OOA807 [redacted] 5-24-00 [redacted]

Last Will and Testament
OF

EFFIE C. WAYMAN

I, EFFIE C. WAYMAN, a resident of Davidson County, Tennessee, being of sound mind and disposing memory, do make, publish and declare this to be my Last Will and Testament, hereby revoking any prior Wills or Codicils thereto made by me.

ITEM I

PAYMENT OF DEBTS, TAXES AND COSTS OF ADMINISTRATION

I direct that all of my just debts, funeral expenses, the cost of administration of my estate and any taxes owing by me at the time of my death be paid as soon as practicable after my death from my general estate. I further direct my Executor to pay out of my general estate as an expense of administration, all estate, inheritance, succession, and other taxes which may be assessed against my estate or any of the beneficiaries thereof by reason of my death, without apportionment or proration among the several legatees and devisees.

Davidson County WILL
Recvd: 09/18/00 10:45 5pgs
Fees:22.00 Taxes:0.00
20000918-0092303

ITEM II

EXECUTOR/EXECUTRIX

I hereby nominate and appoint my husband, WOODROW W. WAYMAN, Executor, of this my Last Will and Testament. If my husband is unable to serve, unwilling to serve or later ceases to serve for any reason, I then appoint my daughter, LEILANI LEE WAYMAN LASSITER, as Executrix of this my Last Will and Testament. I direct that my Executor or Executrix, whether original, alternate or successor, be permitted to serve without bond in this or any other jurisdiction. I hereby excuse the requirement of inventory and the requirement of interim accountings, in this or any other jurisdiction.

 E.C.W.

[redacted]

ITEM III

CHILDREN

LEILANI LEE WAYMAN LASSITER is the only child born to or adopted by me during my lifetime.

ITEM IV

DISPOSITION OF SPECIFIC PROPERTY

I have left among my valuable papers a memorandum written entirely in my hand and previously signed by me on the date of the execution of this my Last Will and Testament as to the disposition I would have made of certain personal property and personal effects owned by me at the time of my death; and, I direct that my Executor or Executrix distribute or dispose of such property in accordance with the said memorandum. If for any reason the said memorandum is not found and properly identified as such by my Executor or Executrix within thirty (30) days following the date of the probate of my Will, I then direct that all such property shall go into and form a part of my residuary estate.

ITEM V

ESTATE TO SPOUSE

Except for those items disposed of in Item IV of this my Last Will and Testament, I give, devise and bequeath all of my estate, whether the same be real, personal or mixed and wheresoever situated to my husband, WOODROW W. WAYMAN, to be his absolutely.

ITEM VI

SPECIFIC BEQUEST

In the event my husband, WOODROW W. WAYMAN, predeceases me, I specifically give, devise and bequeath the sum of Five Thousand

 E.C.W.

Dollars ($5,000.00), in cash, to my niece, JANETTE HEAD, presently residing in Marietta, Georgia. I direct, however, that in the event JANETTE HEAD predeceases me, this bequest shall lapse and shall be of no force or effect whatsoever.

ITEM VII

RESIDUARY ESTATE--TO CHILD

All of the rest, residue and remainder of my estate, whether the same be real, personal or mixed and wheresoever situated shall go into and form my residuary estate. In the event my husband, WOODROW W. WAYMAN, predeceases me, I then give, devise and bequeath all of my residuary estate to my daughter, LEILANI LEE WAYMAN LASSITER, or to her bodily heirs, per stirpes. In the event my daughter, LEILANI LEE WAYMAN LASSITER, predeceases me, without issue, I give, devise and bequeath all of my residuary estate to JANETTE HEAD and DOROTHY JEAN WATSON, in substantially equal shares or to their respective bodily heirs, per stirpes.

IN WITNESS WHEREOF, I hereunto subscribe my name, this the 22 day of Feb., 1988.

Effie C. Wayman
EFFIE C. WAYMAN

EFFIE C. WAYMAN signed the foregoing instrument in our presence, publishing and declaring it to be her Last Will and Testament, and as witnesses whereof, we do now, at her request and in her presence and in the presence of each other, hereto subscribe our names on the date above mentioned, this attestation clause having been read by us and we having noted that the events herein enumerated took place as stated.

WITNESS: ADDRESS:

Patsy C. Davidson — 126 Camino Circle, Hendersonville, TN 37075

Deanna M. Cathey — 906 W. Cynthia Trail, Goodlettsville, TN 37072

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

AFFIDAVIT

We, Patsy C. Davidson and DIANE M. Cathey, being adult citizens and residents of the State of Tennessee, after being duly sworn according to law, depose and state that this date EFFIE C. WAYMAN signed the foregoing instrument in our presence, publishing and declaring it to be her Last Will and Testament, and as witnesses, we, at her request, subscribed our names in her presence and in the presence of each other, and in our opinion the said EFFIE C. WAYMAN was at the time and is at this time of sound mind and disposing memory. This Affidavit is executed in accordance with T.C.A. 32-211 at the request of the said EFFIE C. WAYMAN.

This the 22nd day of Feb, 1988.

Patsy C. Davidson

Diane M. Cathey

SUBSCRIBED AND SWORN TO BEFORE ME,
THIS THE 22nd DAY OF Feb, 1988.

NOTARY PUBLIC

MY COMMISSION EXPIRES: 1-10-89

STATE OF TENNESSEE, DAVIDSON COUNTY

I, Richard R. Rooker, Clerk of the Probate Court of Davidson 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 835 Page 223
Given under my hand and official seal, at office in Nashville, this 18 of September 2000.

RICHARD R. ROOKER, CLERK

By _____
Deputy Clerk



E. C. W.

STATE OF TENNESSEE
Office of Vital Records

9400305

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 94 001500

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME: Woodrow Wilson Wayman
2. SEX: Male
3. DATE OF DEATH: January 23, 1994
4. SOCIAL SECURITY NUMBER (of Deceased): 408-05-1297
5a. AGE - LAST BIRTHDAY (Years): 78
5b. UNDER 1 YEAR: MOS. DAYS
5c. UNDER 1 DAY: HOURS MIN.
6. DATE OF BIRTH: May 25,1915
7. BIRTHPLACE: Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH: HOSPITAL: 1 [ ] Inpatient 2 [X] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other
9b. FACILITY NAME: Nashville Memorial Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville (Madison)
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced: Married
11. SURVIVING SPOUSE: Effie C. Kelley
12a. DECEDENT'S USUAL OCCUPATION: Lay Out
12b. KIND OF BUSINESS/INDUSTRY: McCann Steel Co.
13a. RESIDENCE - STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 108 E. Trinity Lane
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37207
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No
15. RACE - American Indian, Black, White, Etc.: White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 3; College (1-4 or 5+):

NAME OF DECEDENT - For use by physician or institution

PARENTS

17. FATHER'S NAME: James Knox Polk Wayman
18. MOTHER'S NAME: Margaret Minerva O'Connor

INFORMANT

19a. INFORMANT'S NAME: Effie C. Wayman
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS: 108 E. Trinity Lane Nashville, TN 372

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other
20b. PLACE OF DISPOSITION: Spring Hill Cemetery
20c. LOCATION - City or Town, State: Nashville, TN 37216
21a. SIGNATURE OF FUNERAL DIRECTOR: Glen Grant
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2653
21c. SIGNATURE OF EMBALMER: William Hunnicutt
21d. LICENSE NUMBER OF EMBALMER: 4158
22a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Company, 2707 Gallatin Road, Nashville, TN 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 331

REGISTRAR

23. REGISTRAR'S SIGNATURE: Marsha D. Aggistor
24. DATE FILED: January 28, 1994

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: Russell Smith MD
25b. LICENSE NUMBER: 008800
25c. DATE SIGNED: 1/25/94
25a. 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
25b. LICENSE NUMBER
25c. DATE SIGNED

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): Dr. Russell Smith 1210 Briarville Rd., Madison, TN 37115

CAUSE OF DEATH

SEE INSTRUCTIONS ON OTHER SIDE

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.

Accompanies Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Ventricular fibrillation
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. Acute myocardial infarction
DUE TO (OR AS A CONSEQUENCE OF):
c. Atherosclerotic Heart Disease
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 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY:
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.
31f. LOCATION (Street and Number or Rural Route Number, 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.

MAY 22 '00

Paula Taylor
State Registrar

Date Issued

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796 TENNESSEE

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD