Davidson County WILL
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Fees:30.00 Taxes:0.00
20000915-0091935

LAST WILL AND TESTAMENT

OF

EDD REECE TURNER, JR.

I, EDD REECE TURNER, JR., a resident of Davidson County, Tennessee, do make, publish and declare this to be my Last Will and Testament, hereby revoking all Wills and codicils heretofore made by me.

ARTICLE I

I direct that all my just debts, my funeral expenses, the costs of administration of my estate and all estate and inheritance taxes be paid as soon as practicable after my death.

ARTICLE II

All residue and property which I may own at the time of my death, real, personal and mixed, tangible and intangible, of whatsoever nature and wheresoever situated, I give, devise and bequeath in fee simple to my wife, NENA FLIPPEN TURNER, if then living, but if she be dead then to my son, EDD REECE TURNER, III.

ARTICLE III

If my wife, NENA FLIPPEN TURNER, and I shall die under such circumstances that there is not sufficient evidence to determine the order of our deaths, it shall be presumed that she survived me, and my estate shall be administered and distributed in all respects in accordance with such presumption.

ARTICLE IV

I nominate and appoint my wife, NENA FLIPPEN TURNER, to be the Executrix of this my Last Will and Testament, and direct that no bond be required for the faithful performance of her duties and that she be excused from filing an inventory; and I vest my said Executrix 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 (including credit) as she may determine, and to do every other act and thing necessary or appropriate for the complete administration of my estate. If my wife, NENA FLIPPEN TURNER, shall predecease me or for any reason shall fail to qualify as Executrix hereunder (or having qualified shall die or resign), then I nominate and appoint my son, EDD REECE TURNER, III, 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 further direct that he be excused from filing an inventory; 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 (including credit) as he may determine, and to do every other act and thing necessary or appropriate for the complete administration of my estate.

IN WITNESS WHEREOF, I have hereunto subscribed my name to this my Last Will and Testament, all in the presence of the persons witnessing it at my request, on this 8th day of January, 1986.

Edd Reece Turner Jr

EDD REECE TURNER, JR.

EDD REECE TURNER, JR., the testator, signified to us that the foregoing instrument was his Last Will and Testament, and signed the said instrument as and for his Last Will and Testament, all in the joint sight and presence of us and each of us, and we, at the same time, at the testator's request and in his sight and presence, and in the sight and presence of each other, have hereunto subscribed our names as attesting witnesses, this the 8th day of January, 1986.

Jane J. Dunn

Stephen Dunn

STATE OF TENNESSEE)
)ss.:
COUNTY OF Davidson)

Subscribed and sworn to before me this 8th day of January (MONTH), 1986.

Arlee P. Pendergrass
NOTARY PUBLIC

MY COMMISSION EXPIRES: _____/_____/_____

Davidson County, Tennessee

AFFIDAVIT OF WITNESSES TO PROVE WILL

Jane J. Terry (NAME) and

Gregory T. Irvin (NAME) after being first

duly sworn according to law, depose and say:

1. That they are adult citizens of Nashville (CITY),

Davidson County, Tennessee.

2. That they witnessed the execution of the Last Will and Testament of EDD REECE TURNER, JR., dated 1-8-86 to which this affidavit is attached, and this affidavit is being made at the request of the Testator, and in accordance with Tennessee Code Annotated 32-211.

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 said 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.

Jane J. Terry
(NAME OF WITNESS)

Gregory T. Irvin
(NAME OF WITNESS)

AFFIDAVIT OF WITNESS TO PROVE WILL

I, GREGORY T. IRVIN, being the attesting witness to the foregoing Will of EDD REECE TURNER, JR., and being first duly sworn, make oath that he signed the attached Will consisting of three (3) pages, this page not included, on the 8th day of January, 1986, in my sight and presence and declared the same to be his Last Will and Testament; that I in his sight and presence and in the sight and presence of the other witness, JANE J. TERRY, at his request, signed my name thereto as attesting witness; that the said JANE J. TERRY has since deceased and he is the only surviving witness that can attest the proper execution of the Last Will and Testament of EDD REECE TURNER, JR.; that the Affidavit of Witnesses to prove Will executed on January 8, 1986, was not properly notarized but all other legal requirements were properly completed; that this Affidavit of Witness to prove Will is being executed and properly notarized to correct the error in the prior Affidavit; that I believed the said EDD REECE TURNER, JR, to be at that time of sound mind and disposing memory; and that this Affidavit is being made at the request of the said Testator.

Witness my signature on this, the 4th day of April, 2000.

Gregory T. Irvin
GREGORY T. IRVIN, Witness

103 Stable Ct
Address

Franklin, Tn. 37069

RHONDA BERRY
Notary Public At Large
DAVIDSON COUNTY, TN

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Subscribed and sworn to before me, a Notary Public, this 4 day of April, 2000.

Rhonda Berry
Notary Public

My commission expires: 3-27-04

STATE OF TENNESSEE, DAVIDSON [illegible]

I, Richard R. Rooker, Clerk of the Probate Court of [illegible] County, State aforesaid, do certify that the foregoing is a full, true and complete copy, of the original on file in my office. Will Book 234 Page 322

Given under my hand and official seal, at office in Nashville, this 14th of September 2000

RICHARD R. ROOKER, CLERK

By _____
Deputy Clerk

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, 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.

9804232

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT For use by physician or institution

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): NENA FRANCES TURNER
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): August 17, 1998
4. SOCIAL SECURITY NUMBER (or Deceased): [redacted]-3862
5a. AGE-LAST BIRTHDAY (Years): 83
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 08/11/1915
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] 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): St. Thomas Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Edd Turner,Jr.
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: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 307 Cana Circle
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37205
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
15. RACE-American Indian, Black, White, etc (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): College (1-4 or 5+): 2

PARENTS

17. FATHER'S NAME (First, Middle, Last): Henry Grant Flippen
18. MOTHER'S NAME (First, Middle, Maiden Surname): Louise Southerland

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Edd Turner, Jr.
19b. RELATIONSHIP TO DECEASED: Spouse
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 307 Cana Circle Nashville, TN. 37205

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [X] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): West Harpeth Crematory
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Heidi B. Crump
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4114
21c. SIGNATURE OF EMBALMER
21d. LICENSE NUMBER OF EMBALMER
22a. NAME AND ADDRESS OF FUNERAL HOME: MORTUARY ASSOCIATES, INC. 2714 GRANDVIEW AVENUE NASHVILLE, TN. 37211-2233
22b. LICENSE NUMBER OF FUNERAL HOME: #713

REGISTRAR

23. REGISTRAR'S SIGNATURE: Ruby Hazel Bowers
24. DATE FILED (Month, Day, Year): August 18, 1998

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: M. D. Edmund
25b. LICENSE NUMBER: MD-01294
25c. DATE SIGNED (Month, Day, Year): 8/17/98
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)

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

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. Respiratory Arrest
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. Seizure Disorder
DUE TO (OR AS A CONSEQUENCE OF):
c. Cerebrovascular Accident
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.

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)

BIRTH NO.

PH-1659
REV 2-93

RDA 1399