1:30

04362222

IDENTIFICATION REFERENCE

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.

JUN 20 1994

BOOK 10925 PG 777

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 1902795

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT: For use by physician or institution

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): RAY DOTSON MARTIN
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): 05-24-1994
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-5288
5a. AGE - LAST BIRTHDAY (Years): 67
6. DATE OF BIRTH: 01-11-1927
7. BIRTHPLACE (City and State or Foreign Country): PLEASANT SHADE: TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): RESIDENCE; 3037 MORGAN ROAD
9c. CITY, TOWN, OR LOCATION OF DEATH: JOELTON
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): MARRIED
11. SURVIVING SPOUSE (If wife give maiden name): RUTH MYERS
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): PAINTER
12b. KIND OF BUSINESS/INDUSTRY: SELF EMPLOYED
13a. RESIDENCE - STATE: TN
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: JOELTON
13d. STREET AND NUMBER OR RURAL LOCATION: 3037 MORGAN ROAD
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.) [ ] 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): 8; College (1-4 or 5+): 0

PARENTS

17. FATHER'S NAME (First, Middle, Last): EZRA DOTSON MARTIN
18. MOTHER'S NAME (First, Middle, Maiden Surname): GOLDIE ELIZABETH LAWSON

INFORMANT

19a. INFORMANT'S NAME (Type/Print): RUTH MARTIN
19b. RELATIONSHIP TO DECEASED: WIFE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3037 MORGAN ROAD, JOELTON, TN 37080

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): FOREST LAWN CEMETERY
20c. LOCATION—City or Town, State: GOODLETTSVILLE: TN
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, JOELTON, TN 37080
22b. LICENSE NUMBER OF FUNERAL HOME: 193

REGISTRAR

23. REGISTRAR'S SIGNATURE: Patricia Sauel
24. DATE FILED (Month, Day, Year): June 7, 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: Michael S. Kiser MD
25b. LICENSE NUMBER: M0010614
25c. DATE SIGNED (Month, Day, Year): 6/2/94
25a. 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. Prostate cancer Metastatic — DUE TO (OR AS A CONSEQUENCE OF): — 2 years

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

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