Last Will and Testament

OF

ROY D. COOK

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Item I

Declarations

1.1 My Will: My name is Roy D. Cook and this is my Will. I revoke any earlier dated Testamentary instrument of mine.

1.2 My Family: I have two children, Gwindlene Darline Cook Hoover and Roy D. Cook, Jr., and I refer to them as my children in this Will. I have specifically not named any grandchild as a specific beneficiary in this Will.

Item II

Payment of Funeral and Administration expenses, debts and Taxes

2.1 Debts and Administration Expenses: My Executor should pay my unpaid funeral expenses and the expense of administering my debts.

2.2 Taxes: My Executor shall pay my lawful inheritance, estate or other death taxes, including interest and penalties thereon, from my general estate. My Executor shall not apportion these taxes against a beneficiary of my probate estate.

Item III

Specific Gifts

3.1 Tangible Personalty: I give all my tangible personalty to my son, Roy D. Cook, Jr. Should he not survive me, I give all of my tangible personalty to my daughter, Gwindlene Darline Cook Hoover.

ROY D. COOK

FILED GWINNETT COUNTY, GEORGIA
26-00

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Item IV

Disposition of Residuary Estate

4.1 Residuary Estate: I give my residuary estate to my son, Roy D. Cook, Jr. Should he not survive me, I give my residuary estate to my daughter, Gwindlene Darline Cook Hoover.

Item V

5.1 Appointment: I appoint my son, Roy D. Cook, Jr., as Executor of my estate. Should he be unable or unwilling to serve, I appoint my daughter, Gwindlene Darline Cook Hoover, to serve as my alternate Executrix.

5.2 Resignation: My Executor may resign upon advance written notice of not less than thirty (30) days to the Court having jurisdiction over my estate, and the Court will appoint a successor Executor. However, the resignation is not effective until the successor Executor is appointed. The resigning Executor shall deliver the assets under its control and any evidences of title to the successor Executor and also shall make an accounting, unless excused from doing so by the successor Executor.

5.3 Bond: I excuse the Executor appointed herein from making bond.

5.4 General Provision Applicable to Executor: The following provisions apply to my Executor:

(a) My Executor has each power set forth in Tennessee Code Annotated, Section 35-50-110, which I incorporate by reference into this Will.

PAGE TWO OF MY LAST WILL AND TESTAMENT OF THREE PAGES:

ROY D. COOK

PICK-UP
99 JUN 25 AM 8:54
06037729
REFERENCE

(b) A successor Executor has each duty, right and power given to the Executor originally appointed. A successor Executor is not liable for an act or default of a predecessor Executor, nor for a loss or an expense from or occasioned by an act done or neglected to be done by a predecessor Executor. The successor Executor may accept the account rendered and assets delivered to it by its predecessor as a complete discharge to the predecessor Executor.

(c) I excuse my Executor from filing an inventory and making reports to the Court having jurisdiction over my estate.

(d) My Executor shall have full authority to sell at a public or private sale my personal property without Court approval, to satisfy my last debts, if necessary. My realty shall be treated in all respects as personal property.

Item VI

Signature

6.1 This Will consists of three (3) pages (each of which I have signed or initialed) covering Items I through VI, inclusive. I now sign this as my Last Will and Testament on this the 13th day of August, 1998, and pursuant to Tennessee Code Annotated 32-2-110. I request the attesting witnesses to make affidavit attached to this Will.

ROY D. COOK

ATTEST TO EXECUTION OF THE WILL:

WITNESS

305 14th Ave N
Nash TN 37203
ADDRESS

WITNESS

305 14th Ave N
Nash Tn 37203
ADDRESS

STATE OF TENNESSEE
COUNTY OF DAVIDSON

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I make oath or affirm that:

1. The Testator, Roy D. Cook, signed the foregoing Last Will on the date shown on the Will, and at the time of such signing he informed me he signed it as his Last Will.

2. He signed this Will when I was in his sight and presence. Contemporaneously with the signing, he requested me to sign the Will as his attesting witness, which I did in the sight and presence of a second witness.

3. The Testator is more than eighteen (18) years of age, and I am also more than eighteen (18) years of age.

4. In my judgment the Testator is legally competent to make a Will.

WITNESS

Sworn to and subscribed before me this 13th day of August, 1998.

NOTARY PUBLIC

My Commission Expires: 6-13-2000

LARRY D. CRAIG
NOTARY PUBLIC AT LARGE
STATE OF TENNESSEE

STATE OF TENNESSEE
COUNTY OF DAVIDSON

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NOTARY PUBLIC

My Commission Expires: 6-13-2000

LARRY D. CRAIG
NOTARY PUBLIC AT LARGE
STATE OF TENNESSEE

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

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

JUL 23 1999

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.

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TYPE PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT For use by physician or institution

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1 DECEDENT'S NAME (First Middle Last)	2 SEX	3 DATE OF DEATH (Month Day Year)
ROY DOUGLAS COOK, SR.	M	06/18/1999

4 SOCIAL SECURITY NUMBER (of Deceased)	5a AGE LAST BIRTHDAY (Years)	5c UNDER 1 YEAR: MONTHS / DAYS	5c UNDER 1 DAY: HOURS / MIN	6 DATE OF BIRTH (Month Day Year)	7 BIRTHPLACE (City and State or Foreign Country)
[redacted]4930	63			07/19/1935	DAVIDSON COUNTY, TN

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

9a PLACE OF DEATH (Check only one): HOSPITAL 1 XX 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
SUMMIT MEDICAL CENTER	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
DIVORCED	N/A	METRO POLICE DEPT.	POLICE OFFICER

13a RESIDENCE STATE	13b COUNTY	13c CITY TOWN OR LOCATION	13d STREET AND NUMBER OR RURAL LOCATION
TN	DAVIDSON	NASHVILLE	419 WILCLAY DR.

CENSUS TRACT

13e INSIDE CITY LIMITS? (1 XX Yes 2 [ ] No)	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)	
				Elementary/Secondary (0-12)	College (1-4 or 5+)
	37209	[ ] Yes 0 XX No	WHITE	12	2

PARENTS

17 FATHER'S NAME (First Middle Last)	18 MOTHER'S NAME (First Middle Maiden Surname)
ALBERT R. COOK	LUCILLE M. POMEROY

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)
DARLINE HOOVER	DAUGHTER	6535 PREMIER DR. APT J12 NASHVILLE, TN 37209

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)	20c LOCATION - City or Town, State
	HARPETH HILLS MEMORY GARDENS	NASHVILLE, TN

21a SIGNATURE OF FUNERAL DIRECTOR	21b LICENSE NUMBER OF FUNERAL DIRECTOR	21c SIGNATURE OF EMBALMER	21d LICENSE NUMBER OF EMBALMER
▶ DENNY SHEPARD	4995	▶ THOAMS H. NORTH, JR.	4636

22a NAME AND ADDRESS OF FUNERAL HOME		22b LICENSE NUMBER OF FUNERAL HOME
WEST HARPETH FUNERAL HOME	6962 CHARLOTTE PIKE NASHVILLE, TN 37209	1016

REGISTRAR

23 REGISTRAR'S SIGNATURE: Kathy W. Rhodes — 24 DATE FILED (Month Day Year): June 23, 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 ▶	25b LICENSE NUMBER	25c DATE SIGNED (Month Day Year)
Mitchell Toomey	16439	6/22/99

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)

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. MITCHELL TOOMEY SUMMIT MEDICAL CENTER NASHVILLE, TN

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 Pancreatic Cancer	months
	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 [✓] No)	29b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (1 [ ] Yes 2 [ ] 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 [✓] Natural 5 [ ] Pending Investigation 2 [ ] Accident 3 [ ] Suicide 6 [ ] Could not be Determined 4 [ ] Homicide		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 2-93

RDA 1399

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