PICK-UP

Davidson County WILL
Recvd: 02/15/01 11:08 4pgs
Fees:18.00 Taxes:0.00
20010215-0014577

LAST WILL AND TESTAMENT OF
ALBERT BENJAMIN MASON

I, Albert Benjamin Mason, a resident of the STATE OF TENNESSEE, COUNTY OF Davidson, being of sound mind and memory, do hereby declare that this is my will. My Social Security number is [redacted]-5095.

FIRST: I revoke all former wills and codicils that I have previously made.

SECOND: I give, devise, and bequeath half of my estate including property at 310 Finley Drive to my wife Mary Lee Mason and the other half of my estate including property at 310 Finley Drive to my son, Gary Lee Mason. I also want my son, Gary Lee Mason, to have all my personal property that belongs to me such as guns, tools, etc.

THIRD: In the event that my wife shall predecease or fail to survive me by sixty (60) days, I give my estate including property at 310 Finley Drive to my son, Gary Lee Mason.

FOURTH: I direct all my just debts and funeral expenses be paid as soon as possible after my death.

FIFTH: I name Gary Lee Mason my personal representative (executor) of this will without bond.

SIXTH: I hereby empower my Executor to sell property, real or personal, for cash or on time, without an order of Court, at such time and upon such terms and conditions as shall seem best.

I, Albert Benjamin Mason, the testator, sign my name to this will, consisting of two pages, this 29th day of October, 1999.

Being duly sworn, I declare to the undersigned authority that I sign this document as my last will, that I sign it willingly, and that I execute it as my free and voluntary act for the purposes therein expressed.

I declare that I am of the age and majority or otherwise legally empowered to make a will, and under no constraint or undue influence.

Albert B Mason
(Signed)

We, the witnesses, sign our name to this document, and we declare under penalty of perjury, that the foregoing is true and correct, this 29th day of October, 1999.

Ronald Story residing at: 204 College St Portland TN.

Cheryle Pack residing at: 210 Lovely Dr, Hendersonville, Tn. 37075

_____ residing at: _____

FOR NOTARY PUBLIC

THE STATE OF Tennessee, COUNTY OF Davidson
Subscribed, sworn to and acknowledged before me by

Albert B Mason

and, Ronald Story, Cheryle Pack, and _____, witnesses, personally known to me (or proved to me on the basis of satisfactory evidence to be the persons), this 29th day of October, 1999.

NOTARY PUBLIC AT LARGE STATE OF TENNESSEE

SIGNED: Barbara Story MCE 8.11.02

Notary at Large
Official Capacity of Officer

SUMNER COUNTY HEALTH DEPARTMENT

Gallatin 452-4811
411 South Water Avenue
Gallatin, TN 37066

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Albert Benjamin Mason
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): November 7, 2000
4. SOCIAL SECURITY NUMBER: [redacted]-5095
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): May 4, 1923
7. BIRTHPLACE (City and State or Foreign Country): Springfield, Tn.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] 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): 106 Garden St.
9c. CITY, TOWN, OR LOCATION OF DEATH: Hendersonville
9d. COUNTY OF DEATH: Sumner
10. MARITAL STATUS-Married, Never Married, Widowed Divorced (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name): N/A
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Carpenter
12b. KIND OF BUSINESS/INDUSTRY:
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Sumner
13c. CITY, TOWN OR LOCATION: Hendersonville
13d. STREET AND NUMBER OR RURAL LOCATION: 106 Garden St.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37075
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 completed): Elementary/Secondary (0-12): 6; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or Institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Willie Mason
18. MOTHER'S NAME (First, Middle, Maiden Surname): Roxie Porter

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Gary Mason
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 106 Garden St. Hendersonville, Tn. 37075

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): Rutland Cemetery
20c. LOCATION-City or Town, State: Mt. Juliet, Tn.
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Doug Raines
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2300
21c. SIGNATURE OF EMBALMER: ▶ Lynn Gauthier
21d. LICENSE NUMBER OF EMBALMER: 4052
22a. NAME AND ADDRESS OF FUNERAL HOME: Hibbett & Hailey 429 Donelson Pk. Nashville, Tn. 37214
22b. LICENSE NUMBER OF FUNERAL HOME: 492

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Melanie K. Turner, DR.
24. DATE FILED (Month, Day, Year): November 22, 2000

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.
1 [ ] SIGNATURE AND TITLE OF PHYSICIAN ▶ Robert D Pilkinton MD
25b. LICENSE NUMBER: MD4950
25c. DATE SIGNED (Month, Day, Year): 11/10/00
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date 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): Dr. Robert Pilkinton 3443 Dickerson Pk. #350 Nashville, Tn. 37207

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

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. Acute 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. Post CVA - Peg Tube	
	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.

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 (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):

DEPT. OF HEALTH GALLATIN TENNESSEE

H-1659 (REV. 6/99)

BIRTH NO.

RDA 1399

This is to certify that the above is a true and correct copy of the record filed with the Division of Vital Records, Tennessee Department of Health, by the local health department. This is valid only when the embossed seal of the issuing local health department is affixed.

Melanie K. Turner, DR.
DEPUTY REGISTRAR

STATE OF TENNESSEE
Office of Vital Records

0004077

2000 031337

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1 DECEDENT'S NAME (First, Middle, Last): Mary Lee Mason
2. SEX: Female
3 DATE OF DEATH (Month, Day, Year): July 19, 2000
4 SOCIAL SECURITY NUMBER: [redacted]-4211
5a. AGE-LAST BIRTHDAY (Years): 78
5b. UNDER 1 YEAR MOS. DAYS
5c. UNDER 1 DAY HOURS MIN.
6 DATE OF BIRTH (Month, Day, Year): Nov. 20, 1921
7 BIRTHPLACE (City and State or Foreign Country): Springfield, Tn.
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 X No
8a. PLACE OF DEATH (Check only one): HOSPITAL 1 Inpatient 2 X ER/Outpatient 3 DOA; OTHER 4 Nursing Home 5 Residence 6 Other (Specify)
9b FACILITY NAME (If not institution, give street and number): Southern Hills Medical Center 0775
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): Albert B. Mason
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Home-Maker
12b KIND OF BUSINESS/INDUSTRY:
13a RESIDENCE-STATE: Tennessee
13b COUNTY: Davidson
13c CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 310 Finley Drive
13e INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37217
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) Specify, if yes: Yes O X No
15. RACE-American Indian, Black, White, etc (Specify): White
16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 9; College (1-4 or 5+):
17 FATHER'S NAME (First, Middle, Last): William Alexander Binkley
18 MOTHER'S NAME (First, Middle, Maiden Surname): Nora Lee Rutledge
19a INFORMANT'S NAME (Type/Print): Marvina Jones
19b RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2714 Murfreesboro Rd. Antioch, Tn. 37013
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): Rutland Cemetery
20c. LOCATION-City or Town, State: Mt. Juliet, Tn.
21a. SIGNATURE OF FUNERAL DIRECTOR: Doug Raines
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 2300
21c. SIGNATURE OF EMBALMER: Lynn Gauthier
21d. LICENSE NUMBER OF EMBALMER: 4052
22a NAME AND ADDRESS OF FUNERAL HOME: Hibbett & Hailey 429 Donelson Pk. Nashville, Tn. 37214
22b LICENSE NUMBER OF FUNERAL HOME: 492
23 REGISTRAR'S SIGNATURE:
24. DATE FILED (Month, Day, Year): July 31, 2000
25a PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1 SIGNATURE AND TITLE OF PHYSICIAN:
25b. LICENSE NUMBER: MD4950
25c. DATE SIGNED (Month, Day, Year): 7/27/00
26a MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date 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): Dr. Robert Pilkinton 610 W. Due West Ave. #G-102 Madison, tn. 37115 (615) 860-1744
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.	Arteriosclerotic heart disease	
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.	Cardiac myopathy	
DUE TO (OR AS A CONSEQUENCE OF)		
c.	Congested Heart Failure	
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 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be Determined 4 Homicide
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)

6/99)
BIRTH NO
RDA 1369

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.

Paula Taylor
Paula Taylor
State Registrar

Feb-15-2001
Date Issued

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD