LAST WILL AND TESTAMENT

OF

JOAN SENIOR BAGGOTT

I, JOAN SENIOR BAGGOTT, of Nashville, Davidson County, Tennessee, do hereby make, publish and declare this to be my Last Will and Testament, hereby revoking any and all other Wills and Codicils by me at any time heretofore made.

I.

DEBTS

I direct that all of my just and legally enforceable debts, funeral expenses and expenses in connection with the administration of my estate, be paid as soon after my death as practicable, except that any debt or expense secured by a mortgage, pledge or similar encumbrance on property owned by me at my death may not be paid by my estate, in the discretion of my Executors, but in which event such property shall pass subject to such mortgage, pledge or similar encumbrance.

II.

TERMINOLOGY

The words "descendants", "issue", "children" and "grandchildren", as used in this Will shall include after born, adopted persons, and descendants of adopted persons.

In referring to Executor, Trustee, fiduciary, children, grandchildren, descendant or beneficiary, words of any gender shall be deemed to include any other gender and the reference to the singular shall include the plural, and vice versa, unless the context indicates that such reading would be inappropriate.

I am not married and I have two children, BUFORD DAVID BAGGOTT and EDWARD ANDREW BAGGOTT.

III.

PERSONAL EFFECTS

If my children, BUFORD DAVID BAGGOTT and EDWARD ANDREW BAGGOTT, survive me, I give, devise and bequeath to them any interest which I may have in any household furniture, fixtures or furnishings, automobiles, all banking accounts, and personal effects, which I may own at the time of my death, said personal effects to be divided equally between them. In the event that my two children are unable to equally divide my personal effects between them, it is my desire that all of my personal effects be sold and the proceeds thereof be divided equally between my two children. In the event that one of my children predeceases me, then I give and bequeath such property and effects to the survivor of the two.

IV.

INSURANCE POLICIES

All of my insurance policies which provide indemnity for the loss of any of my personal or real property by fire, windstorm or other similar casualty, (including any claim for the loss of or damage to any such real property which I might have at the time of my death against any insurance company), I give and bequeath, respectfully, to those persons or corporations, as the case may be, who shall be the owners of such properties by reason of my death, whether such ownership be acquired under the provisions of this Will, by survivorship or by other means.

V.

REAL ESTATE

I hereby leave to my two children, BUFORD DAVID BAGGOTT and EDWARD ANDREW BAGGOTT, provided they survive me, a fee simple estate in any real property of which I die possessed, said real property to be divided equally between them. If my two children are unable to divide the real property equally between them, it

is my desire that any real property be sold and the proceeds of the real property be divided equally between my two children. In the event that one of my children predeceases me, I give, devise and bequeath the reaminder of my real estate to the survivor of the two.

VI.

LIFE SUPPORT SYSTEMS

I hereby specifically direct that if I am injured in any manner and am determined to be clinically unable to be restored to complete health, no artificial life support systems shall be used to maintain a breathing pattern for me.

VII.

POWERS OF EXECUTOR

I hereby grant to my Executor and his survivor or survivors, successor or successors, the following powers, which shall be construed broadly and which may be exercised by him, as in his discretion he may deem advisable, in addition to and not in limitation of his common law and statutory powers, particularly those enumerated in Tennessee Code Annotated, Section 35-50-110, subparagraphs 1 through 32, and amendments thereto, which provisions are incorporated herein by this reference as if fully copied herein.

To allot, assign, care for, collect, contract with respect to, convey, convert, deal with, dispose of, enter into, exchange, hold, approve, invest, reinvest, lease, manage, mortgage, create a security interest in, grant and exercise options with respect to, take possession of, pledge, receive, release, repair, sell, sue for, and in general, to do any and every act and thing and to enter into and carry out any and every agreement with respect to the property included in my estate or any Trust created in this Will which they could do if they were the absolute owners thereof.

VIII.

APPOINTMENT OF EXECUTOR

I hereby designate and appoint my son, BUFORD DAVID BAGGOTT, as the Executor of this my Last Will and Testament. In the event that my said son should be unable or unwilling to serve as Executor, then in such event I nominate my son, EDWARD ANDREW BAGGOTT, to serve as Executor of this my Last Will and Testament.

I direct that no bond or other security shall be required of either of my sons should they serve as Executor of this my Last Will and Testament.

IN WITNESS WHEREOF, I have set my hand to this my Last Will and Testament, this the 5 day of May, 1989.

Joan Senior Baggott
JOAN SENIOR BAGGOTT

The foregoing instrument was on the day and month of the date hereof, signed, sealed, published, and declared by the said JOAN SENIOR BAGGOTT, the Testatrix named therein, as and for her Last Will and Testament, in the presence of us, who at the same time, at her request and in her presence, and in the presence of each other, hereunto subscribe our names as witnesses thereto, and we attest to the sound and disposing mind of the said Testatrix and to the performance of the aforesaid act of execution at Nashville, Tennessee.

WITNESS

ADDRESS: Suite 200, 430 Third Ave N.
Nashville, TN 37201

Claire Surlaugh
WITNESS

ADDRESS: Lt #2, Bay 442
Burns, TN 37029

THIS INSTRUMENT PREPARED BY:

WILLIAM D. McGEE
Attorney at Law
430 Third Avenue, North
Suite 200
Nashville, Tennessee 37201

MAIL EM!

FILED FOR REGISTER
DAVIDSON COUNTY, TN.
99 JUL -9 PM 4:04
IDENTIF. & REFERENCE
9901176

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

Before me, the undersigned authority, on this day personally appeared JOAN SENIOR BAGGOTT, R. Price Nimmo, and Elaine Furlough, known to me to be the Testatrix and Witnesses, respectively, whose names are subscribed to the annexed or foregoing instrument in their respective capacities, and all of said persons being by me duly sworn, the said JOAN SENIOR BAGGOTT, Testatrix, declared to me and to the said Witnesses in my presence that said instrument is her Last Will and Testament, and that she had willingly made and executed it as her free act and deed for the purposes therein expressed; and the said Witnesses, each on his oath stated to me, in the presence and hearing of the said Testatrix that the said Testatrix had declared to them that said instrument is her Last Will and Testament, and that she executed same as such and wanted each of them to sign it as a Witness, and upon their oaths, each witness stated further they did sign same as Witnesses in the presence of the said Testatrix and at her request; that she was at that time nineteen years of age or over and was of sound mind.

Joan Senior Baggott
TESTATRIX

WITNESS

Elaine Furlough
WITNESS

Subscribed and acknowledged before me by the said JOAN SENIOR BAGGOTT, Testatrix, and subscribed and sworn to before me the said Witnesses, this the 5th day of May, 1989.

Laura L. Taylor
NOTARY PUBLIC

My Commission Expires: 11-12-90

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.

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

BOOK 11567 PAGE 714
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): Joan S. Baggott
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): May 21, 1999
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-6995
5a. AGE - LAST BIRTHDAY (Years): 81
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month Day Year): Feb 6, 1918
7. BIRTHPLACE (City and State or Foreign Country): , Scotland
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): 1602 Riverwood Dr.
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
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.): Supervisor
12b. KIND OF BUSINESS/INDUSTRY: Metro/Nashville Gov't
13a. RESIDENCE—STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1602 Riverwood Dr.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [ ] Yes 2 [X] No
13f. ZIP CODE: 37216
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [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): 10 — College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): George Senior
18. MOTHER'S NAME (First, Middle, Maiden Surname): Minnie Maude Stephens

INFORMANT

19a. INFORMANT'S NAME (Type/Print): David Baggott
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3800 Hillshire Dr., Antioch, TN 37013

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [X] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify) _____
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Affiliated Crematory
20c. LOCATION—City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Frank A. Burnes
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4448
21c. SIGNATURE OF EMBALMER: ▶ Carolyn Young
21d. LICENSE NUMBER OF EMBALMER: 4982
22a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Company, 2707 Gallatin Road, Nashville, TN 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 331

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Robert W. Rhodes
24. DATE FILED (Month, Day, Year): May 26, 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: ▶ [signature] MD
25b. LICENSE NUMBER: MD 25644
25c. DATE SIGNED (Month, Day, Year): 26 Apr 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): 610 W Due West, Madison 37115

CAUSE OF DEATH

28. PART I. Enter the disease, 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 eath line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) ⟶	a. Sudden Cardiac Death	minutes
	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.	

SEE INSTRUCTIONS ON OTHER SIDE

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: 1 [X] 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: M
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):

PH-1659
REV 2-93

BIRTH NO. _____
RDA 1399

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