Last Will and Testament

OF

BESSIE WATSON VINSANG

Davidson County WILL
Recvd: 01/02/01 14:29 5pgs
Fees:22.00 Taxes:0.00
20010102-0000587

KNOW ALL PERSONS BY THESE PRESENTS:

That I, Bessie Watson Vinsang, a resident of Nashville, Davidson County, Tennessee, being of sound and disposing mind and memory, and realizing the certainty of death and the uncertainty of life, do hereby make, publish and declare this instrument and no other to be my LAST WILL AND TESTAMENT, hereby expressly revoking any and all previous WILLS or CODICILS to WILLS which I have made heretofore.

ITEM I

I hereby direct my personal representative or representatives hereinafter named, to pay all of my just debts and obligations, including funeral expenses and all other charges against my estate and to settle my estate as soon as convenient after my death.

ITEM II

I hereby order and direct that my remains be interned at the Nashville National Cemetery, Section Z, Grave 132 where my beloved husband, Henry Vinsang, who has predeceased me is interned.

ITEM III

I hereby give, devise, bequeath to my brother, George Watson, Jr., a resident of Nashville, Davidson County, Tennessee, a life estate, for and during his natural life, in and to 312 Ocala Drive, Nashville, Davidson County, Tennessee 37211 so long as he wishes. Upon George Watson, Jr. dying, I give, devise and bequeath my house and real estate located at 312 Ocala Drive, Nashville, Davidson County, Tennessee to my niece, Susie Mai Green, absolutely and in fee simple.

ITEM IV

I hereby give, devise and bequeath all of my household appliances, housewares, furniture and furnishings, presently located in my home place at 312 Ocala Drive, Nashville, Davidson

Bessie W. Vinsang

County, Tennessee 37211, to my niece, Susie Mai Green, absolutely and in fee simple.

ITEM V

I hereby give, devise and bequeath all my clothing to the Salvation Army, Nashville, Davidson County, Tennessee, absolutely and in fee simple.

ITEM VI

I hereby give, devise and bequeath all monies, funds, certificates, or bonds on deposit with First American National Bank, Nashville, Davidson County, Tennessee in accounts 00008913095, 0002309042, and 0007325014 or any other accounts and any other matters in my safe deposit box at First American National Bank, Nashville, Davidson County, Tennessee absolutely and in fee simple to my niece, Susie Mai Green.

ITEM VII

All the rest, residue and remainder of my estate, real, personal or mixed, I hereby I hereby give, devise and bequeath absolutely and in fee simple to my niece, Susie Mai Green.

ITEM VIII

I hereby nominate and appoint my niece, Susie Mai Green, and my great nephew Jesse Allison Green as co-executors of this my LAST WILL AND TESTAMENT. My co-executors shall not be required to give bond, and if, notwithstanding this direction, a bond is required by law, it is requested and directed that no sureties be required thereon. If either my niece or my great nephew is unable to serve as co-executor, then I direct that the one who is able to serve be permitted to serve alone.

IN WITNESS WHEREOF, I, Bessie Watson Vinsang, have executed this my LAST WILL AND TESTAMENT at Nashville, Davidson County, Tennessee, on this the 12th day of September, 1995.

SIGNED: Bessie W Vinsang (SEAL)

Bessie W Vinsang

The foregoing instrument consisting of 4 pages was subscribed, sealed, published and declared by Bessie Watson Vinsang, as and for her LAST WILL AND TESTAMENT in our presence and in the presence of each of us, and we at the same time and at her request and in her presence and in the presence of each other, hereunto have subscribed our names as attesting witnesses.

This 12th day of September, 1995.

WITNESS: Tammy L. Kennedy
ADDRESS: 203 Second Avenue, North, Nashville, Tennessee

WITNESS: Crystal D. Boyd
ADDRESS: 203 Second Avenue, North, Nashville, Tennessee

WITNESS: _____
ADDRESS: _____, Nashville, Tennessee

STATE OF TENNESSEE
COUNTY OF DAVIDSON

For the purpose expressed in Chapter No. 568 of the Public Acts, 1972, General Assembly of the State of Tennessee, the undersigned individuals, first being duly sworn, deposes and says:

1. That Bessie Watson Vinsang signified and declared to us that the foregoing instrument was her LAST WILL AND TESTAMENT and signed and published to same as such in our presence and sight and we, the undersigned, at the same time, at her request and in her presence and sight and in the presence and sight of each other subscribed our names as attesting witnesses, on September 12, 1995.

2. That at the time of the execution of the aforesaid instrument by Bessie Watson Vinsang, she was of sound and disposing mind and memory and was more than eighteen (18) years of age.

Bessie W Vinsang

Tammy L. Kinney

Crystal D. Boyd

Sworn to and subscribed before me
this 12th day of September, 1995.

Caroline Haynes Thomas
NOTARY PUBLIC

MY COMMISSION EXPIRES: 7-26-97

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 220 Page 300
Given under my hand and official seal, at office in Nashville, this 2 of January 2001.

RICHARD R. ROOKER, CLERK

By Tammy Davis
Deputy Clerk

Blanche Thomas

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.

980542

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): George Henry Watson Jr.
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): 1-16-98
4. SOCIAL SECURITY NUMBER (of Deceased): 410-30-3983
5a. AGE – LAST BIRTHDAY (Years): 81
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 10-23-16
7. BIRTHPLACE (City and State or Foreign Country): Williamson County, Tn.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Bethany Health Care
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): S
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.): Warehouse Clerk
12b. KIND OF BUSINESS/INDUSTRY: First Amer. Bank
13a. RESIDENCE – STATE: Tn.
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 312 Ocala Dr.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37211
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No. Specify, if yes:
15. RACE – American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): Second. College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): George Watson
18. MOTHER'S NAME (First, Middle, Maiden Surname): Millie Mathews Watson

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Mrs. Susie Green
19b. RELATIONSHIP TO DECEASED: Niece
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 312 Ocala Dr., Nashville, Tn. 37211

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): Dogwood Sect. Woodmont Cemetery
20c. LOCATION – City or Town, State: Nashville, Tn.
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Ronald C. Smith Jr.
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4563
21c. SIGNATURE OF EMBALMER: ▶ Ronald Stewart
21d. LICENSE NUMBER OF EMBALMER: 3732
22a. NAME AND ADDRESS OF FUNERAL HOME: Holmes Funeral Home 1408 JoJohnston Ave., Nashville
22b. LICENSE NUMBER OF FUNERAL HOME: 340

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Ruby Leanor Bowers
24. DATE FILED (Month, Day, Year): February 5, 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 [X] SIGNATURE AND TITLE OF PHYSICIAN: ▶ Rolf Habermann, MD
25b. LICENSE NUMBER: 27476
25c. DATE SIGNED (Month, Day, Year): 1/22/98
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: 27476
26c. DATE SIGNED (Month, Day, Year): 1/22/98

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): Rolf Habermann, M.D, Vanderbilt University Medical Center, 7th Floor MCE, Nashville, TN 37232-8550

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. Pneumonia
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. Metastatic Prostate Cancer
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: CAD, HTN

29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] 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 (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)

BIRTH NO.

PH-1659
REV. 1/88