7-30-70

LAST WILL AND TESTAMENT

OF

BOOK 11117 PAGE 408

BETTIE B. DAVIS

I, BETTIE B. DAVIS, of Davidson County, Tennessee, do hereby make, publish and declare this as my last will and testament, and I do hereby revoke any and all wills or codicils heretofore made by me.

ITEM FIRST

I direct my executor to pay my just debts, funeral and administration expenses and I direct that the same shall be a general charge against my estate. I further direct that all estate, transfer, inheritance or succession tax or taxes which shall be imposed upon or assessed against my estate or any devise or legacy made hereby or that shall be imposed upon or assessed against any devisee or legatee on account of any devise or legacy made hereby or that shall be assessed by virtue of any property, including insurance, passing outside this will but taxable as a part of my estate shall be paid by my executor as a general charge against my estate.

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ITEM SECOND

If and in the event my husband, DARDEN E. DAVIS, survives me, then all the rest, residue and remainder of my estate,

Bettie B. Davis

real, personal and mixed, including any insurance on my life payable to or collectible by my executor, I hereby give, devise and bequeath to my said husband.

ITEM THIRD

If and in the event my said husband predeceases me or dies simultaneously with me or so closely thereto that the executor cannot determine with any degree of accuracy which of us died first, then I hereby give, devise and bequeath the sum of Five Hundred ($500.00) Dollars to my daughter, BARBARA JUNE DAVIS, and all the rest, residue and remainder of my estate, real, personal and mixed, including any insurance on my life payable to or collectible by my executor, one-half (1/2) to my son, DARDEN E. DAVIS, JR., and one-half (1/2) to my son, WILLIAM H. DAVIS; provided, however, that if either of my said sons have predeceased me, leaving issue surviving me, such issue shall take the share the parent would have taken, if living, per stirpes and not per capita; and provided further that if either of my said sons have predeceased me, without leaving issue surviving me, then the share which would have gone to the son so predeceasing me shall be distributed as a part of the share of my other son.

ITEM FOURTH

I hereby appoint my husband, DARDEN E. DAVIS, as executor of this my last will and testament and in the event of his death, disability or refusal to act, then I hereby

Bettie B Davis

appoint my two sons, DARDEN E. DAVIS, JR., and WILLIAM H. DAVIS, as co-executors of this my last will and testament, and in the event of the death, disability or refusal to act of either of my sons, then I hereby appoint the other as sole executor. I direct that the word "executor" as used herein shall be considered to constitute co-executors or executor, as the case may be. I further direct that the executor shall not be required to give bond as such. BOOK 11117 PAGE 410

IN WITNESS WHEREOF, I have set my hand to this, my last will and testament, consisting of three typewritten pages, this included, on this the 4 day of August, 1970.

Bettie B. Davis

The above instrument, consisting of three typewritten pages, this included, was signed, published and declared by the said BETTIE B. DAVIS as her last will and testament, in the presence of us, who at her request, and in her presence and in the presence of each other have hereunto subscribed our names as witnesses thereto.

Linda Sue Saunders

0489214
REFERENCE

98 SEP 18 AM 10:16
FELIX ... REGISTER
DAVIDSON COUNTY, TN.

PICK-UP

RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING (
PRINTING IN THIS DOCUMENT
UNSATISFACTORY WHEN RECEIVE

Metropolitan Government of Nashville and Davidson County

BOOK 11117 PAGE 411

Bill Boner, Mayor

FREDIA S. WADLEY, M.D.
LOCAL REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY, TN

SEP 21 1989

Fredia S Wadley, M.D

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

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.

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

8904179

1. DECEDENT'S NAME: Bettie Berry Davis
2. SEX: Female
3. DATE OF DEATH: September 5, 1989
4. SOCIAL SECURITY NUMBER: [redacted]-6675
5a. AGE: 79
5d. DATE OF BIRTH: 5-18-1910
7. BIRTHPLACE: Dickson, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? No
9a. PLACE OF DEATH: Inpatient
9b. FACILITY NAME: Edgefield
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS: Married
11. SURVIVING SPOUSE: Darden E. Davis Sr.
12a. DECEDENT'S USUAL OCCUPATION: Owner
12b. KIND OF BUSINESS/INDUSTRY: Davis Nursing Home
13a. RESIDENCE—STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1700 Eastland Ave.
13e. INSIDE CITY LIMITS? Yes
13f. ZIP CODE: 37206
14. WAS DECEDENT OF HISPANIC ORIGIN? No
15. RACE: White
16. DECEDENT'S EDUCATION: 12th
17. FATHER'S NAME: Benjamin Walter Berry
18. MOTHER'S NAME: Mary Kate Shannon
19a. INFORMANT'S NAME: William H. Davis
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS: 5020 Cherrywood Dr. Nashville, Tn. 37211
20a. METHOD OF DISPOSITION: Burial
20b. PLACE OF DISPOSITION: Spring Hill
20c. LOCATION: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Charles E Evans Sr.
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2480
21c. SIGNATURE OF EMBALMER: J Thomas Spain
21d. LICENSE NUMBER OF EMBALMER: 3974
22a. NAME AND ADDRESS OF FUNERAL HOME: Eastland 904 Gallatin Rd. Nashville, Tennessee 37206
22b. LICENSE NUMBER OF FUNERAL HOME: 120
23. REGISTRAR'S SIGNATURE: Mary C Beaterout
24. DATE FILED: Sept 6th 1989
25. CERTIFICATION: Signature and Title of Physician: Robert A. Valosik, M.D.
25b. LICENSE NUMBER: MD011335
25c. DATE SIGNED: 9/10/89
26a. MEDICAL EXAMINER: Signature and Title of Medical Examiner
26b. LICENSE NUMBER
26c. DATE SIGNED
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER): Dr. Robert Valosik 602 Gallatin Rd. Nashville, Tennessee 37206

CAUSE OF DEATH

Part I. Enter the chain of events, diseases, injuries, or complications that directly 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. Hepato-renal Syndrome
DUE TO (OR AS A CONSEQUENCE OF): b. Non-A non-B Hepatitis
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.

28. WAS AN AUTOPSY PERFORMED? No
29. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? No

30. MANNER OF DEATH: Natural
31a. DATE OF INJURY
31b. TIME OF INJURY
31c. INJURY AT WORK? No
31d. DESCRIBE HOW INJURY OCCURRED
31e. PLACE OF INJURY
31f. LOCATION

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