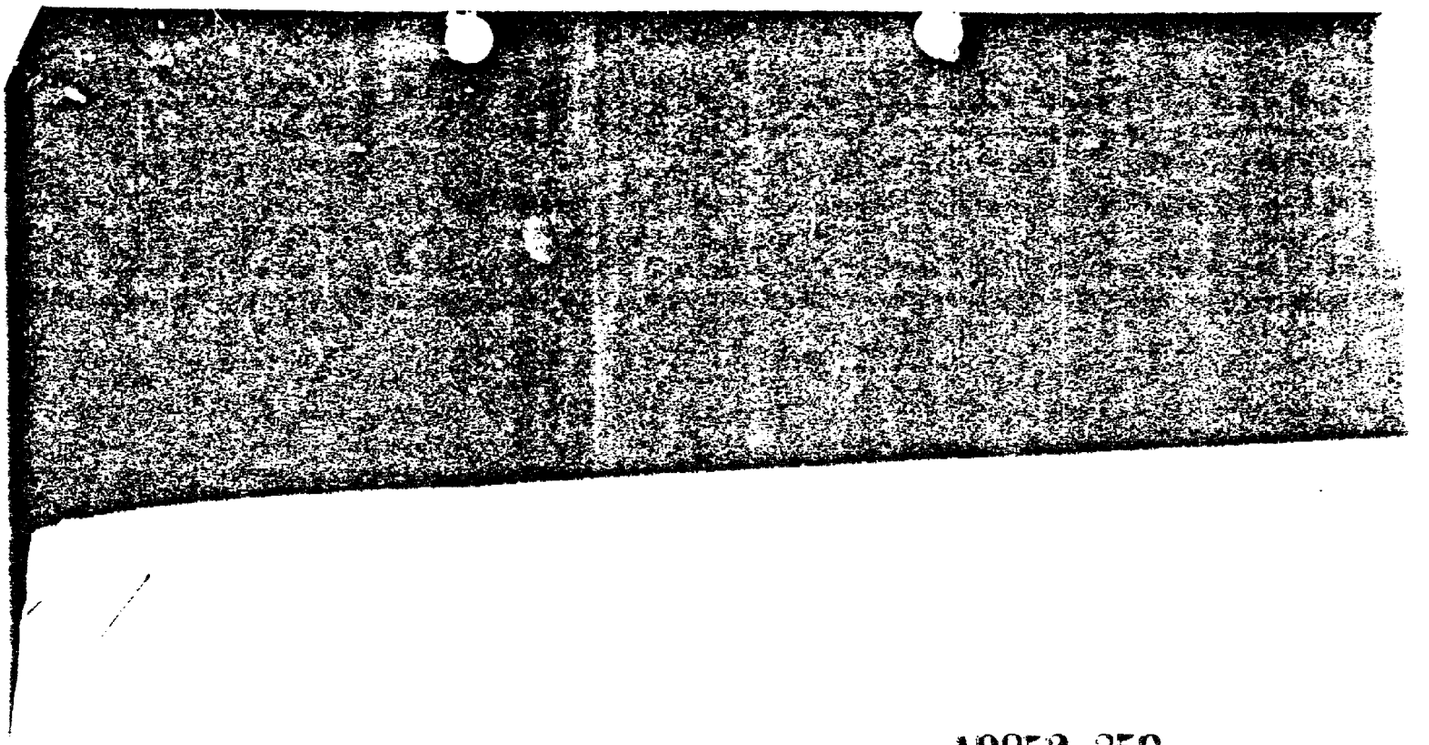


BOOK 10952 PAGE 250

map 132 - 2
PARCEL 18

LAST WILL AND TESTEMENT

I JOSEPH L. DOTSON, BEING OF SOUND MIND, DO HEREBY DECLARE THIS TO BE MY LAST WILL AND TESTEMENT. UPON MY DEATH AND BEQUEATH ALL OF MY PROPERTY, BOTH REAL AND PERSONAL, WHEREVER SITUATED, TO MY WIFE, MARY C. DOTSON. IF THE SAID MARY C. DOTSON SHALL PRECEDE ME. I HEREBY DESIRE AND BEQUEATH ALL OF MY PROPERTY, BOTH REAL AND PERSONAL, TO MY SON, RANDALL K. DOTSON.

I HEREBY APPOINT MY SON, THE SAID RANDALL K. DOTSON, AS THE EXECUTOR OF MY ESTATE, TO SERVE WITHOUT BOND.

I HEREBY EXECUTE THIS, MY LAST WILL AND TESTAMENT, THIS 6 DAY OF AUGUST, 1993.

Joseph K. Dotson
JOSEPH K. DOTSON

3339 05/29 0101 03CHECK 20.00

Faye C. Feldman
WITNESS

Sandra D. Rawls
WITNESS

MAIL ENV.

04436619
IDENTIF. # REFERENCE

98 MAY 29 PM 3:55

RECORDER
DAVIDSON COUNTY, TN.

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

WILL AFFIDAVIT

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

BOOK 10952 PG 251

I/We, Faye Federman,

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 Joseph K. Dotson, deceased.

2. That on the 6th day of August, 19 93, I/we, the undersigned, on request, witnessed the decedent sign his/her Last Will and Testament.

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

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

Further Affiant(s) saith not.

Affiant Signature(s): Faye Federman

Sworn to and subscribed, before me, this 27 day of December, 19 94.

STUART JONES NOTARY AT LARGE STATE OF TENNESSEE

NOTARY PUBLIC

My Commission Expires Sept 26, 1998
Commission Expiration Date

WILL AFFIDAVIT

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

BOOK 10952 PG 252

I/We, Sandra G. Rawls,

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 Joseph K. Dotson, deceased.

2. That on the 6th day of August, 1993, I/we, the undersigned, on request, witnessed the decedent sign his/her Last Will and Testament.

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

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

Further Affiant(s) saith not.

Affiant Signature(s): Sandra G. Rawls

Sworn to and subscribed, before me, this 27 day of December, 1994.

STUART JONES NOTARY AT LARGE STATE OF TENNESSEE

NOTARY PUBLIC

My Commission Expires Sept 26, 1998

: Commission Expiration Date

BOOK 10952 PG 253

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. Will Book 195 Page 121

Given under my hand and official seal, at office, in Nashville, this 28 of August, 1998.

RICHARD R. ROOKER, CLERK

By Lynn Randall
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.

Linda S. Wadley, M.D.

BOOK 10952 PG 254

1307001

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

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

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): MARY ESTELLE DOTSON
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): August 5, 1993
4. SOCIAL SECURITY NUMBER (of Decedent): [redacted]-0207
5a. AGE – LAST BIRTHDAY (Years): 72
6. DATE OF BIRTH: Mar. 11, 1921
7. BIRTHPLACE (City and State or Foreign Country): ROBERTSON COUNTY, TENNESSEE
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ Yes 2 ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 ☐ 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): 4029 CRESTRIDGE
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): JOSEPH KNOX DOTSON
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): HOMEMAKER
12b. KIND OF BUSINESS/INDUSTRY:
13a. RESIDENCE – STATE: TN
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 4029 CRESTRIDGE
CENSUS TRACT: 5
13e. INSIDE CITY LIMITS? 1 ☒ Yes 2 ☐ No
13f. ZIP CODE: 37204
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes 0 ☒ 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+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): MILTON FLETCHER COMEA
18. MOTHER'S NAME (First, Middle, Maiden Surname): LORENE WOODARD

INFORMANT

18a. INFORMANT'S NAME (Type/Print): MR. RANDALL DOTSON
18b. RELATIONSHIP TO DECEASED: SON
18c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4029 CRESTRIDGE, NASHVILLE, TN 37204

DISPOSITION

20a. METHOD OF DISPOSITION: 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☒ Other (Specify): Entombment
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): WOODLAWN SOUTH MAUSOLEUM
20c. LOCATION—City or Town, State: NASHVILLE, TENNESSEE
21a. SIGNATURE OF FUNERAL DIRECTOR: Joseph Moore
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 6039
21c. SIGNATURE OF EMBALMER: Don Dupwe
21d. LICENSE NUMBER OF EMBALMER: 3374
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODLAWN FUNERAL HOME 660 THOMPSON LANE, NASHVILLE, TN 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR'S SIGNATURE: Maurna H. Biggerstaff
24. DATE FILED (Month, Day, Year): August 10, 1993

CERTIFIER

PHYSICIAN – To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner(s) stated.

25a. 1 ☐ SIGNATURE AND TITLE OF PHYSICIAN:
25b. LICENSE NUMBER: MD 42794
25c. DATE SIGNED (Month, Day, Year): 8/5/93

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(s) stated.

26a. 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

See instructions on other side.

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. Widely metastatic breast carcinoma
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:
b. DUE TO (OR AS A CONSEQUENCE OF):
c. DUE TO (OR AS A CONSEQUENCE OF):
d.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

28a. WAS AN AUTOPSY PERFORMED? 1 ☐ Yes 2 ☐ No
29a. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ Yes 2 ☐ No

30. MANNER OF DEATH: 1 ☐ Natural 6 ☐ 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):

ORIGINAL

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