LAST WILL AND TESTAMENT

OF

JAMES E. MEADOWS

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I, JAMES E. MEADOWS, being of sound mind and disposing memory, do make, publish and declare this to be my Last Will and Testament, hereby revoking any and all previous wills and codicils to wills heretofore made by me.

0824 08/26 0101 03CHECK 14.00

I

I nominate and appoint my sister, EDITH M. HINKLE, to be Executrix of this my Last Will and Testament, to serve without bond. In the event that my sister does not or cannot qualify as Executrix, I nominate and appoint in her place GWENDOLYN HINKLE VAN HUSS, as Executrix in her stead to serve without bond.

II

I direct my Executrix to pay all of my just debts, including my funeral expenses and the costs of administration as soon as practicable after my death.

III

I devise, give and bequeath all of my property whether real, personal or mixed to my sister, EDITH M. HINKLE, to be hers absolutely and forever.

IV

In the event that my sister does not survive me or in the event that my death and my sister's death occur simultaneously in the same accident or disaster, it shall, by this provision, be presumed that I survived my sister and therefore, I devise, give and bequeath all of my property whether real, personal or mixed, in equal shares, to GWENDOLYN HINKLE VAN HUSS, ARLENE HINKLE HARRELL, and SUSAN GAYLE HINKLE, share and share alike.

06228725
ILLEGIBLE & REFERENCE
PICK-UP
99 AUG 26 AM 10:31
ILLEGIBLE REGISTER
DAVIDSON COUNTY, TN.

IN WITNESS WHEREOF, I have hereunto set my hand to this my Last Will and Testament at Nashville, Davidson County, Tennessee, this 29th day of June, 1973.

James E. Meadows
JAMES E. MEADOWS

Signed, sealed, published and declared by the Testator, JAMES E. MEADOWS, to be his Last Will and Testament in the presence of all of us at one and the same time, and we at his request and in his presence and in the presence of each other, have hereunto subscribed our names as witnesses, and we do hereby attest to the sound and disposing memory of said Testator and to the performance of the aforesaid act of execution at the place and on the date hereinabove set out.

(Names)	(Addresses)
William H. Fisher	Nashville, Tennessee
Ramon E. Womack	Nashville Tennessee

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

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

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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

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER 99 23033

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

NAME OF DECEDENT: For use by physician or institution

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): JAMES EMMETT MEADOWS
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): MAY 27, 1999
4. SOCIAL SECURITY NUMBER (of Deceased): 562-14-2217
5a. AGE-LAST BIRTHDAY (Years): 87.
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): OCT. 16, 1911
7. BIRTHPLACE (City and State or Foreign Country): LANCASTER, KY.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] 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): SOUTHERN HILLS HOSPITAL
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS-Married, Never Married, Widowed Divorced (Specify): DIVORCED
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 METER READING
12b. KIND OF BUSINESS/INDUSTRY: NASHVILLE ELECTRIC CO.
13a. RESIDENCE-STATE: TENN.
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 3000 SIMMONS AVE.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37211
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): 11; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): ANCIL MEADOWS
18. MOTHER'S NAME (First, Middle, Maiden Surname): DEBBIE MEADORS

INFORMANT

19a. INFORMANT'S NAME (Type/Print): EDITH HINKLE
19b. RELATIONSHIP TO DECEASED: SISTER
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3000 SIMMONS AVE., NASHVILLE, TN 37211

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): WOODLAWN MEMORIAL PARK
20c. LOCATION-City or Town, State: NASHVILLE, TENN.
21a. SIGNATURE OF FUNERAL DIRECTOR: Timothy B Bond
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3989
21c. SIGNATURE OF EMBALMER: Timothy B Bond
21d. LICENSE NUMBER OF EMBALMER: 4259

REGISTRAR

22a. NAME AND ADDRESS OF FUNERAL HOME: WOODBINE FUNERAL HOME, INC. 3620 NOLENSVILLE ROAD, NASHVILLE, TENN. 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 396
23. REGISTRAR'S SIGNATURE: Helen L. Brown
24. DATE FILED (Month, Day, Year): June 4, 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 [X] SIGNATURE AND TITLE OF PHYSICIAN: Lloyd A. Edwards III MD
25b. LICENSE NUMBER: TN 7779
25c. DATE SIGNED (Month, Day, Year): 6-2-99
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): 397 Wallace Rd. Nashville, TN. 37211

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. Pulmonary Edema	
	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. Acute Myocardial Infarction	
	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.: Myelodysplastic Anemia

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 [ ] 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):

BIRTH NO.

PH-1659
REV. 2-99

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