LAST WILL AND TESTAMENT

OF

BETTY J. KEMP

Davidson County WILL
Recvd: 10/19/00 11:13 3pgs
Fees:14.00 Taxes:0.00
20001019-0103683

I, Betty J. Kemp , being of sound mind and disposing memory do hereby make, declare and publish this my Last Will and Testament hereby revoking any and all former wills and codicils made heretofore by me.

I.

I direct that those in charge of my estate pay all of my just debts, including but not limited to the expenses of my last illness and burial expenses and direct that they not be required to file with the Court a detailed inventory of the assets of my probate estate nor be required to file a detailed final accounting of the receipts and disbursements.

II.

I hereby nominate, designate and appoint my sons, Michael J. Kemp and Thomas E. Kemp, Co-Executors of this my Last Will and Testament and direct that they not be required to make bond.

III.

I bequeath to my granddaughter Michele Kemp, my diamond earrings, pendant and watch.

IV.

I devise my real property located at 221 Town Park, Nashville, Tennessee, to my sons, Michael J. Kemp and Thomas E. Kemp. I hereby give them the authority as Co-Executors of my estate, to sell or lease this residential property. However, I do hereby stipulate that should either son so desire, that son shall have the first opportunity to purchase this property for a fair market price.

V.

I give, will, devise and bequeath all the remainder and residue of my property, whether real, personal or mixed, wherever the same shall be located; to my sons, Michael J. Kemp and Thomas

E. Kemp, equally to share and share alike. Should my son, Michael, predecease me, then the share of my estate that was to be his, I give to my grandchildren, Michael J. Kemp, Jr. and Michele Kemp, to share and share alike. Should my son, Thomas, predecease me, then the share of my estate that was to be his, I give to any children that have been born to him; if no children have been born to him, then his share is to revert to the residue of my estate.

IN WITNESS WHEREOF, I have hereunto set my hand and signed each of the two pages of this my Last Will and Testament, this 28th day of October, 1985 at Nashville, Tennessee.

Betty J. Kemp
TESTATRIX

ATTESTATION CLAUSE

Signed, signified, published and declared by the Testatrix, as and for her Last Will and Testament, in the presence of us, the undersigned attesting witnesses, who, at her request and direction, and in her sight and presence, and in the sight and presence of each other, have hereunto set our hands as such witnesses the day and date above written.

WITNESSES:

(Signature) Joe T. Childress
(Address) 4800 Charlotte Ave.
Nashville, Tennessee 37209

(Signature) [illegible]
(Address) [illegible] Charlotte Ave.
Nashville, Tennessee 37209

This will drawn by Joe T. Childress, Attorney,
4800 Charlotte Avenue, Nashville, Tennessee 37209.

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.

CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

4. DECEDENT'S NAME (First, Middle, Last): BETTY J. KEMP
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): JUNE 14, 1999
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-5879
5a. AGE-LAST BIRTHDAY (Years): 77
5b. UNDER 1 YEAR MOS. / DAYS
5c. UNDER 1 DAY HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): JAN. 21, 1922
7. BIRTHPLACE (City and State or Foreign Country): DAYTON, KY.
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): METRO GENERAL HOSPITAL
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.): HOUSEWIFE
12b. KIND OF BUSINESS/INDUSTRY:
13a. RESIDENCE-STATE: TN.
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: ANTIOCH
13d. STREET AND NUMBER OR RURAL LOCATION: 3312 FORREST BREEZE
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] 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 [X] No — Specify, if yes.
15. RACE-American Indian, Black, White, etc. (Specify): WHITE
16. DECEDENT'S EDUCATION (Specify only highest grade comple): Elementary/Secondary (0-12): 12 — College (

PARENTS

17. FATHER'S NAME (First, Middle, Last): EDWARD OCHS
18. MOTHER'S NAME (First, Middle, Maiden Surname): FLORENE GRAHAM

INFORMANT

19a. INFORMANT'S NAME (Type/Print): MIKE KEMP
19b. RELATIONSHIP TO DECEASED: SON
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 201 GLEN ROSE LANE SYMRNA, TN. 37167

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): HERMITAGE MEMORIAL GARDENS
20c. LOCATION-City or Town, State: HERMITAGE, TN.
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ JAMES BOND
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2230
21c. SIGNATURE OF EMBALMER: ▶ GEORGE DOBBS
21d. LICENSE NUMBE OF EMBALMER: 4337
22a. NAME AND ADDRESS OF FUNERAL HOME: HERMITAGE FUNERAL HOME 535 SHUTE LN. HERMITAGE, TN. 37076
22b. LICENSE NUMBER OF FUNERAL H: 540

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Helen L. Bowen
24. DATE FILED (Month, Day, Year): July 20, 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: ▶ James R. Potts
25b. LICENSE NUMBER: 025814
25c. DATE SIGNED (Month, Day,: 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,:
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): DR. JAMES POTTS 1005 D-B TODD NASHVILLE, TN. (615)321-2992

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 Betwee Onset and Dea

IMMEDIATE CAUSE (Final disease or condition resulting in death) →
a. Atherosclerosis — DUE TO (OR AS A CONSEQUENCE OF): — 20 Yr
b. Hypertension — DUE TO (OR AS A CONSEQUENCE OF): — 30 Yr
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
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.: Alzheimers Disease
29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No
29b. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 [ ] Yes 2 [ ]

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

BIRTH NO. _____

H-1659
EV 2-93