Last Will and Testament

Davidson County WILL
Recvd: 03/27/01 12:17 5pgs
Fees:22.00 Taxes:0.00
20010327-0029260

OF

LEROY GRACE, SR.

I, Leroy Grace, Sr., presently domiciled at 133 Brooke Castle Drive, Hermitage, Tennessee 37076, being of sound mind and disposing memory, do hereby make, publish and declare this as my Last Will and Testament, and, at the same time, revoke any and all wills and codicils which have been heretofore made by me.

I.

I desire that any costs of administration of my estate, any taxes assessed or subject at that time to assessment against my estate, any just indebtedness, and/or any funeral expenses, be paid first from the proceeds of any life insurance which is payable to my estate, second from any cash that I may have, including funds in any checking or savings accounts, and third from any other funds available from my personal assets, should the life insurance proceeds, cash, or bank accounts be insufficient.

II.

All of the rest, residue and remainder of my estate, including any property, real, personal and mixed, tangible and intangible, not otherwise disposed of in this my will, including all property which I may acquire or become entitled to after the execution of this my will, I bequeath and devise in fee to my children, Leroy Grace, Jr., and Carl E. Grace, equally, share and share alike, per stirpes. Said property shall be referred to herein as my "residuary estate."

 L G.

III.

I hereby appoint my son, Leroy Grace, Jr., Executor of this my Last Will and Testament and direct that no bond be required of my said Executor for the faithful performance of his duties. I hereby grant to my Executor the continuing, absolute, discretionary power to deal with all property, real and personal, at any time forming part of my estate, and to exercise any and all powers set forth in T.C.A. 35-50-110 to the extent applicable, all of which provisions and powers are incorporated herein by reference as fully as if copied herein verbatim. These powers as set out in said statute on the date of the execution of this will are granted, notwithstanding that said statute may be amended hereafter or repealed at the time of my death.

IN WITNESS WHEREOF, I have hereunto subscribed my name to this my Last Will and Testament, consisting of this and one (1) preceding typewritten page, and for the purpose of identification I have initialed each such page, all in the presence of the persons witnessing it at my request on this the ____ day of 19th Sept., 1996, at Nashville, Tennessee.

Leroy Grace Sr
LEROY GRACE, SR.

The foregoing instrument, consisting of this and two (2) preceding typewritten pages, was signed, sealed, published and declared by LEROY GRACE, SR., the Testator, to be his Last Will and Testament, in our presence, and we at his request and in his presence and in the presence of each other, have hereunto subscribed our names as witnesses, this 19 day of September, 1996, at Goodlettsville, Tennessee.

NAME: Kelly Woods Residing at: 1590 Blowing Birch
Madison, TN 37014

NAME: Samantha Wilson Residing at: 905 Aggie Perry Rd
Portage TN 37022

IN RE: THE LAST WILL AND TESTAMENT OF

LEROY GRACE, SR.

AFFIDAVIT

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Samantha Wilson and Kelly Woods, being first duly sworn do jointly and severally make oath to the following:

That the foregoing was signed, published, and declared by the above named Testator as and for his Last Will and Testament in our sight and presence who signified to us, the attesting witnesses, that the foregoing instrument is his Last Will and Testament and we have hereunto fixed our signatures as attesting witnesses at his request, in his sight and presence, and in the sight and presence of each other, and we further depose that at the said place and time the Testator was of sound mind and disposing memory, and signed this Last Will and Testament as his free and voluntary act.

Samantha Wilson
NAME

610B Aggie Perry Rd
ADDRESS
Bethpage TN 37022

Kelly Woods
NAME

1590 Blueberry Blvd
ADDRESS
Hartsville TN 37074

Sworn to and subscribed before me this 19th day of Sept., 1996.

NOTARY PUBLIC

My Commission Expires:
9/10/99

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.

5801686

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Leroy Grace, Sr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): March 28, 1998
4. SOCIAL SECURITY NUMBER: [redacted]4-8817
5a. AGE-LAST BIRTHDAY (Years): 59
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): Jun 23, 1938
7. BIRTHPLACE (City and State or Foreign Country): Thomaston, AL
8. WAS DECEDENT 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): Baptist Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed Divorced (Specify): Divorced
11. SURVIVING SPOUSE (If wife, give maiden name): NONE
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Inspector
12b. KIND OF BUSINESS/INDUSTRY: General Motors
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Hermitage
13d. STREET AND NUMBER OR RURAL LOCATION: 133 Brook Castle Dr.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37076
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): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+):

NAME OF DECEDENT (For use by physician or institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Cap Grace, Sr.
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mary Davis

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Leroy Grace, Jr.
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 129 Brook Castle Dr., Hermitage, TN 37076

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): Greenwood Cemetery
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Richard A. Lewis
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3633
21c. SIGNATURE OF EMBALMER: Delmas Bogus
21d. LICENSE NUMBER OF EMBALMER: 3687
22a. NAME AND ADDRESS OF FUNERAL HOME: LEWIS & WRIGHT FUNERAL DIRECTORS, 2500 Clarksville Hwy., Nashville, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 0812

REGISTRAR

23. REGISTRAR'S SIGNATURE: Theresa L. Bowen
24. DATE FILED (Month, Day, Year): April 2, 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 [ ] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: MD010750
25c. DATE SIGNED (Month, Day, Year): 4/2/98
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:
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): ROGER MAGEE M.D. 222 22ND AVENUE NORTH NASHVILLE, TN 37203

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. 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. CVL 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 [X] 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: M
31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
31d. DESCRIBE HOW INJURY Ooccurred:
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. 2-93

RDA 1399