Prepared By
Ortale, Kelley Herbert & Crawford.

PICK-UP

LAST WILL AND TESTAMENT

OF

HARTWELL WEAVER CHOATE

Instr:200007050066334 Page: 1 OF 5
REC'D FOR REC 07/05/2000 9:32:21AM
RECORD FEE: $22.00
M. TAX: $0.00 T. TAX: $0.00

I, Hartwell Weaver Choate of Hendersonville, Sumner County, Tennessee, being of sound mind and deposing memory do hereby make, publish and declare this to be my Last Will and Testament, expressly revoking all other wills and codicils at any time heretofore made by me.

I.

I direct that all of my just debts, funeral expenses and the costs of administration of my estate be paid as soon as practicable after my death. My Executor, in its sole discretion, may pay from my domiciliary estate all or any portion of the costs of ancillary administration and similar proceedings in my residuary estate, without apportionment, all estate, inheritance, succession and other taxes, assessed by reason of my death, imposed by the Government of the United States, or any State or Territory thereof, or by a foreign government or political subdivision thereof in respect of all property required to be included in my gross estate for estate or like tax purposes by any of such governments, whether the property passes under this will or otherwise, including property over which I have a taxable power of appointment, without contribution by any recipient of any such property.

II.

I devise to the children of Jerry L. Sullivan the eleven (11) acres, more or less, of land located on Harper Road, Davidson County, Tennessee, if owned by me at my death. Said real property is currently owned by me as a joint tenant-in-common with Jerry L.

Sullivan and his wife, with the right of survivorship. Said devise is made in the event that Jerry L. Sullivan and his wife, predecease me.

III.

All the rest, residue and remainder 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 and all life insurance payable to my estate (but excluding any property over or concerning which I may have any power of appointment), I bequeath and devise to my brother, Carl M. Choate. If my said brother, Carl M. Choate, shall not survive me, then I bequeath and devise said property in fee to Jerry L. Sullivan.

IV.

I authorize my Executor in the exercise of a reasonable discretion with respect to all property, real and personal, at any time forming part of my estate to exercise any and all said powers set forth in Section 3, Chapter 110 of the Tennessee General Assembly of 1963, T.C.A. §35-618, to the extent applicable, all of which provisions and powers are incorporated herein by reference as fully as if copied herein verbatim. These powers (as set out in said statute on the date of the execution of this Will) are granted, notwithstanding that said statute may be amended hereafter or repealed at the time of my death.

V.

I appoint Jerry L. Sullivan to be the Executor of this my Last Will and Testament and direct that no bond be required for the faithful performance of his duties; and I vest my said Executor

with full power and authority to sell, transfer and convey any property, real or personal, which I may own at the time of my death at such time and price and upon such terms and conditions as he may determine and to do every other act and thing necessary and appropriate for the complete administration of my estate.

IN TESTIMONY WHEREOF, I have hereto subscribed my name to this my Last Will and Testament, consisting of this and two preceding typewritten pages, and for the purpose of identification I have signed each such page, all in the presence of the persons witnessing it at my request on this 16 day of January, 1979, at Nashville, Tennessee.

Hartwell Weaver Choate
Hartwell Weaver Choate, Testator

The foregoing instrument consisting of this and two preceding typewritten pages, was signed, sealed, published and declared by Hartwell Weaver Choate, the Testator, to be his Last Will and Testament, in our presence and we, at his request and in his presence, and in the presence of each other, have hereunto subscribed our names as witnesses, this 16th day of January, 1979, at Nashville, Tennessee.

Rosann Hunt
Name

Nashville, Tn.
Address

Nadya Fly
Name

Nashville, Tn
Address

Page three of my three page Will: Hartwell W Choate

A F F I D A V I T

Rosann Hurst and Dodge Fly,

after being duly sworn according to law, depose and say:

1. That they are adult citizens of Nashville, Davidson County, Tennessee.

2. That they witnessed the execution of the Last Will and Testament of HARTWELL WEAVER CHOATE dated this 16th day of January, 1979, to which this Affidavit is attached and that this Affidavit is being made at the request of the Testator, and in accordance with Tennessee Code Annotated §32-311.

3. That their signatures are affixed to said Last Will and Testament, that they signed or affixed the same at the instance and at the request of the Testator and in his presence, and in the presence of each other, at the place and on the date recited in said Last Will and Testament.

4. That the Testator signed paper writing as and for his Last Will and Testament in their sight and presence.

5. That at the time they witnessed said Will, the Testator was, in their opinion, of sound mind.

Rosann Hurst

Dodge Fly

STATE OF TENNESSEE]

COUNTY OF DAVIDSON]

Sworn to and subscribed before me

this 16th day of January, 1979.

Douglas A. Brace

NOTARY PUBLIC

My commission expires 4-18-82

DOUGLAS A. BRACE NOTARY PUBLIC DAVIDSON COUNTY, TN.

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): **Hartwell Weaver Choate**
2. SEX: **Male**
3. DATE OF DEATH (Month, Day, Year): **July 9, 1999**
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-1596
5a. AGE-LAST BIRTHDAY (Years): **80**
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): **April 22, 1919**
7. BIRTHPLACE (City and State or Foreign Country): **Dixon, TN**
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [X] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): **NorthCrest Hospital**
9c. CITY, TOWN, OR LOCATION OF DEATH: **Springfield**
9d. COUNTY OF DEATH: **Robertson**
10. MARITAL STATUS-Married, Never Married, Widowed Divorced (Specify): **Never Married**
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.): **Dupont & Military**
12b. KIND OF BUSINESS/INDUSTRY: **Dupont & Military**
13a. RESIDENCE-STATE: **TN**
13b. COUNTY: **Sumner**
13c. CITY, TOWN OR LOCATION: **Hendersonville**
13d. STREET AND NUMBER OR RURAL LOCATION: **1290 Goshentown Road**
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: **37075**
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): **7** College (1-4 or 5

NAME OF DECEDENT — For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): **Earl Choate**
18. MOTHER'S NAME (First, Middle, Maiden Surname): **Bessie Petty Rice**

INFORMANT

19a. INFORMANT'S NAME (Type/Print): **Carl M.Choate**
19b. RELATIONSHIP TO DECEASED: **Brother**
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): **1290 Goshentown Road Hendersonville, TN**

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): **Forest Lawn Memorial Gardens**
20c. LOCATION-City or Town, State: **Goodlettsville, TN** **37075**
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ **Stan McAfee**
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: **2396**
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: ▶ Paulette A. Cowan
24. DATE FILED (Month, Day, Year): July 15, 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 ▶ R Ruland FAMILY PHYSICIAN.
25b. LICENSE NUMBER: MD 24985
25c. DATE SIGNED (Month, Day, Year): 7/13/99
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):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): **Robert Ferland, MD 2102 Park Plaza Springfield, TN 37172**

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

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. Cardiac Arrest.	immediate
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Respiratory Failure DUE TO (OR AS A CONSEQUENCE OF):	2-3 days
	c. Massive Cerebrovascular Accident DUE TO (OR AS A CONSEQUENCE OF):	< 2 weeks
	d. ~~AIDS~~ Atrial fibrillation.	years.

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: 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)

PH-1659
REV. 2-93

BIRTH NO.

RDA 1399

This is to certify that the above is a true and correct copy of the record filed with the Tennessee Department of Public Health, Division of Vital Records, Nashville, TN. by the local health department.

7-15-99
DATE ISSUED

ROBERTSON COUNTY HEALTH DEPARTMENT

Donna [illegible] DR
Local Registrar/Deputy Registrar
Vital Records

ROBERTSON County Health Department, 800 South Brown Street, Springfield, Tennessee 37172 Tele: 615/384-4504