PICK-UP

Davidson County WILL
Recvd: 03/02/01 09:43 4pgs
Fees:18.00 Taxes:0.00
20010302-0019577

LAST WILL AND TESTAMENT

OF

JAMES EDWARD MARSHALL

I, JAMES EDWARD MARSHALL, a resident of Davidson County, Tennessee, being of sound mind and disposing memory, do hereby make, publish and declare this instrument as and for my Last Will and Testament, as follows:

I.

I hereby revoke all Wills and Codicils heretofore made by me if there be any.

II.

I direct that all my just debts, including my funeral expenses and cost of administration, be paid out of my general estate by my Executrix as soon as practical and in the time required by law. To this end, I authorize my Executrix to sell any of my property, real, personal or mixed and to execute all conveyances necessary to effectuate any necessary sales for the orderly administration of my estate. I direct my Executrix to pay all estate, inheritance, succession and other death taxes which may be payable by, or chargeable against my estate, or any of the beneficiaries thereof, out of my general estate as an expense of administration without apportionment of pro-ration among the several beneficiaries, legatees and devisees.

III.

I GIVE, DEVISE and BEQUEATH all of my real, personal and mixed property absolutely to my daughter, EARLINE CLARK.

IV.

I nominate and appoint my daughter, EARLINE CLARK, as Executrix of this my Last Will and Testament and I direct that no bond will be required of the above named Executrix while serving in such capacity. I authorize my Executrix to sell and convey any portion of this my estate, either real or personal, as may be necessary for the orderly administration of my estate and I empower said representative to execute deeds and any and all other instruments necessary therefor.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this the nineth day of February, 2000.

James Edward Marshall
JAMES EDWARD MARSHALL

The said JAMES EDWARD MARSHALL set his hand to this his Last Will and Testament in the presence of us, the undersigned, who, at his request and in his sight and presence and in the presence of each other, have subscribed our names hereto as attesting witnesses the day and date above written.

WITNESSES:

Norma S Apple — 310 S Gallatin Rd Madison TN 37115

Albert A Apple — White House, Tn.

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

AFFIDAVIT

After first being duly sworn to or affirming to, we now make oath of affidavit that the foregoing Last Will and Testament was signed by JAMES EDWARD MARSHALL, as and for, and that it be acknowledged, showed and declared by him to be his Last Will and Testament in the sight and presence of each of the undersigned, who at his request and in his sight and presence, and in the sight and presence of each other, subscribed and named as attesting witnesses on this the nineth day of February, 2000, and we further make oath and affidavit that JAMES EDWARD MARSHALL was of sound mind and disposing memory, and was more than eighteen (18) years of age and that each of the witnesses is more than eighteen (18) years of age.

Norma S Apple
WITNESS

Albert A Apple
WITNESS

Sworn to and subscribed before me on this the Nineth day of February, 2000.

James S Price
Notary Public

Commission Expires: 3/24/2001

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.

SEP 19 2000

TYPE/PRINT IN BLACK INK

INSTRUCTIONS SEE HANDBOOK

0004971

STATE FILE NUMBER

CERTIFICATE OF DEATH

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): James Edward Marshall Sr
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): 09-03-2000
4. SOCIAL SECURITY NUMBER (of Deceased): 414-01-4325
5a. AGE—LAST BIRTHDAY (Years): 84
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 09-17-1915
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
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 [X] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Madison Health Care
9c. CITY, TOWN, OR LOCATION OF DEATH: Madison, Tennessee
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.): Tenn. School For the Blind
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: 4006 Cumberland Ave.
CENSUS TRACT:
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37138
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): Elementary; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Thomas Marshall
18. MOTHER'S NAME (First, Middle, Maiden Surname): Lillie Alsup Marshall

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Earline Clark
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 624 Lenore Street 37206

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): Stateland Cemetery
20c. LOCATION—City or Town, State: Old Hickory Tenn.
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Ronald C. Smith Sr.
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 Jo-Johnston Ave.
22b. LICENSE NUMBER OF FUNERAL HOME: 340

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Robert W. Rhodes Sr
24. DATE FILED (Month, Day, Year): September 18, 2000

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 ▶
25b. LICENSE NUMBER: 25812
25c. DATE SIGNED (Month, Day, Year): 9/18/00
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):

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.	Aspiration 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. CVA + HTN + Hiatal Hernia DUE TO (OR AS A CONSEQUENCE OF):	Years
	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)

BIRTH NO.

PH-1659
REV. 1/89