BOOK 11399 PG. 655

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RECORDED

Last Will and Testament

OF

REBECCA JANE PATTERSON

I, REBECCA JANE PATTERSON, domiciled in Davidson County, Tennessee, do make, publish and declare this to be my Last Will and Testament, hereby revoking all wills and codicils at anytime heretofore made by me.

ARTICLE I

I direct that all of my just debts, my funeral expenses and the costs of administration of my estate be paid as soon as practicable after my death. My Executor in his sole discretion, may pay from my domiciliary estate all or any portion of the costs of ancillary administration and similar proceedings in other jurisdictions.

ARTICLE II

All the rest, residue and remainder of the property which I may own at the time of my death, real, personal, and mixed, tangible and intangible, of whatsoever nature and wheresoever situated, including all property which I may acquire or become entitled to after the execution of this Will, including all lapsed legacies and devises and all life insurance payable to my estate (but excluding any property over or concerning which I may have any power of appointment), I bequeath and devise in fee to my husband, Floyd Patterson. If my said husband, Floyd Patterson, shall not survive me, then I bequeath and devise the said property in fee to my daughter, Vernon I. Bottoms, in fee, per stirpes.

ARTICLE III

1997 03/25 0131 01CASH 20.00

If my husband, Floyd Patterson, and I shall die under such circumstances that there is not sufficient evidence to determine the order of our deaths, or if he shall die within a period of six (6) months after the date of my death, then all bequests, devises and provisions made under this will to or for his benefit shall be administered, in all respects, as though my said husband, Floyd Patterson, had not survived me.

Rebecca Jane Patterson
Rebecca Jane Patterson

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ARTICLE IV

I hereby appoint my husband, Floyd Patterson, as Executor of this my Last Will and Testament, or in the event he predeceases me or cannot serve, I appoint my daughter, Vernon I. Bottoms, as Executrix. I authorize my Executor (or Executrix) to do any and all things which in his (or her) sole opinion are necessary to complete the administration and settlement of my estate. I expressly give my said Executor (or Executrix) power to convey land and grant title within the terms of this Will. I further direct that no security be required of my Executor (or Executrix) hereof upon his (or her) qualification.

IN WITNESS WHEREOF, I have hereunto subscribed my name on this 23 day of January, 1986, at Nashville, Tennessee.

Rebecca Jane Patterson
REBECCA JANE PATTERSON

The foregoing instrument consisting of two (2) typewritten pages was, at the date thereof, signed, published, and declared by the said REBECCA JANE PATTERSON, as and for her Last Will and Testament in our presence, and we, the undersigned, at her request, and in her presence, and in the presence of each other, have subscribed our signatures as witnesses, this attestation clause having been read by us and we having noted that the events herein enumerated took place as stated.

Sally H. Wingler — Rt. 5 5791 Cane Ridge Rd Antioch Tenn 37013
WITNESS — ADDRESS

Brenda R. Wingler — 5799 Cane Ridge Rd. Antioch, Tn 37013
WITNESS — ADDRESS

Rebecca Jane Patterson

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AFFIDAVIT

STATE OF TENNESSEE]
] s. s.
COUNTY OF DAVIDSON]

BOOK 11399 PG. 657

The undersigned, after first being duly sworn according to law, depose and say:

1. That they are adult citizens of the State of Tennessee.

2. That they witnessed the execution of the Last Will and Testament of REBECCA JANE PATTERSON, dated the 23 day of January, 1986, to which this affidavit is attached, and that this affidavit is being made at the request of the Testatrix, and in accordance with Tennessee Code Annotated, § 32-2-110.

3. That their signatures are affixed to said Last Will and Testament, that they signed or affixed same at the instance and at the request of the Testatrix and in her presence and in the presence of each other, at the place and on the date recited in said Last Will and Testament.

4. That the Testatrix signed said paper writing as and for her Last Will and Testament in their sight and presence.

5. That at the time they witnessed said Will, the Testatrix was, in their opinion, of sound mind.

Sally M. Wingler
WITNESS

Brenda R. Wingler
WITNESS

Subscribed and sworn to before me
this 23 day of January, 1986.

NOTARY PUBLIC

My Commission Expires: 1-10-89

NOTARY PUBLIC

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.

BOOK 11399 PG. 658

99011

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 institution

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last)	2. SEX	3. DATE OF DEATH (Month, Day, Year)
REBECCA JANE PATTERSON	FEMALE	01/05/1999

4. SOCIAL SECURITY NUMBER	5a. AGE LAST BIRTHDAY (Years)	5b. UNDER 1 YEAR MOS / DAYS	5c. UNDER 1 DAY HOURS / MIN	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
[redacted]-6552	86			04/13/13	Dekalb Cty., 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 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
3501 Mays St.	Nashville	DAVIDSON

10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify)	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.)	12b. KIND OF BUSINESS/INDUSTRY
Widowed			

13a. RESIDENCE-STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER OR RURAL LOCATION
Tennessee	Davidson	Nashville	3501 Mays street

CENSUS TRACT

13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No — Specify, if yes:	15. RACE-American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)
	37211		White	

PARENTS

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
Marshall Maynard	Ida Smith

INFORMANT

19a. INFORMANT'S NAME (Type/Print)	19b. RELATIONSHIP TO DECEASED	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Vernon Bottoms	Daughter	3501 Mays Street Nashville, TN 37211

DISPOSITION

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION-City or Town, State
1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)	Woodlawn Memorial Park	Nashville, TN

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER OF FUNERAL DIRECTOR	21c. SIGNATURE OF EMBALMER	21d. LICENSE NUMBER OF EMBALMER
► Rodney Wells	#3883	► Stephen L. McVay	#4976

22a. NAME AND ADDRESS OF FUNERAL HOME	22b. LICENSE NUMBER OF FUNERAL HOME
Woodlawn Funeral Home 660 Thompson Lane Nashville, TN 37204	#933

REGISTRAR

23. REGISTRAR'S SIGNATURE	24. DATE FILED (Month, Day, Year)
► Karen L. Bowen	January 15, 1999

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.

1 [ ] SIGNATURE AND TITLE OF PHYSICIAN ►	25b. LICENSE NUMBER	25c. DATE SIGNED (Month, Day, Year)

26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated.

2 [X] SIGNATURE AND TITLE OF MEDICAL EXAMINER ►	26b. LICENSE NUMBER	26c. DATE SIGNED (Month, Day, Year)
Emily Wofford Ward MD	29481	1/5/1999

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)
Emily W. Ward, M.D.;84 Hermitage Ave;Nashville TN 37210; MEC99-0035

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

SEE INSTRUCTIONS ON 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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Atherosclerotic Cardiovascular Disease	
	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.	

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 [X] No	29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [X] No

30. MANNER OF DEATH	31a. DATE OF INJURY (Month, Day, Year)	31b. TIME OF INJURY	31c. INJURY AT WORK?	31d. DESCRIBE HOW INJURY OCCURRED
1 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined		M	1 [ ] Yes 2 [ ] No	

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-1659
REV. 3-98

RDA 13

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Metropolitan Government of Nashville and Davidson County

Richard H. Fulton, Mayor

J. M. BIGELOW, M.D., REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY

NOV 1986

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.

BOOK 11399 PG. 659

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

6604731

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

BIRTH NO. _____ STATE FILE NO.

TYPE OR PRINT IN PERMANENT BLACK INK.

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS AND INFORMANT

PERMIT REQUIRED PRIOR TO TRANSPORTATION OF BODY BY COMMON CARRIER OR REMOVAL FROM STATE.

DISPOSITION

CERTIFIER

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE. ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

486

CAUSE

1. DECEASED—NAME (First) Floyd	(Middle)	(Last) Patterson	2. DATE OF DEATH (Month, Day, Year) October 10, 1986
3a. AGE—Last Birthday (Years) 78	3b. Under 1 Year: Mos. / Days	3c. Under 1 Day: Hours / Min.	4. DATE OF BIRTH (Month, Day, Year) March 13, 1908
5a. RACE (White, Black, American Indian, etc.) (Specify) Caucasian	5b. ORIGIN OR DESCENT (Italian, Mexican, German, etc.) (Specify) American	6. SEX Male	
7a. COUNTY OF DEATH Davidson	7b. CITY, TOWN OR LOCATION Donelson	7c. INSIDE CITY LIMITS (Specify Yes or No) Yes	7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, specify private residence, business, street, etc.) Donelson Hospital
7e. If Hosp. or Inst., Indicate DOA, Op/Emer. Rm., Inpatient (Specify) Inpatient			
8. STATE OF BIRTH (If not in U.S.A., name country) Tennessee	9. CITIZEN OF WHAT COUNTRY USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Rebecca Maynard
12a. SOCIAL SECURITY NUMBER (If none, specify) [redacted]4079	12b. SERVICE IN ARMED FORCES (Specify Yes or No) N/A	13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder	13b. KIND OF BUSINESS OR INDUSTRY Machine Shop
14a. RESIDENCE—STATE Tennessee	14b. COUNTY Davidson	14c. CITY, TOWN, OR LOCATION Nashville	14d. STREET AND NUMBER 3501 Mays Street
14e. INSIDE CITY LIMITS (Specify Yes or No) Yes	14f. CENSUS TRACT NO.		
15. FATHER—NAME John D. Patterson	16. MOTHER—MAIDEN NAME Ada Nixon	17. INFORMANT—NAME Mrs. Vernon Bottoms	MAILING ADDRESS Same
18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	18b. DATE (Month, Day, Year) Oct. 13, 1986	18c. CEMETERY OR CREMATORY—NAME Woodlawn Memorial Park	LOCATION—CITY OR TOWN, STATE Nashville, Tennessee
19a. FUNERAL DIRECTOR (Signature) Tony W. Jones	19b. LICENSE NO. 3673	19c. EMBALMER (Signature) Gary N. Humphrey	19d. LICENSE NO. 3176
20. FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip) WoodlawnFuneralHome689ThompsonLnNashvilleTn.37204		21a. REGISTRAR—SIGNATURE Estelle D. Groh	21b. DATE RECEIVED BY LOCAL REGISTRAR 10-22-86
22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE		DEGREE M.D.	22b. DATE SIGNED (Month, Day, Year) 10-17-86
23a. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE		TITLE	23b. DATE SIGNED (Month, Day, Year)
24a. CERTIFIER—NAME (Type or Print) O. Jerry Maynard, M. D.		24b. MAILING ADDRESS Street or R.F.D. No. / City or Town / State / ZIP: Nashville, TN.	

25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) — INTERVAL BETWEEN ONSET AND DEATH

(a) IMMEDIATE CAUSE: Pneumonia and Congestive Heart Failure

DUE TO, OR AS A CONSEQUENCE OF:

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST

(b) Chronic Obstructive Pulmonary Disease

DUE TO, OR AS A CONSEQUENCE OF:

(c)

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a). S/P Cerebrovascular Accident — AUTOPSY (YES OR NO) 26.

27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (Specify)	27b. DATE OF INJURY (Month, Day, Year)	27c. HOUR M.	27d. DESCRIBE HOW INJURY OCCURRED
27e. INJURY AT WORK (Specify Yes or No)	27f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify)	27g. LOCATION Street or R.F.D. No. / City or Town / State	

PH-1859
Rev. 9/81 CRC

202-06-002

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