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0650842

REFERENCE

LAST WILL AND TESTAMENT

OF

99 OCT 26 PM 3:41

REGISTER
DAVIDSON COUNTY, TN.

PICK-UP

MARY TRACY BRUCE BUFORD

I, **MARY TRACY BRUCE BUFORD**, of Davidson County, Tennessee, being of sound mind and disposing memory, do make, declare, and publish this my Last Will and Testament, hereby revoking all former wills and codicils to wills heretofore made by me.

ARTICLE I

I direct that all of my just debts, including my funeral expenses and the costs of administration, be paid out of my general estate by my executor as soon as practicable after my death. To this end, I authorize my executor to sell any of my property, real, personal, or mixed, and to execute all conveyances necessary to effectuate such sale. I expressly authorize my executor to make distributions in kind. I authorize my executor in his discretion to use insurance proceeds payable to my estate to satisfy any debts or taxes of my estate. All inheritance and estate taxes assessable by reason of my death shall be discharged by my estate without charge or apportionment against any beneficiary of assets whether passing under this will or otherwise.

ARTICLE II

I hereby specifically give and devise to my son, **MAURY EDWARD BUFORD, JR.**, my home located at 1823 Welcome Lane, Nashville, Tennessee.

I hereby specifically give and bequeath to my son, **MAURY EDWARD BUFORD, JR.**, my Secretary, and four-poster bedroom suite.

I hereby specifically give and bequeath to my son, **MAURY EDWARD BUFORD, JR.**, any monies under my name which I have on deposit in the First American Bank.

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

If my dog **DARBY** is still living at the time of my death, I give, devise and bequeath to my son **MAURY EDWARD BUFORD**, and daughter-in-law **SUE BUFORD** to take care of him for the rest of his life.

ARTICLE III

I hereby give, devise and bequeath to my grandson, **THOMAS EDWARD BUFORD** the remainder and residue of my property, real, personal or mixed, that I have and any interest in any real or personal property that I may acquire. If at my death my grandson, **THOMAS EDWARD BUFORD**, owes me any money, he will not owe my estate, as I forgive any debts he may owe to me and consider this debt to be paid in full.

ARTICLE IV

I hereby nominate, constitute and appoint **MAURY EDWARD BUFORD, JR.**, as Executor of my estate. Should he predecease me, or fail or refuse to serve, I nominate and appoint **THOMAS EDWARD BUFORD** as my Executor under the same terms and conditions herein set out. I direct that no bond or other security shall be required of my said executor for the faithful performance of their duties as such and that they shall not be required to file any inventory of my estate.

IN WITNESS WHEREOF, I have hereunto set my hand to this my Last Will and Testament at Nashville, Tennessee, on this 12 day of June, 1992.

Mrs. M. E. Buford
MARY TRACY BRUCE BUFORD

Signed, sealed, published and declared by the Testatrix, **MARY TRACY BRUCE BUFORD**, to be 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 presence of each other, have subscribed our names as witnesses and we do hereby attest to the sound and disposing mind of said Testatrix, and to the performance of the aforesaid act of execution at the place and on the date herein set out.

WITNESS

WITNESS

STATE OF TENNESSEE]
COUNTY OF DAVIDSON]

Subscribed, sworn to and acknowledged before me by **MARY TRACY BRUCE BUFORD**, the Testatrix, and subscribed and sworn to before me by Russell E. Freeman and Patricia B. Edson, witnesses, on this the 12th day of June, 1992.

NOTARY PUBLIC

My Commission Expires: 11/27/93

#343 10/26 0101 02CHECK 18.00

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

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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

9 5 2

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER

DECEDENT

1 DECEDENT'S NAME (First Middle Last): **Mary T. Buford**

2 SEX: **Female**

3 DATE OF DEATH (Month Day Year): **October 20, 1999**

4 SOCIAL SECURITY NUMBER (of Deceased): **408-03-9458**

5a AGE - LAST BIRTHDAY (Years): **88**

6 DATE OF BIRTH: **Oct 30, 1910**

7 BIRTHPLACE (City and State or Foreign Country): **Kingston Springs, TN**

8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ Yes 2 ☒ No

9a PLACE OF DEATH (Check only one): 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 ☐ Nursing Home 5 ☒ Residence 6 ☐ Other (Specify)

9b FACILITY NAME (If not institution give street and number): **1823 Welcome Lane**

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): **Homemaker**

12b KIND OF BUSINESS/INDUSTRY: **Domestic**

13a RESIDENCE—STATE: **TN**

13b COUNTY: **Davidson**

13c CITY, TOWN OR LOCATION: **Nashville**

13d STREET AND NUMBER OR RURAL LOCATION: **1823 Welcome Lane**

CENSUS TRACT

13e INSIDE CITY LIMITS? 1 ☐ Yes 2 ☒ 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 ☒ 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): **12** College (1-4 or 5+):

NAME OF DECEDENT (If not by physician or institution)

PARENTS

17 FATHER'S NAME (First Middle Last): **Robert Bruce**

18 MOTHER'S NAME (First Middle Maiden Surname): **Rachel Keef**

INFORMANT

19a INFORMANT'S NAME (Type/Print): **Maury E. Buford, Jr.**

19b RELATIONSHIP TO DECEASED: **Son**

19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): **65 Falls Crossing, Covington, GA 30016**

DISPOSITION

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

20b PLACE OF DISPOSITION (Name of cemetery, crematory or other place): **Spring Hill Cemetery**

20c LOCATION—City or Town, State: **Nashville, TN**

21a SIGNATURE OF FUNERAL DIRECTOR: ▶ Donald Garrison

21b LICENSE NUMBER OF FUNERAL DIRECTOR: **4308**

21c SIGNATURE OF EMBALMER: ▶ Donald Garrison

21d LICENSE NUMBER OF EMBALMER: **4287**

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 Jr

24 DATE FILED (Month Day Year): October 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: ▶ Richard S Smith MD

25b LICENSE NUMBER: MD 25644

25c DATE SIGNED (Month Day Year): 25 Oct 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):

SEE INSTRUCTIONS ON OTHER SIDE

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 each line.

Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) ⟶ a. Sudden Cardiac Death, presumed — 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: Coronary Artery Disease, Hypertension, Diabetes

28a WAS AN AUTOPSY PERFORMED? 1 ☐ Yes 2 ☒ No

28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ Yes 2 ☒ No

30 MANNER OF DEATH: 1 ☐ 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:

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-1650
REV 2-93

BIRTH NO _____

RDA 1389

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