LAST WILL AND TESTAMENT OF
KATHARINE HAYNES BRYAN

BOOK 10977 PG 252

I, [illegible] Bryan, presently residing at [illegible], [illegible] County, Tennessee, do hereby [illegible] this, my Last Will and Testament, [illegible].

I [illegible] Karl Bryan, my husband, as executor of my estate. I direct that he act without bond and I direct no security to be required of him whatsoever. In the event Karl Bryan is unable or unwilling to serve as executor, I appoint [illegible] Karen Bryan Cate as executor of my estate to act without bond and I direct no security to be required of her whatsoever.

ITEM I. I direct that all debts, just and legal, [illegible] my funeral expenses, and all taxes, both state and federal, be paid out of my estate. Insurance proceeds payable to my estate are not to be used to pay debts, expenses, and taxes.

ITEM II. I hereby give, devise, and bequeath to my husband, Karl Bryan, all of my property, both real, personal, and mixed, in fee simple absolute, provided he survives me.

ITEM III. In the event that my husband, Karl Bryan, predeceases me, I hereby give, devise and bequeath all my property, both real, personal, and mixed (but with the exception of that to be bequeathed in Item IV.) to my [illegible] daughter, Betty Karen Bryan Cate, in fee simple absolute.

ITEM IV. In the event Item III above controls the disposition of my estate, I hereby bequeath five thousand dollars ($5,000.00) together with its accrued interest earned from the date of this will, to my granddaughter, Lisa Kay Cate, to be held in accordance with the trust in Item V. The said five thousand dollars ($5,000.00) together with its accrued interest earned is to be taken from [illegible] savings account, presently in the name of Karl Bryan or Karl Bryan or Brenda Bryan at Fidelity Personal Savings and Loan Association of Nashville, Nashville, Tennessee. Item IV is to be reversed in its entirety and shall not distort, in the event that Lisa Kay Cate [illegible] the age of twenty-two before my death. Any amounts given to her between the ages of eighteen and twenty-two will be in addition to the $5,000.00 bequest.

ITEM V. The five thousand dollars ($5,000.00) together with its accrued interest earned, as specified in Item IV, shall be held in trust for the use and benefit of my grandchild, Lisa Kay Cate. It is my intent that Betty Karen Bryan Cate, trustee, is not required to post bond, no security being required of her whatsoever, and is to act without any requirements of accounting or reporting. Betty Karen Bryan Cate is to serve without compensation. The above named trustee shall have the power to sell or invest the corpus of this trust in whatever manner she deems best in her discretion.

[illegible] Katharine Haynes Bryan

[illegible] Nancy Kaye Cate

[illegible]

0450791
IDENTIF. ↑ REFERENCE

98 JUN 15 PM 1:33
FELIX Z. WILSON II REGISTER
DAVIDSON COUNTY, TN.

PICK-UP

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...trustee ... to distribute the sum of two thousand ... Dollars ($2,000.00) in cash or cash to Miss Kay Coley on ... her ... of twenty, thirty-five, and thirty-eight ... with the entire remaining balance of the corpus of this trust to be distributed to her on her thirty-eighth birthday. ... Kay ... Coley, but ... Mr. Rooker ... the power ... to trustee to further ... her ... .

... day of ... 1990, I hereby subscribe ... and ... this ... my testamentary intent.

SIGNED Katharyn Harris Bryan

Katharyn Harris Bryan

DATE Oct X, 1990

WITNESS Nancy Rider Cooley

ADDRESS 159 Vulco Drive

Hendersonville, Tennessee

WITNESS E. K. Cooley

ADDRESS 107 Old Hickory Blvd

Old Hickory, Tenn.

ATTESTATION CLAUSE

The foregoing instrument was at the date thereof signed, published, and declared by the said Katharyn Harris Bryan as and for her last will and testament in the joint presence of us, who, at her request and in her presence, and in the presence of each other have subscribed our names as witnesses.

SIGNED Nancy Rider Cooley

SIGNED E. K. Cooley

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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 622 Page 622

Given under my hand and official seal, at office in Nashville, this 15 day of June 1998.

RICHARD R. ROOKER, CLERK

By Mac Hack
Deputy Clerk

AUTO

105 06/15 0101 01CASH 12.00

BOOK 10977 PG 254

STATE OF TENNESSEE
CORDELL HULL BUILDING
DEPARTMENT OF HEALTH
NASHVILLE, TENNESSEE 37247

I hereby certify the below to be a true and correct copy of the original document on file in this department. Valid ONLY when embossed seal of the Tennessee Department of Health and red imprinted signature of the State Registrar are affixed.

Paula Taylor
Paula Taylor
State Registrar

19041
19094

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

78 037226

BIRTH NO. _____ STATE FILE NO.

1. DECEASED—NAME: First: Karl; Middle: Bryan; Last:
2. DATE OF DEATH (MONTH, DAY, YEAR): 12-18-78
3a. AGE—LAST BIRTHDAY (YEARS): 84
3b. UNDER 1 YEAR: MOS. / DAYS
3c. UNDER 1 DAY: HOURS / MIN.
4. DATE OF BIRTH (MONTH, DAY, YEAR): 1-31-1894
5. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)): White
6. SEX: Male
7. COUNTY OF DEATH: Davidson
7a. CITY, TOWN OR LOCATION: Madison
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
7b. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.): Madison Hospital
7d. IF HOSP. OR INST. INPATIENT, DOA, OR FROM WHAT SOURCE (SPECIFY): Inpatient
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Tennessee
9. CITIZEN OF WHAT COUNTRY: U. S. A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Kathryn Harris
12. SOCIAL SECURITY NUMBER: [redacted] 6395
12a. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE): None
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Power Regulator
13b. KIND OF BUSINESS OR INDUSTRY: Dupont Co.
14. RESIDENCE—STATE: Tennessee
14a. COUNTY: Davidson
14b. CITY, TOWN, OR LOCATION: Madison
14c. STREET AND NUMBER: 220 Peeler Trail
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14f. CENSUS TRACT NO.: 106
15. FATHER—NAME: J. M. Bryan
16. MOTHER—MAIDEN NAME: Hallie Hancock
17. INFORMANT—NAME: Wife
17a. MAILING ADDRESS: Same
18a. METHOD OF DISPOSITION (BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY)): Burial
18b. DATE (MONTH, DAY, YEAR): 12-20-78
18c. CEMETERY OR CREMATORY—NAME: Spring Hill
18d. LOCATION (CITY OR TOWN, STATE): Davidson Co. - Tenn.
19a. FUNERAL DIRECTOR: James McDonald
19b. LICENSE NO.: 60
19c. EMBALMER (SIGNATURE): Larry L Wilson
19d. LICENSE NO.: 3567
19e. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Madison Funeral Home, Madison, Tenn.
21a. REGISTRAR—SIGNATURE: Esther D. Gross
21b. DATE RECEIVED BY LOCAL REGISTRAR: 12-27-78
20. I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED — SIGNATURE: Wendell Wilson — DEGREE: MD
22b. DATE SIGNED (MONTH, DAY, YEAR): 12-21-78
21. 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):
23. INFORMANT—NAME (TYPE OR PRINT): Wendell Wilson, M. D.
24b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 1903 Hadley Ave., Old Hickory, Tennessee

24. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) — INTERVAL BETWEEN ONSET AND DEATH
(a) IMMEDIATE CAUSE: Carcinoma Rt. Lung — 9 mos
(b) DUE TO, OR AS A CONSEQUENCE OF: — 12-21
(c) DUE TO, OR AS A CONSEQUENCE OF:
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a).
25. AUTOPSY (YES OR NO): Yes
26. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (SPECIFY): N/A
27b. DATE OF INJURY (MONTH, DAY, YEAR):
27c. HOUR:
27c. DESCRIBE HOW INJURY OCCURRED:
27d. IF INJURY AT WORK, GIVE INDUSTRY OR ESTABLISHMENT 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):

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[redacted]