BOOK 11197 PAGE 399

Last Will and Testament

OF

ELSIE RUTH SALYER

I, ELSIE RUTH SALYER, a citizen and resident of Nashville, Davidson County, Tennessee, being of sound and disposing mind and memory, realizing the uncertainty of life and that death is inevitable, do hereby make, publish and declare this as my Last Will and Testament, hereby revoking any and all former Wills, including any Codicils, which I may have heretofore executed.

I.

I will and direct that my Executrix hereinafter named, pay all of my provable debts, including my funeral expenses, as soon as is practicable after my death.

II.

I give, devise and bequeath all of my Estate, real, personal, tangible, intangible or mixed to my daughter, BARBARA SALYER FRITH.

III.

I hereby appoint BARBARA SALYER FRITH, as my Executrix of this My Last Will and direct that she be allowed to serve without bond.

IV.

4954 11/09 0101 03CHECK 18.00

I authorize my Executrix (including any substitute or successor personal representative) in the exercise of a reasonable discretion with respect to all property, real and personal, at any time forming part of my Estate, to exercise any or all the powers set forth in Section 3 of Chapter 110 of the Tennessee General Assembly of 1963, Tennessee Code

PAGE ONE OF MY WILL Elsie R. Salyer

98 NOV -9 PM 3:35
BILL GARNETT REGISTER
DAVIDSON COUNTY, TN.

PICK-UP

0510616

IDENTIFICATION REFERENCE

Annotated §35-50-110, to the extent applicable, all of which provisions and powers are incorporated herein by reference as fully as if copied herein verbatim. These powers (as set out in said statute on the date of the execution of this Will) are granted, notwithstanding that said statute may be amended hereafter or repealed at the time of my death.

IN WITNESS WHEREOF, I, ELSIE RUTH SALYER, the Testatrix, do hereby publish and declare this to be My Last Will and Testament and have hereunto set my hand this 23 day of May, 1994, to this Will consisting of three (3) typewritten pages, each of which bears my signature.

Elsie R. Salyer
TESTATRIX

Signed by the said ELSIE RUTH SALYER, as and for her Last Will and Testament, in the presence of us, the undersigned, who at her request, and in her sight and presence and in the presence of each other, have subscribed our names as attesting witnesses the day and above written.

Angela S. Martin
ADDRESS: 4315 Harding Rd.
Nashville, Tn. 37205

Sheri L. McClure
ADDRESS: Same

MARtha L. Andrews
ADDRESS: Same

WITNESSES' ATTESTATION AND AFFIDAVIT

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

_____ **and** _____

after having been first duly sworn, according to law, make oath that ELSIE RUTH SALYER on the day and date above-written, declared and signified to us that the foregoing instrument was her Last Will and Testament; and she then signed said instrument in our sight and presence; that we, in her sight and presence, and in the sight and presence of each other, then subscribed our names hereto as attesting witnesses; that, at the time of execution, the Testatrix was more than eighteen (18) years of age, of sound mind and disposing memory, and did not appear under any undue influence; and that the undersigned, each being more than eighteen (18) years of age, make and sign the Affidavit at the Testatrix's request on the day and date above-written.

Angela S. Martin

Sheri L. McClure

Martha L. Andrews

Sworn to and subscribed before me

this 23 **day of** May, **1994.**

Angela S. Martin

NOTARY PUBLIC

My Commission Expires: My Commission Expires MAR. 21, 1998

ANGELA S. MARTIN NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENN.

PAGE THREE OF MY WILL Elsie R. Salyer

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

COMMONWEALTH OF VIRGINIA

CERTIFIED COPY OF DEATH RECORD BOOK 11197 PAGE 402

COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS - RICHMOND

COPY A

FOR DIVISION OF VITAL RECORDS

REGISTRATION AREA NUMBER | CERTIFICATE NUMBER | STATE FILE NUMBER

DECEDENT

1. FULL NAME OF DECEDENT: (first) ELSIE (middle) R. (last) SALYER
2. SEX: male ☐ female ☒
3. DATE OF DEATH (mo.) (day) (year): 10-18-1998
4. AGE: 95 years; IF UNDER 1 YEAR: months / days; IF UNDER 1 DAY: hours / minutes
5. DATE OF BIRTH (mo.) (day) (year): 06-12-1903
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? yes ☒ no ☐

PLACE OF DEATH

7. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state): None — DOA ☐ Out Pat. Emer Rm ☐ Inpatient ☐
8. COUNTY OF DEATH (if independent city, leave blank)
9. CITY OR TOWN OF DEATH: Richmond — inside city or town limits? yes ☒ no ☐
10. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH: 3111 Falcon Road

USUAL RESIDENCE OF DECEDENT

11. STATE (OR FOREIGN COUNTRY) OF DECEDENT'S RESIDENCE: Virginia
12. COUNTY OF DECEDENT'S RESIDENCE (if independent city, leave blank)
13. CITY OR TOWN OF RESIDENCE: Richmond — inside city or town limits? yes ☒ no ☐
14. STREET ADDRESS OR RT. NO. OF RESIDENCE: 3111 Falcon Road — ZIP CODE: 23235

PERSONAL DATA OF DECEDENT

15. NAME OF DECEDENT'S FATHER: Samuel Schmutz
16. MAIDEN NAME OF DECEDENT'S MOTHER: DOROTHEA UMSICKER
17. RACE OF DECEDENT: White
18. OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.): no ☒ yes ☐
19. EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12) ____ College (1-4 or 5 +) 2
20. CITIZEN OF WHAT COUNTRY: U.S.A.
21. BIRTHPLACE (state or country): Illinois
22. NEVER MARRIED ☐ DIVORCED ☐ MARRIED ☐ WIDOWED ☒
23. IF MARRIED OR WIDOWED, NAME OF SPOUSE (if divorced leave blank): John R. Salyer
24. SOCIAL SECURITY NUMBER: [redacted]-3907
25. USUAL OR LAST OCCUPATION: Bookkeeper
26. KIND OF BUSINESS OR INDUSTRY: Industry
27. INFORMANT - OR SOURCE OF INFORMATION: Family

CAUSE OF DEATH

TO PHYSICIAN:

Complete and sign medical certification (item 28) and return both copies to funeral director as soon as possible after determination of cause.

NOTE: If "Pending" must be indicated, so state in part 1 and notify registrar of final decision as soon as possible.

MEDICAL CERTIFICATION

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) CARDIAC ARREST — 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) HYPERTENSION — DUE TO (OR AS A CONSEQUENCE OF):

(C)

INTERVAL BETWEEN ONSET AND DEATH

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

28a. AUTOPSY? AUTHORIZED BY: yes ☐ no ☒

28b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes ☐ no ☐ unknown ☐

28c. IF EXTERNAL CAUSE, IT WAS PRIMARY ☐ or CONTRIBUTING ☐ TO CAUSE OF DEATH

28d. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED

28e. TIME OF INJURY (mo.) (day) (year) A.M. P.M.

28f. INJURY OCCURRED while at work ☐ not while at work ☐

28g. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.)

28h. (city or town) (county) (state)

28i. To the best of my knowledge, death occurred at PATIENT'S HOME ON 10/18/98 1:45 A.M. (a.m.) (p.m.) on the date and place and from the cause(s) stated.

ACTUAL SIGNATURE ▶ [signature] MD — DATE SIGNED 10/20/98

NAME OF ATTENDING PHYSICIAN (Type or Print): RUMA ADAMS MD FOR SEEMA GADIWALLA — ADDRESS OF ATTENDING PHYSICIAN: 9800 STONY POINT PKWY, RICHMOND VA 23235

FUNERAL DIRECTOR

29. BURIAL ☐ REMOVAL ☐ CREMATION ☒

30. PLACE OF BURIAL, REMOVAL, ETC. (name of cemetery or crematory) CREMATION SOCIETY OF VIRGINIA (city or county) (state)

31. (Signature of funeral director or person acting) ▶ [signature] — NAME OF FUNERAL HOME AND ADDRESS: ~~Cremation Society Of Va.~~ Richmond, Va. 23228

REGISTRAR

32. (signature of registrar) ▶ [signature] — DATE RECORD FILED: 10-21-98

RESERVED FOR REGISTRAR'S USE

MARGIN RESERVED FOR BINDING

IMPORTANT: Use black ribbon in typewriter or print legibly with ball point pen having black unfading ink. This is a permanent record and subject to reproduction by microfilm and other photographic process.

VS 2 1/99

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT REPRODUCTION OF THE ORIGINAL RECORD FILED WITH THE RICHMOND CITY DEPARTMENT OF HEALTH, RICHMOND, VIRGINIA.

DATE ISSUED 10/21/98

[signature]
REGISTRAR OR DEPUTY

ANY REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY STATUTE. DO NOT ACCEPT UNLESS IT BEARS THE IMPRESSED SEAL OF THE RICHMOND CITY DEPARTMENT OF HEALTH, CLEARLY AFFIXED.
SECTION 32.1-272

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