LAST WILL AND TESTAMENT

OF

MARGARET RUTH BROWN

I, MARGARET RUTH BROWN, of Nashville, Tennessee, hereby do make, publish and declare this to be my Last Will and Testament, and revoke any and all other Wills and Codicils heretofore executed by me.

FIRST: I direct my Executor, hereinafter named, to pay all my just debts (except such of them as shall be secured by lien on real estate and which shall not have become due and payable before my death) and funeral expenses as soon after my death as practical.

SECOND: I give, devise and bequeath all the rest, residue and remainder of my property, real and personal or mixed, and wheresoever situated, whereof I may die seized or possessed, or to which I or my estate may be in any manner or to any extent entitled, or to which I may have any power of appointment, to my beloved husband, BENJAMIN HORACE BROWN, absolutely.

THIRD: In the event, however, that my said husband shall not be living at the time of my death, then I give, devise and bequeath all of my said property, real and personal or mixed, and wheresoever situated, whereof I may die seized or possessed, or to which I or my estate may be in any manner or to any extent entitled, or to which I may have any power of appointment, to my children, BENJAMIN HORACE BROWN, Jr. and DOROTHY LEMMA LEACH, share and share alike, provided, however, that if either of them be not living at the time of my death, then the share of such deceased child shall go to my surviving child.

FOURTH: I hereby nominate and appoint my son BENJAMIN HORACE BROWN, Jr., as Executor of this, my Last Will and Testament.

Margaret Ruth Brown 11/9/74

I further direct that my said Executor shall not be required to furnish bond or surety to secure the faithful performance of the duties of such Executor, or any bond or security under any law now or hereafter in force requiring bond or security in the case of sale or mortgage of any property, real, personal, and mixed.

FIFTH: In the event my said son shall not be living or for any reason is unable or unwilling to act as Executor, at the time of my death, then I nominate and appoint my daughter, DOROTHY LEMMA LEACH as Successor Executor of this, my Last Will and Testament. I further direct that my said Successor Executor shall not be required to furnish bond or surety to secure the faithful performance of the duties of such Successor Executor, or any bond or security under any law now or hereafter in force requiring bond or security in the case of sale or mortgage of any property, real, personal and mixed.

SIXTH: I give unto my said Executor, or Successor Executor, as the case may be, full power and authority, without any order of Court, to file joint income or gift tax returns without incurring any personal liability whatsoever for so doing, any and all such personal liability being hereby waived; to borrow money and give security therefor; to sell, mortgage, pledge, exchange or otherwise deal with or dispose of the property, real or personal, comprising my estate, upon such terms as he or she shall deem best, herewith giving full power to said Executor, or Successor Executor, as the case may be, to sell realty without order of the Probate Court and without bond; to retain, without liability for loss or depreciation resulting from such retention, original property, real or personal, for such time as the Executor, or Successor Executor, as the case may be, shall deem best, although such property may not be of the character prescribed by law; to liquidate, to operate or to participate in the operation of any business owned in whole or in part by me at the time of my death, for such period of time as may be deemed advisable without order of Court.

SEVENTH: If it cannot be determined whether my husband and I died otherwise than simultaneously, for all purposes of this instrument it shall be conclusively presumed that my husband predeceased me.

Margaret Rita Brown 11/9/79

IN WITNESS WHEREOF, I have set my hand and seal to this, my Last Will and Testament, consisting of three (3) typewritten pages, this page included, on the left-hand margin of which I have written my signature for greater security and better identification this 7 day of November, 1974.

Margaret Ruth Brown

The undersigned hereby certify that the foregoing instrument was on the date set forth immediately above, signed, sealed, published and declared by the Testator as and for her Last Will and Testament in our presence, who, at her request and in her presence and in the presence of each other, have hereunto subscribed our names below as witnesses thereto, believing the Testator at the time of the signing to be of sound and disposing mind and memory.

Martha Jean Daniel residing at 430 Cornish Dr. Nashville, Tenn.

Gloria Jean Baker residing at Knight Rd. Whites Creek, Tenn.

Jean L. Daniel residing at 430 Cornish Dr. Nashville, Tenn

Margaret Ruth Brown 11/9/74

98 DEC -4 PM 2:30
BILL GARRETT REGISTER
DAVIDSON COUNTY, TN.
IDENTIF. & REFERENCE
052012
5974 12/04 0101 03CHECK - 18.00

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.

MAR 31 1995

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

Linda L Wadley MD
LOCAL REGISTRAR

BOOK 11237 PAGE 900

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT: For use by physician or examiner

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Margaret Ruth Brown
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): March 15, 1995
4. SOCIAL SECURITY NUMBER: [redacted] 5073
5a. AGE – LAST BIRTHDAY (Years): 83
6. DATE OF BIRTH: Sept. 12, 1911
7. BIRTHPLACE (City and State or Foreign Country): Rutherford Co., Tenn.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ Yes 2 ☒ No
5b. PLACE OF DEATH (Check only one): HOSPITAL 1 ☒ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA; OTHER 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify)
5c. FACILITY NAME (If not institution, give street and number): Centennial Medical Center
5d. CITY, TOWN, OR LOCATION OF DEATH: Nashville
5e. COUNTY OF DEATH: Davidson
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Benjamin H. Brown, Sr.
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:
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN, OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2516 Sunset Place
CENSUS TRACT: 4
13e. INSIDE CITY LIMITS? 1 ☒ Yes 2 ☐ No
13f. ZIP CODE: 37212
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☒ 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): James W. Thomas
18. MOTHER'S NAME (First, Middle, Maiden Surname): Lenotra Hale

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Dorothy Beamer
19b. RELATIONSHIP TO DECEASED: dtr
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 7148 Lake View Court, Brentwood, Tn 37027

DISPOSITION

20a. METHOD OF DISPOSITION: 1 ☒ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Williams Cemetery
20c. LOCATION—City or Town, State: White Bluff, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Bobby C. Compton — BOBBY C. COMPTON
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2927
21c. SIGNATURE OF EMBALMER: Don Dupree
21d. LICENSE NUMBER OF EMBALMER: 3374
22a. NAME AND ADDRESS OF FUNERAL HOME: Roesch Patton Austin Bracey & Charlton, Nashville, Tn.
22b. LICENSE NUMBER OF FUNERAL HOME: 121

REGISTRAR

23. REGISTRAR'S SIGNATURE: Marsha H. Jones
24. DATE FILED (Month, Day, Year): March 31 1995

CERTIFIER

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.
25a. 1 ☒ SIGNATURE AND TITLE OF PHYSICIAN: A R Anderson M D
25b. LICENSE NUMBER: 875
25c. DATE SIGNED (Month, Day, Year): 3/27/95
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.
26a. 2 ☐ SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER:
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. Arthur Anderson, 1911 Glen Echo Road, Nashville, T N 37215

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. (Approximate Interval Between Onset and Death)

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Acute Cardiopulmonary 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. TUMOR of Brain / Frontal Meningioma, Normal Press. Hydrocephalus
DUE TO (OR AS A CONSEQUENCE OF):
c. Diabetes Mellitus
DUE TO (OR AS A CONSEQUENCE OF):
d. Hypothyroidism

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

HASCVD & CHF, dysrhythmia & pacemaker
Dementia c ORGANIC MENTAL Syndrome

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.

PH-1859
REV 2-93

RDA 1389

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