LAST WILL AND TESTAMENT

OF

ELLA ROSE HUNT

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

I, **ELLA ROSE HUNT**, a resident of Nashville, Davidson County, Tennessee, being over the age of eighteen (18) years, and being of sound mind and disposing memory, do hereby make, publish and declare this to be my Last Will and Testament, hereby revoking any and all Wills, Codicils, and writings in the nature thereof previously made by me.

ARTICLE I:

I do hereby authorize and direct my Executor to pay all of my debts, funeral expenses, expenses of my last illness and all expenses incurred in the administration of my estate, as soon after my death as may be found convenient. Mr. Executor shall also pay all taxes owed by my said estate, including death taxes, transfer taxes, estate taxes, inheritance taxes, and any interest or penalties thereon, which shall become payable by reason of my death, as soon after my death as may be found convenient.

ARTICLE II:

I give the entire residue of my estate, including property of every nature and kind, which I may own or have an interest in at the time of my death, real, personal or mixed, and wherever situated, including the proceeds of any policies of insurance on my life which may be payable to my estate, to my good friend, Janis Ann Balsley, to be her individual property in fee simple forever.

ARTICLE III:

I do hereby appoint my good friend, Janis Ann Balsley, as Executrix of my Will, to serve without bond. I further relieve my said Executrix from the necessity of making an inventory of my estate, and from any and all other acts, deeds or things, except probating this Will.

Ella Rose Hunt

ELLA ROSE HUNT

IN WITNESS WHEREOF, I, **ELLA ROSE HUNT**, the Testatrix herein, do hereunto set my hand and seal to this my Last Will and Testament, containing three (3) pages, each of which bears my signature, at Nashville on this the 22nd day of June, 1994.

Ella Rose Hunt
ELLA ROSE HUNT

Signed, published and declared by **ELLA ROSE HUNT** 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 sight and presence of each other, have hereunto signed our names as attesting witnesses on the day and date and the place above written.

WITNESSES	**ADDRESS AT DATE OF ATTESTATION**
Sheila Thatcher	175 Nelson Dr., Lawrence, TN 37086
Shila Blackledge	1612 Lebanon Rd., Nashville, TN 3726

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

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Personally appeared before me, FRED E. COWDEN JR., a Notary Public in and for said State and County, Sheila Thatcher, Sheila Bladdledge, and _____, to me known, who made oath as follows:

1. That they were requested by the Testatrix, **ELLA ROSE HUNT**, to witness her signature to the attached instrument, which purports to be her Last Will and Testament, and they were further requested by the Testatrix to execute this affidavit;

2. That the Testatrix signed said instrument and declared the same to be her Last Will and Testament in the presence of each of the undersigned, on the date set forth therein;

3. That each of the undersigned in turn signed the said instrument on the same date, as attesting witnesses, in the sight and presence of the Testatrix and of each other;

4. That the Testatrix was of apparent sound mind at the time of the execution of said instrument; and,

5. That this affidavit is made pursuant to Section 32-2-110, Tennessee Code Annotated.

SIGNED FOR IDENTIFICATION PURPOSES

Ella Rose Hunt
ELLA ROSE HUNT

Sheila Thatcher

Sheila Bladdledge

SUBSCRIBED and **SWORN TO** before me, this the 22 day of JUNE, 1994.

Fred E. Cowden
Notary Public
My Commission Expires:

FRED E. COWDEN JR. NOTARY PUBLIC DAVIDSON COUNTY, TN.

05891119

IDENTIFICATION REFERENCE

99 MAY 20 AM 10:35

BILL GARRETT REGISTER
DAVIDSON COUNTY, TN.

STATE OF TENNESSEE
Office of Vital Records

6026[illegible]8

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

BOOK 11486 PG. 743

STATE FILE NUMBER 96 018985

1. DECEDENT'S NAME (First, Middle, Last)	2. SEX	3. DATE OF DEATH (Month, Day, Year)
Ella Rose Hunt	Female	May 15, 1996

4. SOCIAL SECURITY NUMBER (of Deceased)	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]-3849	90			12-18-1905	Lawrence County, AL

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No

9a. PLACE OF DEATH (Check only one)
HOSPITAL: 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA
OTHER: 4 [ ] Nursing Home 5 [ ] 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
Southern Hills Hospital	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	N/A	Housewife	Domestic

13a. RESIDENCE – STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER OR RURAL LOCATION
Tennessee	Davidson	Nashville	4824 Hope Dale Drive

13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15. RACE—American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed)	
1 [XX] Yes 2 [ ] No		[ ] Yes 0 [XX] No. Specify, if yes:	White	Elementary/Secondary (0-12): 9	College (1-4 or 5+)

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
Thomas David Gray	Nora Ella Bickerstaff

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)
Donna Gray	Sister	3 East Park Drive Livingston, AL 35470

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
▶ Jimmy Bond	2230	▶ George Dobbs	4337

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

23. REGISTRAR'S SIGNATURE	24. DATE FILED (Month, Day, Year)
▶ Marsha H. Jones	May 28, 1996

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 [X] SIGNATURE AND TITLE OF PHYSICIAN	25b. LICENSE NUMBER	25c. DATE SIGNED (Month, Day, Year)
▶ [illegible] MD	019669	5-22-96

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)
393 Wallace Road Suite 103 Nashville, TN 37211

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
Paula Taylor
State Registrar

MAY 13 '99
Date Issued

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD