BOOK 11411 PG. 877

Last Will and Testament

MAIL ENV.

99 APR -1 PM 2:04

REGISTER
DAVIDSON COUNTY, TN.

REFERENCE

U56865

JOSEPH SELTON GREGORY

I, JOSEPH SELTON GREGORY, of Old Hickory, Davidson County, Tennessee, being of sound mind and disposing memory, and realizing the uncertainty of life, do hereby make and publish this my last Will and Testament, hereby revoking all wills and codicils thereto by me at any time heretofore made.

ITEM I: I direct that all my just debts and funeral expenses be paid from my estate.

ITEM II: I give, devise and bequeath to my wife, DAISY ELIZABETH GREGORY, absolutely and in fee simple, all property which I own or have the right to dispose of at my decease and which remains after payment of my just debts and funeral expenses, of whatever kind, character and description, real, personal, intangible and mixed, and wherever situated.

ITEM III: In the event my said wife, DAISY ELIZABETH GREGORY, does not survive me, or dies within three (3) days after the date of my death, if her death and mine shall not result from a common accident or within thirty (30) days after my death if her death and mine shall result from a common disaster, then I give, devise and bequeath all property which I own or have the right to dispose of at my death and which remains after payment of my just debts and funeral expenses, of whatever kind, character and description, real, personal, intangible and mixed, and wherever situated to my four children, JOSEPH RAY GREGORY, JAMES EDWARD GREGORY, DAVID WAYNE GREGORY and JANIE ELIZABETH GREGORY, equally each one-fourth (¼).

 Joseph Selton Gregory TESTATOR

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

Last Will and Testament

JOSEPH SELTON GREGORY

BOOK 11411 PG. 875

ITEM IV: I nominate and appoint my wife, DAISY ELIZABETH GREGORY, Executrix of this my Last Will and Testament, and I authorize her to do any and all things which in her sole discretion are necessary to complete the administration and settlement of my estate and I request that she be permitted to serve without bond.

In the event my said wife does not survive me or is unwilling or unable to qualify and act as Executrix of this my Last Will and Testament, then I nominate and appoint my son, JOSEPH RAY GREGORY, Substitute Executor of this my Last Will and Testament, with all the duties, rights, powers, liabilities and privileges heretofore given my said wife as Executrix and I direct that he be permitted to serve without bond.

IN TESTIMONY WHEREOF, I have hereunto set my signature to this my Last Will and Testament, consisting of two (2) pages, including this page, on this the 2 day of ~~December~~ June, 1975.

Joseph Selton Gregory
JOSEPH SELTON GREGORY - TESTATOR

Signed by the said JOSEPH SELTON GREGORY as and for his Last Will and Testament, consisting of two (2) pages, including this page, in the presence of the undersigned, who at his request and in his sight and presence, and in the sight and presence of each other, have subscribed our names as attesting witnesses on the day and date above written.

RECORDERS MEMO
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Lois Linn Jones

A. Phillip Sadler

STATE OF TENNESSEE
Office of Vital Records

BOOK 11411 PG. 879

1999 004923

9910946

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

PRINT
PERMANENT INK
POSITIONS
OF BOOK

DECEDENT

1 DECEDENT'S NAME (First, Middle, Last): JOSEPH RAY GREGORY

2 SEX: M

3 DATE OF DEATH (Month, Day, Year): 2-14-99

4 SOCIAL SECURITY NUMBER (If Deceased): [redacted]-6058

5a AGE-LAST BIRTHDAY (Years): 65

5b UNDER 1 YEAR Mos.: | 5c UNDER 1 DAY Hours: | Min.:

6 DATE OF BIRTH (Month, Day, Year): 8-29-33

7 BIRTHPLACE (City and State or Foreign Country): OLD HICKORY, 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): 268 BURNING TREE DRIVE

9c CITY, TOWN OR LOCATION OF DEATH: HERMITAGE

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):

12b KIND OF BUSINESS/INDUSTRY: DUPONT

13a RESIDENCE-STATE: TN

13b COUNTY: DAVIDSON

13c CITY, TOWN OR LOCATION: HERMITAGE

13d STREET AND NUMBER OR RURAL LOCATION: 268 BURNING TREE DRIVE

CENSUS TRACT

13e INSIDE CITY LIMITS? 1 X Yes 2 ___ No

13f ZIP CODE: 37076

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): WHITE

16 DECEDENT'S EDUCATION (Specify only highest grade completed)
Elementary/Secondary (0-12): 8 | College (1-4 or 5+):

PARENTS

17 FATHER'S NAME (First, Middle, Last): JOSEPH SELTON GREGORY

18 MOTHER'S NAME (First, Middle, Maiden Surname): DAISY ELIZABETH CROWDER

INFORMANT

19a INFORMANT'S NAME (Type/Print): JOE GREGORY

19b RELATIONSHIP TO DECEASED: SON

19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2913 COOKS ROAD
MT. JULIET, TN 37122

DISPOSITION

20a METHOD OF DISPOSITION: 1 X Burial 2 ___ Cremation 3 ___ Removal from State 4 ___ Donation 5 ___ Other (Specify)

20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): HERMITAGE MEMORIAL GARDENS

20c LOCATION-City or Town, State: HERMITAGE, TN

21a SIGNATURE OF FUNERAL DIRECTOR: ► LARRY SALTER

21b LICENSE NUMBER OF FUNERAL DIRECTOR: 2846

21c SIGNATURE OF EMBALMER: ► STEVE MCVAY

21d LICENSE NUMBER OF EMBALMER: 4976

22a NAME AND ADDRESS OF FUNERAL HOME: HERMITAGE FUNERAL HOME 535 SHUTE LANE
HERMITAGE, TN 37076

22b LICENSE NUMBER OF FUNERAL HOME: 540

REGISTRAR

23 REGISTRAR'S SIGNATURE: ► Finley Paul Brown

24 DATE FILED (Month, Day, Year): February 22, 1999

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: ► Wm Baucom III

25b LICENSE NUMBER: MD014872

25c DATE SIGNED (Month, Day, Year): 2 21 99

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:

26c DATE SIGNED (Month, Day, Year):

27 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): DR. WILLIAM E. BAUCOM III, 5653 FRIST BLVD., STE 630, HERMITAGE, TN 37076 391-3971

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Paula Taylor
State Registrar

Date Issued

CERTIFICATION OF VITAL RECORD

RECORDERS MEMO
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STATE OF TENNESSEE
Office of Vital Records

BOOK 11411 PG. 880

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 98 007822

1 DECEDENT'S NAME (First Middle Last): DAISY ELIZABETH GREGORY

2 SEX: F

3 DATE OF DEATH (Month Day Year): 3/3/98

4 SOCIAL SECURITY NUMBER: 410-72-7252 ~~410-72-7762~~

5a AGE-LAST BIRTHDAY (Years): 91

5b UNDER 1 YEAR MOS / DAYS

5c UNDER 1 DAY HOURS / MIN.

6 DATE OF BIRTH (Month Day Year): 12/24/06

7 BIRTHPLACE (City and State or Foreign Country): ROCKBRIDGE, 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 X Nursing Home 5 ___ Residence 6 ___ Other (Specify)

9b FACILITY NAME (If not institution, give street and number): I.H.S

9c CITY, TOWN, OR LOCATION OF DEATH: DONELSON

9d COUNTY OF DEATH: DAVIDSON

10 MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): MARRIED

11 SURVIVING SPOUSE (If wife, give maiden name): JOSEPH GREGORY

12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): HOUSEWIFE

12b KIND OF BUSINESS/INDUSTRY:

13a RESIDENCE-STATE: TENNESSEE

13b COUNTY: DAVIDSON

13c CITY, TOWN, OR LOCATION: OLD HICKORY

13d STREET AND NUMBER OR RURAL LOCATION: 4206 OLD HICKORY BLVD

CENSUS TRACT

13e INSIDE CITY LIMITS? 1 X Yes 2 ___ No

13f ZIP CODE: 37138

14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) ___ Yes 0 X No

Specify Yes

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): BRODY ALBERT CROWDER

18 MOTHER'S NAME (First Middle Maiden Surname): MINNIE MAY ADCOCK

INFORMANT

19a INFORMANT'S NAME (Type Print): JAMES E. GREGORY

19b RELATIONSHIP TO DECEASED: SON

19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 385 CROSSWINDS DRIVE, MT JULIET 37122

DISPOSITION

20a METHOD OF DISPOSITION: 1 X Burial 2 ___ Cremation 3 ___ Removal from State 4 ___ Donation 5 ___ Other (Specify)

20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): HERMITAGE MEMORIAL GARDENS

20c LOCATION-City or Town, State: HERMITAGE, TN

21a SIGNATURE OF FUNERAL DIRECTOR: ▶ BRAD RAINES

21b LICENSE NUMBER OF FUNERAL DIRECTOR: 4992

21c SIGNATURE OF EMBALMER: ▶ LYNN GAUTHIER

21d LICENSE NUMBER OF EMBALMER: 4052

22a NAME AND ADDRESS OF FUNERAL HOME: HERMITAGE FUNERAL HOME
P.O. BOX 757 HERMITAGE, TN 37076

22b LICENSE NUMBER OF FUNERAL HOME: 540

REGISTRAR

23 REGISTRAR'S SIGNATURE: ▶ Marsha H Jones

24 DATE FILED (Month Day Year): March 13, 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: ▶ Deborah Montgomery

25b LICENSE NUMBER: 014151

25c DATE SIGNED (Month Day Year): 3/4/98

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:

26c DATE SIGNED (Month Day Year):

27 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type Print): DR. DEBORAH MONTGOMERY 5651 FRIST BLVD, HERMITAGE TN 37076

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq.. Vital Records Act of 1977.

Paula Taylor
State Registrar

Date Issued

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

CERTIFICATION OF VITAL RECORD

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