Davidson County WILL
Recvd: 02/16/01 11:28 4pgs
Fees:18.00 Taxes:0.00
20010216-0015022

Last Will and Testament
of
ELLIS C. MEEKS

I, Ellis C. Meeks, of 204 South Graycroft, Madison, Davidson County, Tennessee, being of sound mind and disposing memory, do make, declare and publish this my Last Will and Testament, hereby revoking all former wills and codicils to wills heretofore made by me.

FIRST: I direct that all my just debts, including my funeral expenses, be paid by my executrix as soon as practicable after my death.

SECOND: I give, devise and bequeath to my wife, Clara B. Meeks, if she survives me, all the property, real, personal or mixed and wherever located, of which I die seized and possessed.

THIRD: In the event my wife, Clara B. Meeks, does not survive me, or if she and I die at the same time, or in a common disaster, I give, devise and bequeath all my property, real, personal or mixed to my son, Marcus Donald Meeks, if he survives me.

In the event my son, Marcus Donald Meeks, does not survives me, or if he and I die at the same time, or in a common disaster, I give, devise and bequeath al my property, real, personal or mixed to my children, Ronald Francis Meeks and Loretta Scianna, equally, share and share alike.

FOURTH: I hereby nominate, constitute and appoint my wife, Clara B. Meeks, executrix, of this my Last Will and Testament. In the event my said wife shall not survive me, or shall fail to qualify, die, resign, or cease to act for any reason as my executrix, I appoint my son, Ronald Francis Meeks and my daughter, Loretta Scianna, co-executors in place of my said wife. I direct that no bond or other security shall be required of my said wife or my said son and daughter for the faithful performance of their duties as such, and that they shall not be required to file any inventory of my estate.

IN WITNESS WHEREOF, I have hereunto signed my name, this 30TH day of ~~December,~~ JANUARY 1988, ~~1987~~, at NASHVILLE, Tennessee.

Ellis C. Meeks

Signed, sealed, published and declared by the testator, Ellis C. Meeks, to be his Last Will and Testament in the presence of all of us at one and the same time and we at his request and in his presence and in the presence of each other, have hereunto subscribed our names as witnesses, and we do hereby attest to the sound and disposing mind of said testator and to the performance of the aforesaid act of execution at the place and on the date hereinabove set forth.

Roseanne Hayes — WITNESS
1307 Quail Valley Road, Nash, Tn. 37214 — ADDRESS

Loretta Scianna — WITNESS
204 S. Graysroft, Madison Tn — ADDRESS

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

The undersigned, after being first duly sworn according to law, depose and say:

1. That they are adult citizens of the State of Tennessee.

2. That they witnessed the execution of the Last Will and Testament of Ellis C. Meeks dated the 30TH day of ~~December~~ JANUARY, 1988, ~~1987~~, to which this affidavit is attached, and that this affidavit is being made at the request of the testator and in accordance with Tennessee Code Annotated § 32-2-110.

3. That their signatures are affixed to said Last Will and Testament, that they signed or affixed the same at the instance and at the request of the testator and in his presence and in the presence of each other at the place and on the date recited in said Last Will and Testament.

4. That the testator signed said paper writing as and for his Last Will and Testament in their sight and presence.

5. That at the time they witnessed said Last Will and Testament he was, in their opinion, of sound mind.

Roseanne Hayes
WITNESS

Sonda Leisman
WITNESS

Sworn to and subscribed before me this 30TH of ~~December~~ JANUARY, 1988, ~~1987~~.

David B. Hayes
NOTARY PUBLIC

My commission expires:

3/11/91

DAVID B. HAYES NOTARY PUBLIC AT LARGE STATE OF

Rutherford Co. Dept. of Health
303 N. Church Street P.O. Box 576
Murfreesboro, Tennessee 37133-0576

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Ellis Charles Meeks
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): March 13, 2000
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]4-4405
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): Jul 17, 1922
7. BIRTHPLACE (City and State or Foreign Country): Pelham, Tennessee
8. EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] 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): Alvin C. York VA Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Murfreesboro
9d. COUNTY OF DEATH: Rutherford
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Clara Burtice Dubrge
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Welder
12b. KIND OF BUSINESS/INDUSTRY: Commercial Industry
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Madison
13d. STREET AND NUMBER OR RURAL LOCATION: 204 South Graycroft
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37115
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): 10 yrs; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or medical examiner

PARENTS

17. FATHER'S NAME (First, Middle, Last): William Frances
18. MOTHER'S NAME (First, Middle, Maiden Surname): Betty Sartain

INFORMANT

19a. INFORMANT'S NAME (Type/Print): VA Medical Records
19b. RELATIONSHIP TO DECEASED: None
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3400 Lebanon Pike Murfreesboro, Tennessee 37129

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): Springhill Cemetery
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Jim Grisham
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4229
21c. SIGNATURE OF EMBALMER: Adam Rodgers
21d. LICENSE NUMBER OF EMBALMER: 4622
22a. NAME AND ADDRESS OF FUNERAL HOME: Springhill Funeral Home 5110 Gallatin Road, Madison, Tennessee 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 1046

REGISTRAR

23. REGISTRAR'S SIGNATURE: Barbara Earp
24. DATE FILED (Month, Day, Year): March 29, 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.
VA [X] SIGNATURE AND TITLE OF PHYSICIAN: Vijay Pethkar
25b. LICENSE NUMBER: MD031687
25c. DATE SIGNED (Month, Day, Year): 3/27/00
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):

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): Vijay Pethkar, M.D., 3400 Lebanon Pike, Murfreesboro, Tennessee 37129

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.

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Sepsis — 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. Respiratory Failure — DUE TO (OR AS A CONSEQUENCE OF):
c. — DUE TO (OR AS A CONSEQUENCE OF):
d.

Approximate Interval Between Onset and 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 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [X] 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):

RUTHERFORD COUNTY HEALTH DEPARTMENT VITAL RECORDS

VH-1658 (REV. 8/99)

BIRTH NO.

RDA 1399

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND EXACT 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.

Barbara Earp — REGISTRAR
3/29/00 — DATE