97P-1888 April 7, 1977

I, Alice N. Jordan, being of sound mind and body, do hereby declare this to be my last will and testament.

COPY

I leave at my death all my worldly possessions to my two (2) daughters, Barbara Jordan Bradley and Patricia Lynn Jordan, to share equally or to the survivor.

I appoint Barbara Jordan Bradley to serve as my Executrix and to so serve without bond.

Alice N. Jordan

0457787
IDENTIF. & REFERENCE

98 JUL -1 PM 3:21

REGISTER
DAVIDSON COUNTY, TN.

MAIL ENV.

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

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 217 Page 412
Given under my hand and official seal, at office, in Nashville, this 1st of July 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.

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9706155

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

97 044620
STATE FILE NUMBER

E/PRINT IN MANENT CK INK FOR UCTIONS BOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): ALICE MARIE JORDAN
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): 11-17-97
4. SOCIAL SECURITY NUMBER: [redacted]-1828
5a. AGE LAST BIRTHDAY (Years): 69
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 1-29-28
7. BIRTHPLACE (City and State or Foreign Country): NASHVILLE, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [X] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): RICHLAND HEALTHCARE
9c. CITY, TOWN OR LOCATION OF DEATH: NASHVILLE
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): DIVORCED
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): TRANSCRIBER
12b. KIND OF BUSINESS/INDUSTRY: FIREMAN'S FUND INC CO.
13a. RESIDENCE-STATE: TN
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 5500 MEADOW CREST LANE
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37209
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
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): LEONARD MARVIN HAMPTON
18. MOTHER'S NAME (First, Middle, Maiden Surname): SARAH ELIZABETH HAYNES

INFORMANT

19a. INFORMANT'S NAME (Type/Print): BARBARA BRADLEY
19b. RELATIONSHIP TO DECEASED: DAUGHTER
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 409 WESTFIELD DRIVE NASHVILLE, TN 37221

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): MOUNT HOPE CEMETERY
20c. LOCATION - City or Town, State: FRANKLIN, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: KEITH STAPLETON
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3236
21c. SIGNATURE OF EMBALMER: KEITH STAPLETON
21d. LICENSE NUMBER OF EMBALMER: 3612
22a. NAME AND ADDRESS OF FUNERAL HOME: WEST HARPETH FUNERAL HOME 6962 CHARLOTTE PK NASHVILLE, TN 37209
22b. LICENSE NUMBER OF FUNERAL HOME: 1016

REGISTRAR

23. REGISTRAR'S SIGNATURE: Arleen L. Brown
24. DATE FILED (Month, Day, Year): November 18, 1997

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: W. Thomas Lee
25b. LICENSE NUMBER: MD14184
25c. DATE SIGNED (Month, Day, Year): 11/17/97
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)
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

IAN OR MED. EXAMINER EX- G CERTIFICATE COMPLETE AND EDICAL CERTIFI- WITHIN 48

INSTRUCTIONS 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.
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Lung Cancer
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.
Approximate Interval Between Onset and Death: months

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 [ ] 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
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

Received Correction from state 12/11/97 Item 18.

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