Last Will and Testament

OF

RUTH NEAL McINTURFF ABERNATHY BOOK 10956 PG 665

I, RUTH NEAL McInturff ABERNATHY, of 1421 Benjamin Avenue, Nashville, Davidson County, Tennessee, 37206, make and publish this as my Last Will and Testament, hereby revoking any and all former Testaments, Wills and Codiciles by me at any time made.

ITEM 1. I direct that all my just debts, funeral expenses, estate expenses and taxes be paid by my Executor or Executrix, hereinafter named and appointed, out of the first monies which may come into their hands in the said office.

ITEM 11. I Will, Give, Devise and Bequeath all my real property, two duplexes located at 1421 Benjamin Avenue, and 1208 Chester Avenue, Nashville, Davidson County, Tennessee, as well as all my personal property, whether owned by me at this date or acquired by me at a subsequent date, owned wholly by me or in part, to my son, Bailey Neal Abernathy, of 1421 Benjamin Avenue, Nashville, Tennessee.

ITEM 111. In the event my son, Bailey Neal Abernathy, and I should meet with a common disaster, in which or as the result of, we both should become deceased at the same time or as the result of the same disaster, it is my desire that my estate divest in my grand daughter, Mrs. Leeann Abernathy Friton.

ITEM 1V. I nominate and appoint my son, Bailey Neal Abernathy, as the executor of this My Last Will and Testament, and request that he not be required to make bond to serve in this office.

ITEM V. In the event my son, Bailey Neal Abernathy, should predecease me, or for any reason be unable or refuse to act as the Executor of my estate, it is then my desire that my grand daughter, Mrs. Leeann Abernathy Friton, serve as the executrix of my estate and that she be allowed to serve in this capacity without bond.

Ruth Neal McInturff Abernathy

Ruth Neal McInturff Abernathy

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IDENTIFICATION REFERENCE

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DAVIDSON COUNTY, TN.

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BOOK 10956 PG 666

ITEM VI. In so nominating my son, Bailey Neal Abernathy, or as an alternate my grand daughter, Mrs. Leeann Abernathy Friton, as heretofore set out; I forbid either of them to allow my grand daughter's husband, John Friton, to share or otherwise participate in my estate.

In witness whereof I have hereto set my hand to the foregoing Will and Testament on this the 9th day of September, 1977.

Ruth Neal McInturff Abernathy
Ruth Neal McInturff Abernathy

The foregoing instrument was signed and published by the Testatrix, Ruth Neal McInturff Abernathy, as her Last Will and Testament in our presence and we in her presence and at her request and in the presence of each other, have subscribed our names hereto as attesting witnesses.

This the 9th day of September, 1977.

Beatrice Stockdale
Witness

917 Gallatin Road
Nashville, Tn 37206
Address

Witness

"
Address

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

BOOK 10956 PG 667

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.

980334

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

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): Ruth Neal Abernathy
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): January 25, 1998
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-3896
5a. AGE - LAST BIRTHDAY (Years): 89
5b. UNDER 1 YEAR - MOS / DAYS
5c. UNDER 1 DAY - HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): Dec. 31, 1908
7. BIRTHPLACE (City and State or Foreign Country): Davidson Co., Tennessee
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): Nashville Memorial Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Madison
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name):
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: Domestic
13a. RESIDENCE - STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1421 Benjamin
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37206
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): 11; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): J. C. McInturff
18. MOTHER'S NAME (First, Middle, Maiden Surname): Robinette Drane

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Leeann Bailey
19b. RELATIONSHIP TO DECEASED: Granddaughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1013 East Lake Ct. Nashville, TN 37214

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): Spring Hill Cemetery
20c. LOCATION - City or Town, State: Nashville, TN 37216
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Frank A. Burns
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4448
21c. SIGNATURE OF EMBALMER: ▶ Frank A. Burns
21d. LICENSE NUMBER OF EMBALMER: 4907
22a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Company 2707 Gallatin Road, Nashville, TN 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 331

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Marshon R. Agee
24. DATE FILED (Month, Day, Year): January 27, 1998

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: ▶ P. Vasudev
25b. LICENSE NUMBER: MD 11449
25c. DATE SIGNED (Month, Day, Year): 1/23/98
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): P. B. VASUDEV M D, Suite G 201, 610, Due West Ave, Madison TN 37115.

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.	Cardiac Arrest	40 min
DUE TO (OR AS A CONSEQUENCE OF): b.	Respiratory Failure	5 weeks
DUE TO (OR AS A CONSEQUENCE OF): c.	Esophageal Perforation	5 wks.
DUE TO (OR AS A CONSEQUENCE OF): d.	Stricture of Esophagus	8 years

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

SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
Gastroesophageal Reflux 7-8yr

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 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-1559
REV. 1/89

RECORDERS MEMO
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Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

BOOK 10956 PG 668

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This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

9601765

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

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): Bailey Neal Abernathy
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): April 6, 1996
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-2886
5a. AGE - LAST BIRTHDAY (Years): 68
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 24 HOURS: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): Feb. 22, 1928
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
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): 1421 Benjamin Street
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):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Boot Maker
12b. KIND OF BUSINESS/INDUSTRY: Blue Bell Boot Co.
13a. RESIDENCE - STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1421 Benjamin Street
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37206
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): 10; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Jenner Joseph Abernathy, Jr.
18. MOTHER'S NAME (First, Middle, Maiden Surname): Ruth Neal McInturff

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Leeann A. Bailey
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1013 East Lake Court, Nashville, TN 37214

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): Spring Hill Cemetery
20c. LOCATION - City or Town, State: Nashville, TN 37216
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Donald Garrison
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4308
21c. SIGNATURE OF EMBALMER: ▶ Donald Garrison
21d. LICENSE NUMBER OF EMBALMER: 4287
22a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Company, 2707 Gallatin Road, Nashville, TN 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 331

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Ruby Jean Robinson
24. DATE FILED (Month, Day, Year): April 9, 1996

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 E. Kline MD
25b. LICENSE NUMBER: MD0106[illegible]
25c. DATE SIGNED (Month, Day, Year): 4/18/96
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):

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27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print):

SEE INSTRUCTIONS ON OTHER SIDE

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. Renal cell carcinoma. DUE TO (OR AS A CONSEQUENCE OF):	12 Months
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.

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)

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