Davidson County WILL
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# LAST WILL AND TESTAMENT OF ROGER C. FRITH

I, ROGER C. FRITH, of Metropolitan Nashville, Davidson County, Tennessee, make, publish, and declare this to be my Last Will and Testament. I revoke any prior Wills or Codicils heretofore made by me. I direct that all of my debts, including reasonable funeral expenses, medical expenses, and expenses of the administration of my Estate be paid as soon as practical after my passing. Additionally, I direct that any taxes or other governmental obligations that are due and payable may be paid as soon as practical. I direct that my Executrix may make any appropriate disbursement upon ascertaining any amount due to any governmental entity. I devise and bequeath all of my realty, personalty, and all property of every kind, type, and description, titled or untitled, or future interest in property to my sister, Margaret McCloud, of Sumner County, Tennessee, in trust for the use and benefit of my daughter, Emily Elizabeth Frith. My sister, as Trustee, shall use all of the property that passes to her through my Estate in a manner designated by this instrument.

The following designations and appointments shall constitute the Trust that I have set up for the benefit of my minor daughter.

1. I designate my sister, Margaret McCloud, as the Trustee in behalf of my daughter, Emily Elizabeth Frith.

2. The entire proceeds from my Estate shall pass in trust to Margaret McCloud for the use and benefit of my daughter.

3. My Trustee is specifically designated to take all property and use that property according to her sole and absolute discretion. She shall have the power to invest, sell, reinvest, trade, deposit, and transfer any of my property for the use and benefit of my minor daughter. She shall not be required to file an accounting or to post a bond for this service.

4. My Trustee shall use the corpus and all proceeds or profits from this Trust for my daughter's use and benefit. This shall include but not be limited to her educational expenses, medical expenses, or any other legitimate and lawful expenses. The expenditures from the corpus and profits of this Trust shall be made at the sole and absolute discretion of my Trustee, Margaret McCloud.

5. This Trust shall terminate on my daughter's 21st birthday. At that time, should any funds remain in the corpus or profits, they may be used to pay for any administrative or

current expenses of the Trust. The accounting is waived, and the net corpus and proceeds shall be paid to and delivered to my daughter, Emily Elizabeth Frith.

I appoint my sister, Margaret McCloud, of Sumner County, Tennessee, to serve as the Executrix of my Estate and the Trustee in behalf of my daughter, Emily Elizabeth Frith. Any bond or security otherwise required of her under the laws of this State or other governmental entity is expressly waived.

IN WITNESS WHEREOF, I have hereto subscribed my name to this, My Last Will and Testament, in the presence of the undersigned witnesses, on this 7th day of April, 1995, at Nashville, Tennessee.

ROGER C. FRITH

The foregoing instrument was signed, sealed, published, and declared by ROGER C. FRITH as and for his Last Will and Testament, in the presence of each of us, and we at the same time, at his request and in his presence, each of the other, and believing him to be of sound mind, have hereunto subscribed our names as attesting witnesses this day of April, 1995, all at the city of Nashville, State of Tennessee.

Mary Jean Bunch 1533 Red Binkley Rd. Joelton, TN 37080

_____ _____

_____ _____

# AFFIDAVIT

**STATE OF TENNESSEE**

**COUNTY OF DAVIDSON**

We, the undersigned attesting witnesses to the Last Will and Testament of ROGER C. FRITH, at his request, do make and sign this Affidavit, stating:

That the said Last Will and Testament was signed, sealed, published and declared by the Testator, to be his Last Will and Testament, in the presence of all of us at one and the same time; and that the Testator was more than eighteen years of age; and we, at his request and in his presence and in the presence of each other, subscribed our names thereto as witnesses, and we do hereby attest to the sound mind and disposing memory of said Testator and to the performance of the said act of execution at the place and on the date hereinbefore set out.

That we are all more than eighteen years of age.

This Affidavit is made pursuant to the provisions of T.C.A. Section 32-2-110, for the purpose of attaching the same to the Last Will and Testament of said Testator, for proof as to the execution of said Will.

Mary Jean Bunch

Billie J Lyell

Sworn to and subscribed before

me this 7th day of April, 1995.

STATE OF TENNESSEE THOMAS A. HALLY NOTARY PUBLIC DAVIDSON COUNTY

Thomas F. Hally

NOTARY PUBLIC

My Commission expires: 3-22-97

Metropolitan Government of Nashville and Davidson County

Bill Purcell, 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.*

FEB 5 2001

John P. Dunn
LOCAL REGISTRAR

9504112

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

# 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): Roger Clark Frith
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): 7-29-1995
4. SOCIAL SECURITY NUMBER (for Decedent): 408-72-4072
5a. AGE – LAST BIRTHDAY (Years): 50
5b. UNDER 1 YEAR (Months / Days)
5c. UNDER 1 DAY (Hours / Minutes)
6. DATE OF BIRTH (Month, Day, Year): 6-15-1945
7. BIRTHPLACE (City and State or Foreign Country): Clarksville, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9. PLACE OF DEATH (Check only one): HOSPITAL 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9a. FACILITY NAME (If not institution, give street and number): St. Thomas Hospital
9b. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9c. COUNTY OF DEATH: Davidson
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Divorced
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.): Curator
12b. KIND OF BUSINESS/INDUSTRY: Tennessee State Museum
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 281 Paragon Mills Rd
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
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+): 5+

**PARENTS**

17. FATHER'S NAME (First, Middle, Last): Fentress Clark Frith
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mary Avanelle Haydon

**INFORMANT**

19a. INFORMANT'S NAME (Type/Print): Margaret McCloud
19b. RELATIONSHIP TO DECEASED: Sister
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 225 Harbor Dr., Hendersonville, TN 37075

**DISPOSITION**

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [X] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Vanderbilt School of Medicine
20c. LOCATION – City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR
21b. LICENSE NUMBER OF FUNERAL DIRECTOR
21c. SIGNATURE OF EMBALMER
21d. LICENSE NUMBER OF EMBALMER
22a. NAME AND ADDRESS OF FUNERAL HOME
22b. LICENSE NUMBER OF FUNERAL HOME

**REGISTRAR**

23. REGISTRAR'S SIGNATURE: Marsha H. Gaul
24. DATE FILED (Month, Day, Year): August 9, 1995

**CAUSES**

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
25b. LICENSE NUMBER: 24201
25c. DATE SIGNED (Month, Day, Year): 8-3-95
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)

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): Dean Butler, M.D., 4230 Harding Rd., Suite 400, Nashville, TN 37205

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. Metastatic Carcinoma of Small Intestine — 2 years
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. DUE TO (OR AS A CONSEQUENCE OF):
c. DUE TO (OR AS A CONSEQUENCE OF):
d.

SEE INSTRUCTIONS ON OTHER SIDE

**CAUSES OF DEATH**

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
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)