PICK-UP

LAST WILL AND TESTAMENT

OF

EMMA V. HOLT

****

Instr:200006230062767 Page: 1 OF 4
REC'D FOR REC 06/23/2000 2:17:31PM
RECORD FEE: $18.00
M. TAX: $0.00 T. TAX: $0.00

I, EMMA V. HOLT, a resident of Nashville, Davidson County, Tennessee, being of sound mind and disposing memory, do hereby make, publish and declare this as my Last Will and Testament, hereby revoking any and all other wills and Codicils to wills heretofore made by me.

ITEM I.

I direct that all of my just debts, including funeral and testamentary expenses and expenses of my last illness, be paid as soon as conveniently may be after my death. I further direct that all estate, inheritance, succession, legacy, transfer and other taxes of the same nature which may be payable because of my death, including any interest or penalties thereon, shall be paid entirely out of my residuary estate as an expense of administration and without apportionment, and with no right or reimbursement from any recipient or beneficiary of any such property.

ITEM II.

I hereby nominate and appoint my daughter, **MAMIE LOUISE DAVIDSON UNDERWOOD**, of Nashville, Tennessee, to serve as Executrix of this my Last Will and Testament, and I direct that no bond or surety be required for the faithful performance of her duties. In the event **MAMIE LOUISE DAVIDSON UNDERWOOD** is unwilling or unable to serve as Executrix, I nominate **RONALD CLAYTON UNDERWOOD** to serve as Executor without requirement of bond or surety.

E. V. H.

A F F I D A V I T

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

Grant Smith and Terry F. Foutch

make oath or affirm that:

1. The Testatrix, **EMMA V. HOLT,** signed the foregoing First Codicil to her Last Will and Testament on the date shown thereon and at the time of such signing she informed us that it was her First Codicil to her Will.

2. She signed her First Codicil when we were both in her sight and presence. She then requested us to sign as attesting witnesses, which we did in her sight and presence and in the sight and presence of each other.

3. The Testatrix is more than 18 years of age and we are both more than 18 years of age.

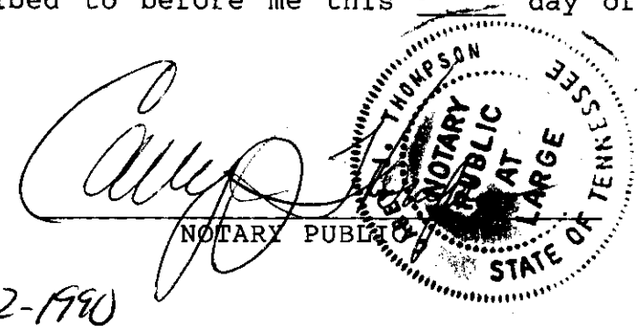
4. In our judgment the Testatrix is competent to make this First Codicil to her Will, because she appears to be aware of what she is doing, the property she has and of the disposition she desires of it after her death.

5. This Affidavit is made under the provisions of Tennessee Code Annotated Section 32-2-110, for the purpose of attaching the same to the First Codicil to the Last Will and Testament of said Testatrix, for proof as to the execution of said First Codicil.

Grant Smith
WITNESS

Terry F. Foutch
WITNESS

Sworn or affirmed and subscribed to before me this 20th day of December, 1988.



NOTARY PUBLIC

My Commission Expires: Nov. 12-1990

ITEM III.

I hereby give, devise and bequeath all of the property of which I die seised and possessed, both real, personal and mixed, tangible or intangible, to my daughter, **MAMIE LOUISE DAVIDSON UNDERWOOD.**

ITEM IV

In the event **MAMIE LOUISE DAVIDSON UNDERWOOD** predeceases me, I hereby give, devise and bequeath all of the property of which I die seised and possessed, both real, personal and mixed, tangible or intangible, to be divided equally, share and share alike, between my grandchildren, **RONALD CLAYTON UNDERWOOD, MARK LEWIS UNDERWOOD, JANET LYNN UNDERWOOD WHITE, LOUANN DAVIDSON, BECKY DEAN PHILLIPS,** and **MICHAEL DAVIDSON.**

IN WITNESS WHEREOF, I, EMMA V. HOLT, have executed this my Last Will and Testament at Nashville, Tennessee, on this 20th day of **December, 1988,** and pursuant to Tennessee Code Annotated Section 32-2-110, I request the Attesting Witnesses to make the Affidavit attached to this Will.

Emma V. Holt
EMMA V. HOLT

ATTEST TO EXECUTION OF WILL:

WITNESS

9 Music Square West
ADDRESS
Nashville, TN 37203

WITNESS

500 Plantation Ct. J2
ADDRESS
Nashville TN 37202

Metropolitan Government of Nashville and Davidson County

Bill Purcell, 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.

Johnnie Johnson
LOCAL REGISTRAR

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT For use by physician or institution

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): EMMA V. HOLT
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): MAY 20, 2000
4. SOCIAL SECURITY NUMBER (of Deceased): 414-48-7608
5a. AGE-LAST BIRTHDAY (Years): 92
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): FEB.27,1908
7. BIRTHPLACE (City and State or Foreign Country): WHITE COUNTY, TENNESSEE
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [XX] No
8a. PLACE OF DEATH (Check only one) — HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA — OTHER: 4 [X] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): GOOD SAMARATIN HEALTH CARE
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: HOME
13a. RESIDENCE-STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: ANTIOCH
13d. STREET AND NUMBER OR RURAL LOCATION: 4747 McBRIDE ROAD
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [XX] Yes 2 [ ] No
13f. ZIP CODE: 37013
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [XX] 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): 8 — College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): ALVIN C. HUNTER
18. MOTHER'S NAME (First, Middle, Maiden Surname): NANCY WEST

INFORMANT

19a. INFORMANT'S NAME (Type/Print): MAMIE L UNDERWOOD
19b. RELATIONSHIP TO DECEASED: DAUGHTER
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4747 McBRIDE ROAD ANTIOCH, TENNESSEE 37013

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): WOODLAWN MEMORIAL PARK
20c. LOCATION-City or Town, State: NASHVILLE, TENNESSEE
21a. SIGNATURE OF FUNERAL DIRECTOR: KENT WILDMAN
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4535
21c. SIGNATURE OF EMBALMER: GEORGE A. DOBBS
21d. LICENSE NUMBER OF EMBALMER: 4337
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODLAWN FUNERAL HOME, 660 THOMPSON LANE NASHVILLE, TENNESSEE 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR'S SIGNATURE: Robert W. Rhodes Sr.
24. DATE FILED (Month, Day, Year): May 30, 2000

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:
25b. LICENSE NUMBER: MD18500
25c. DATE SIGNED (Month, Day, Year): 5/25/00
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. STEPHEN D'AMICO, 2001 MALLORY LANE #302, FRANKLIN, TENNESSEE 37067

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. Alzheimer's Disease	5yrs
	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.: COPD, Atrial Fibulation, HTN Pacemaker

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. 2-93

RDA 1399