Last Will and Testament
of

MARJORIE N. CALVERT

I,MARJORIE N. CALVERT, a resident and legally domiciled in the county of Davidson, State of Tennessee, being of good health and sound mind, do hereby make, publish and declare this instrument to be my LAST WILL AND TESTAMENT ,hereby revoking any and all Wills and codicils by me at any time heretofore made.

ARTICLE ONE: I direct that all my just debts and funeral expenses be paid as soon after my death as may be practicable.

ARTICLE TWO: All of the property which I may own at the time of my death, real, personal, and mixed, tangible and intangible, of whatsoever nature and wheresoever situated, including all property which I may acquire or become entitled to after the execution of this Will, including all lapsed legacies and devises or other gifts made by this Will which fail for any reason, I devise to my close friend, DON M. HAMILTON. he was also a close friend of my late husband. Under no circumstances shall my niece, Gay A. Mielke, My brother, Arthur W. Nelson, My sister, Pauline Oxnard take any devise under this Will.

ARTICLE THREE: I hereby nominate and appoint DON M. HAMILTON ,as my personal representative to administer my Estate under this Will. If he should fail for any reason to qualify as my personal representative,than in such event I appoint Margaret E. Hamilton, as my personel representative to administer my Estate under this Will.

Marjorie N Calvert
MARJORIE N. CALVERT

Page one of my Will - Marjorie N. Calvert

RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING OR
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Anne L Lynch

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ARTICLE FOUR: I give to my personal representative the fullest power and authority in all matters and questions and to do all acts, which I might and could do if living, including, without limitations, complete power and authority to sell, mortgage, lease, and dispose of and distribute in kind all property , real and personal, wheresoever situate, at such times and upon such terms and conditions as he may determine. To the extent that any such requirements can be waived, my personal representative at any time serving in any jurisdiction shall not be required to give any bond or obtain the order of approval of any court in the exercise of any power or discretion herein given.

BOOK 11736 PAGE 302

Marjorie N. Calvert
MARJORIE N. CALVERT

The foregoing instrument was signed, sealed, declared and published by Marjorie N. Calvert as her LAST WILL AND TESTAMENT in the presence of us, the undersigned who at her request do attest as witnesses, immediately after she signed her name thereto, and in her presence and in the presence of each other this 4 of April 1994

Marjorie N Calvert
MARJORIE N. CALVERT

Oline L. Sloan residing at 1508 Dickerson Pk 37207
NASHVILLE, TENNESSEE

Bradley J Sloan residing at 1508 Dickerson Pk 37207
NASHVILLE, TENNESSEE

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

We, Marjorie N. Calvert, Marjorie N. Calvert, Oline L. Sloan Witness

and Bradley J Sloan, Witness, the Testator and the witnesses respectively, whose names are signed to the foregoing instrument, being first duly sworn, do hereby declare to the undersigned officer that the Testator signed the instrument as her LAST WILL AND TESTAMENT AND THAT SHE SIGNED VOLUNTARILY AND THAT EACH OF THE WITNESSES IN the presence of the Testator at her request and in the

Linda L Lynch

presence of each other signed the Will as a witness, and to the best of the knowledge of each witness, the Testator was at that time eighteen or more years of age, of sound mind and under no constraint or undue influence.

Marjorie N. Calvert
MARJORIE N. CALVERT

Olive L. Sloan
WITNESS

Beverly J. Dunn
WITNESS

BOOK 11736 PAGE 363

Subscribed to and sworn to me by the foregoing Marjorie nN. Calvert, the Testator, and Olive L. Sloan and Beverly J. Dunn, the witnesses, on this 4 DAY OF April 1994.

Arnold Lynch
NOTARY PUBLIC
MY COMMISSION EXPIRES.
Nov. 24, 1994

ADMINISTRATOR DON M. HAMILTON
I5o8 Dickerson Rd.
Lot G I5
Nashville, Tennessee 37207

Margaret E. Hamilton address the same.

PAGE THREE OF MY WILL. Marjorie N. Calvert

There are only three pages of my LAST WILL AND TESTAMENT.

DICKSON COUNTY HEALTH DEPARTMENT

301 WEST END AVENUE

DICKSON, TENNESSEE 37055

BOOK 11736 PAGE 304

E/PRINT
IN
MANENT
ACK INK
FOR
RUCTIONS
ANDBOOK

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Marjorie Eleanor Calvert
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): September 28, 1999
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-3169
5a. AGE-LAST BIRTHDAY (Years): 79
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): March 18, 1920
7. BIRTHPLACE (City and State or Foreign Country): Boxborough, Mass
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): Columbia Horizon Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Dickson
9d. COUNTY OF DEATH: Dickson
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.): Housewife
12b. KIND OF BUSINESS/INDUSTRY: Her Own Home
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2125 Cliff Drive

CENSUS TRACT

13e. INSIDE CITY LIMITS? 1 [X] 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 [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): 12; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Arthur W. Nelson
18. MOTHER'S NAME (First, Middle, Maiden Surname): Forence Moore

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Pauline Oxnard
19b. RELATIONSHIP TO DECEASED: sister
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 157 Park Place Cheshire, Conn 06410

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): National Cemetery
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Jerry Briggs
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4179
21c. SIGNATURE OF EMBALMER: ▶ Ronnie Harrell
21d. LICENSE NUMBER OF EMBALMER: 5022
22a. NAME AND ADDRESS OF FUNERAL HOME: Cole & Garrett Funeral Home, 127 N. Main Street Goodlettsville, TN 37072
22b. LICENSE NUMBER OF FUNERAL HOME: 718

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Deima C. Haynes
24. DATE FILED (Month, Day, Year): October 25, 1999

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the 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):

26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated.
2 [X] SIGNATURE AND TITLE OF MEDICAL EXAMINER ▶ Venk Mani MD
26b. LICENSE NUMBER: MD 8802
26c. DATE SIGNED (Month, Day, Year): 10/14/1999
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Venk Mani, MD 111 Hwy 70 East Horizon Med Ctr. Dickson, TN 37055

AN OR MED-
XAMINER EX-
S CERTIFICATE
OMPLETE AND
DICAL CERTIFI-
WITHIN 48

STRUCTIONS
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. Cardiac arrest — 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. AtheroSclerotic Coronary artery Disease — Years

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.: Diverticulitis w/ colostomy

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):

9
98

BIRTH NO.

RDA 1399

This is to certify that the above is a true and correct copy of the record filed in Vital Records, Tennessee Department of Health by the local health department. This is valid only when the embossed seal of the issuing health department is affixed.

Deima C. Haynes

Deputy Registrar

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