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0513583

IDENTIF. & REFERENCE
PICK-UP
98 NOV 17 AM 11:23
BILL GARRETT REGISTER
DAVIDSON COUNTY, TN.

LAST WILL AND TESTAMENT
OF

BE IT KNOWN, that I, Nancy A. Douglas, a resident of Nashville, County of Davidson, in the State of Tennessee, being of sound mind, do make and declare this to be my Last Will and Testament expressly revoking all my prior Wills and Codicils at any time made.

I. EXECUTOR:

I appoint Melody R. Stephens of Nashville Tennessee, as Executor of this my Last Will and Testament and provide if this Executor is unable or unwilling to serve then I appoint Dolly A. Tate of Clarksville, Tennessee, as alternate Executor. My Executor shall be authorized to carry out all provisions of this Will and pay my just debts, obligations and funeral expenses. I further provide my Executor shall not be required to post surety bond in this or any other jurisdiction, and direct that no expert appraisal be made of my estate unless required by law.

II. BEQUESTS:

I direct that after payment of all my just debts, my property be bequeathed in the manner following:

I request that my home at 316 Foxglove Drive be left to both my daughters (Melody R. Stephens and Dolly A. Tate) subject to them selling and paying off the mortgage, then the remaining profit should be divided equally between the two.

I request the contents of my home along with personal items be also divided equally between the two daughters.

I request that my automobile be sold and the funds divided equally between Melody R. Stephens and Dolly A. Tate.

I request that any and all life insurance policies be used for my funeral expenses and any amount that would be left over will be equally divided between my two daughters Dolly A. Tate & Melody R. Stephens.

I request that my jewelry be divided between daughters Dolly A. Tate Melody R. Stephens and also Rachel R. Stephens (grandaughter)

I request that any funds in the bank in my name be divided between my two daughters Dolly and Melody

8065 11/17 0101 01CASH 14.00

Nancy A. Douglas
Signature

K107-1
Rev-AZHP

IN WITNESS WHEREOF, I have hereunto set my hand this 24th day of February, 19 96, to this my Last Will and Testament.

Nancy A. Douglas
Signature

III. WITNESSED:

The testator has signed this will at the end and on each other separate page, and has declared or signified in our presence that it is his/her last will and testatment, and in the presence of the testator and each other we have hereunto subscribed our names this 24th day of February, 19 96.

Vicki L. Thompson — Witness Signature
12612 Sparta Pk. Watertown TN. 37184 — Address

Dan Chapman — Witness Signature
1110 Cedarhill Ct. Mt. Juliet Tn 37122 — Address

Anita Mckee — Witness Signature
1346 Pond Creek Rd., Ashland City, TN 37015 — Address

ACKNOWLEDGEMENT

State of Tennessee
County of Davidson }

On 2-24-96 before me,
appeared Nancy A. Douglas
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
WITNESS my hand and official seal.

Signature Regina E. Harris

Affiant X Known ____ Produced ID
Type of ID ____

(Seal)

K107-3

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

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

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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.

9805497

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last): NANCY ANN DOUGLAS				2 SEX: F	3 DATE OF DEATH (Month, Day, Year): OCTOBER 22, 1998
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-5504	5a AGE-LAST BIRTHDAY (Years): 61	5b UNDER 1 YEAR: MOS / DAYS	5c UNDER 1 DAY: HOURS / MIN	6 DATE OF BIRTH (Month Day Year): 8-07-1937	7 BIRTHPLACE (City and State or Foreign Country): NASHVILLE, TENNESSEE
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 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)				
9b FACILITY NAME (If not institution, give street and number): 316 FOXGLOVE DRIVE	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.): HOMEMAKER		12b KIND OF BUSINESS/INDUSTRY: HOME
13a RESIDENCE-STATE: TENNESSEE	13b COUNTY: DAVIDSON	13c CITY, TOWN OR LOCATION: NASHVILLE		13d STREET AND NUMBER OR RURAL LOCATION: 316 FOXGLOVE DRIVE	
CENSUS TRACT	13e INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No	13f ZIP CODE: 37211	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): WILLIAM EDWARD MORTON			18. MOTHER'S NAME (First, Middle, Maiden Surname): NELLIE LOUISE CLEMENTS MORTON	
INFORMANT	19a. INFORMANT'S NAME (Type/Print): MELODY STEPHENS		19b. RELATIONSHIP TO DECEASED: DAUGHTER	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 309 ORIEL AVENUE NASHVILLE, TENNESSEE 37210	
DISPOSITION	20a. METHOD OF DISPOSITION: 1 [XX] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): COTHRAN CEMETERY	20c. LOCATION-City or Town, State: ROVER, TENNESSEE	
	21a. SIGNATURE OF FUNERAL DIRECTOR: RODNEY WELLS	21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3883	21c. SIGNATURE OF EMBALMER: LYNN GAUTHIER	21d. LICENSE NUMBER OF EMBALMER: 4052	
	22a. NAME AND ADDRESS OF FUNERAL HOME: WOODLAWN FUNERAL HOME 660 THOMPSON LANE NASHVILLE, TENNESSEE 37204			22b. LICENSE NUMBER OF FUNERAL HOME: 933	
REGISTRAR	23. REGISTRAR'S SIGNATURE: Mellissa L. Bowen		24. DATE FILED (Month, Day, Year): October 22, 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: Nancy W. Peacock MD		25b LICENSE NUMBER:	25c DATE SIGNED (Month, Day, Year): 10/22/98	
	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: MD27303	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): DR. NANCY PEACOCK, 300 20th AVENUE NORTH #301 NASHVILLE, TENNESSEE 37203				
SEE INSTRUCTIONS ON OTHER SIDE	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
CAUSE OF DEATH	IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Metastatic Breast Cancer				2 years
	DUE TO (OR AS A CONSEQUENCE OF): b.				
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: 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 [ ] No	29b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No
	30 MANNER OF DEATH: 1 [X] Natural 5 [ ] Pending Investigation; 2 [ ] Accident; 3 [ ] Suicide 6 [ ] Could not be Determined; 4 [ ] Homicide	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

PH-1639 REV 2-93

RDA 1389

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