Instr:200006260063264 Page: 1 OF 4
REC'D FOR REC 06/26/2000 1:32:35PM
RECORD FEE: $18.00
M. TAX: $0.00 T. TAX: $0.00

Last Will and Testament

We, Andrew Jackson Patterson and Lucy Patterson, of 2920 Hillhurst Drive, Nashville, Davidson County, Tennessee, being of sound mind and disposing memory, realizing the uncertainty of life and the certainty of death, do make and publish this our joint Last Will and Testament, hereby revoking any and all wills or testaments made or executed at any time by the either of us.

FIRST: It is our desire that all our property, real, personal or mixed, wheresoever situated and whether acquired before or after the execution of this will and whether owned individually or jointly shall upon the death of either of us become the sole property of the survivor and we do hereby so devise and bequeath, however, should an event or accident occur wherein the both of us should meet our death or from which event or accident death should inure to the both of us within thirty (30) days of said event or accident, then after the payment of our just debts, obligations and funeral expenses all of our remaining estate as hereinabove referred to is devised and bequeathed to our two (2) sons, Don Patterson and Ronald Patterson, one-half to each.

In the event that both of our said sons pre-decease us or both of us or in the event one of our said sons pre-deceases us, in such event it is our desire and we so direct that the one-half portion of said estate hereinabove devised and bequeathed shall go to the children of the said sons or son equally.

With further reference as to the funeral and funeral expenses for either of us or for the both of us it is our desire that there be no elaborate expenditures but only to the extent to insure a decent and respectable burial and in this connection it is our further desire and request that our last resting place be in the Springhill Cemetery on Gallatin Road in Nashville, Davidson County, Tennessee.

SECOND: It is further desired and we so direct that our eldest son, Don Patterson, be appointed and qualified as executor of this our Last Will and Testament and that he be permitted to assume and perform the duties and responsibilities entailed by virtue of this Last Will and Testament, however, in the event that the said Don Patterson is unable to assume and perform the duties of said executor, we direct that our son, Ronald Patterson, be appointed and qualified as the executor thereof and that in either event said sons will be permitted to serve without bond.

In witness hereof we have hereunto subscribed our names in the presence of witnesses on this the January day of 3 1972.

Andrew Jackson Patterson

Lucy Patterson

TESTATORS

Signed by the said Andrew Jackson Patterson and Lucy Patterson, as and for their Last Will and Testament, in the presence of us the undersigned, who at their request and in their sight and presence, and in the presence of each other, have subscribed our names as attesting witnesses on this the day and date above written.

Glenna Chadwell Sr

Louise Chadwell

ATTESTING WITNESSES

NR

WILSON COUNTY

DEPARTMENT OF PUBLIC HEALTH
LEBANON, TN 37087

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): Lucy Patterson
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): March 30, 2000
4. SOCIAL SECURITY NUMBER: [redacted]-2874
5a. AGE-LAST BIRTHDAY (Years): 85
5b. UNDER 1 YEAR — MONTHS / DAYS
5c. UNDER 1 DAY — HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Nov 27, 1914
7. BIRTHPLACE (City and State or Foreign Country): Fluellyn, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): 1 [ ] Hospital: 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): Cedars Nursing Home
9c. CITY, TOWN, OR LOCATION OF DEATH: Lebanon
9d. COUNTY OF DEATH: Wilson
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.): Clerical
12b. KIND OF BUSINESS/INDUSTRY: State of Tennessee
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2920 Hillhurst 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+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Samuel Williams
18. MOTHER'S NAME (First, Middle, Maiden Surname): Joyce (unknown)

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Andrew R. Patterson
19b. RELATIONSHIP TO DECEASED: son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): Box 59 Silverpoint, TN 38582

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): Spring Hill Cemetery
20c. LOCATION-City or Town, State: Nashville, TN

FUNERAL DIRECTOR

21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Jerry Briggs
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4179
21c. SIGNATURE OF EMBALMER: ▶
21d. LICENSE NUMBER OF EMBALMER:
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: ▶ Judy Denney / Registrar
24. DATE FILED (Month, Day, Year): April 27, 2000

PHYSICIAN

25a. 1 [ ] SIGNATURE AND TITLE OF PHYSICIAN ▶
25b. LICENSE NUMBER: MD18079
25c. DATE SIGNED (Month, Day, Year): 4-18-00

MEDICAL EXAMINER

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 [ ] 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): Hardy Sorrels, MD 715 Castle Heights Lebanon, TN 37087

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.

SEE INSTRUCTIONS ON OTHER SIDE

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. cerebrovascular accident	
	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.

29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [ ] No
29b. 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-1609 (REV. 6/99)

BIRTH NO.

RDA 1399

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE RECORD ON FILE IN THE DIVISION OF VITAL RECORDS – TENNESSEE DEPARTMENT OF HEALTH & ENVIRONMENT. THIS IS VALID ONLY IF THE EMBOSSED SEAL OF THE ISSUING LOCAL HEALTH DEPARTMENT IS AFFIXED.

SEAL

Judy Denney
DEPUTY REGISTRAR

STATE OF TENNESSEE
Office of Vital Records

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

19094
33
19094

STATE FILE NO. 88-032066

BIRTH NO.

DECEASED—NAME (FIRST)	(MIDDLE)	(LAST)	DATE OF DEATH (MONTH, DAY, YEAR)
ANDREW	JACKSON	PATTERSON	SEPTEMBER 7, 1988

AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR: MOS. / DAYS	UNDER 1 DAY: HOURS / MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY))	ORIGIN OR DESCENT (ITALIAN, MEXICAN, GERMAN, ETC. (SPECIFY))	SEX
75			AUG. 23, 1913	WHITE	AMERICAN	MALE

COUNTY OF DEATH	CITY, TOWN OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.)	IF HOSP. OR INST. indicate DOA, OP (Emer., Rm., Inpatient (Specify))
DAVIDSON	MADISON	YES	NASHVILLE MEMORIAL	EMER. RM.

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
TENNESSEE 43	USA	MARRIED	LUCY WILLIAMS

SOCIAL SECURITY NUMBER	SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE)	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY
[redacted]-7765	NO	BUS DRIVER 803	TRANSPORTATION 421

RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (SPECIFY YES OR NO)	CENSUS TRACT NO.
TENNESSEE	DAVIDSON	NASHVILLE	2920 HILLHURST DR.	YES	

FATHER—NAME	MOTHER—MAIDEN NAME	INFORMANT—NAME	MAILING ADDRESS
ANDREW F. PATTERSON	ADDIE MULLINS	ANDREW R. PATTERSON	321 ISSAC DR. GOODLETTSVILLE, TN.

BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY)	DATE (MONTH, DAY, YEAR)	CEMETERY OR CREMATORY—NAME	LOCATION (CITY OR TOWN, STATE)
BURIAL	SEPT. 9, 1988	SPRING HILL	NASHVILLE, TENN,

FUNERAL DIRECTOR (SIGNATURE)	LICENSE NO.	EMBALMER (SIGNATURE)	LICENSE NO.
TIMOTHY M. GARRETT	2943	MICHAEL A. SLACK	3917

FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR
COLE & GARRETT/GOODLETTSVILLE, TENN.	Mary C. Pentecost	Sept. 16, 1988

PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE: D Edwards DEGREE: MD DATE SIGNED (MONTH, DAY, YEAR): 9/12/88

MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE: TITLE: DATE SIGNED (MONTH, DAY, YEAR):

CERTIFIER—NAME (TYPE OR PRINT)	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
RALPH MASSIE, M.D.	P.O. BX 150829, NASHVILLE, TENN. 37215

25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) — INTERVAL BETWEEN ONSET AND DEATH

- (a) IMMEDIATE CAUSE: Cardiac arrest
- (b) DUE TO, OR AS A CONSEQUENCE OF:
- CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST:
  - (a) M I
  - (b) DUE TO, OR AS A CONSEQUENCE OF:
  - (c)

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a). AUTOPSY (YES OR NO):

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

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	DESCRIBE HOW INJURY OCCURRED	
		M.		

INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Paula Taylor
Paula Taylor
State Registrar

MAR 27 1995
Date Issued

CERTIFICATION OF VITAL RECORD