C1-6 29

CERTIFICATE OF DEATH (OVERSEAS)
Acte de décès (D'Outre-Mer)

NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms)	GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
HILL, MALCOLM	SCPO/E-8	US NAVY	[redacted]-7922
ORGANIZATION Organisation	**NATION** (e.g., United States) Pays	**DATE OF BIRTH** Date de naissance	**SEX** Sexe
DEFENSE THREAT REDUCTION AGENCY	UNITED STATES	19 SEP 53	☒ MALE Masculin ☐ FEMALE Féminin

RACE Race	MARITAL STATUS État Civil	RELIGION Culte
☒ CAUCASOID Caucasique	☐ SINGLE Célibataire	☐ DIVORCED Divorcé
☐ NEGROID Negride	☒ MARRIED Marié	☐ SEPARATED Séparé
☐ OTHER (Specify) Autre (Spécifier)	☐ WIDOWED Veuf	☐ PROTESTANT Protestant ☐ CATHOLIC Catholique ☐ JEWISH Juif ☐ OTHER (Specify) Autre (Spécifier)

NAME OF NEXT OF KIN Nom du plus proche parent	RELATIONSHIP TO DECEASED Parenté du décédé avec le conjoint
DEBORAH L. HILL	WIFE
STREET ADDRESS Domicile à (Rue)	**CITY OR TOWN AND STATE** (Include Zip Code) Ville (Code postal compris)
1604 ELLSBERG COURT	VIRGINIA BEACH, VA

MEDICAL STATEMENT Déclaration médicale

CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)	INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort.	Probable arrythmogenic right ventricular dysplasia of the heart
ANTECEDENT CAUSES Symptômes précurseurs de la mort. — MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire	
UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant amené la cause primaire	
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives	

City of Norfolk
Commonwealth of Virginia
I certify this is a complete, full, exact reproduction of the original document.
Certified this 27th day of February 2001
George M. Shaheen
Notary Public George M. Shaheen
My commission expires: March 2004

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée ☒ YES Oui ☐ NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort attribuée par des causes extérieures
☒ NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
☐ ACCIDENT Mort accidentelle	NAME OF PATHOLOGIST Nom du pathologiste	
☐ SUICIDE Suicide		
☐ HOMICIDE Homicide	SIGNATURE Signature [signature] DATE Date	AVIATION ACCIDENT Accident d'Aviation ☐ YES Oui ☒ NO Non

DATE OF DEATH (Hour, day, month, year) Date du décès (l'heure, le jour, le mois, l'année)	PLACE OF DEATH Lieu du décès
31 OCT 00@0730	STUTTGART, GERMANY

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.
J'ai examiné les restes mortels du défunt et je conclue que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus

NAME OF MEDICAL OFFICER Nom du médicin militaire ou du médicin sanitaire	TITLE OR DEGREE Titre ou diplôme
KATHLEEN M. INGWERSEN, LTC, MC, USA	ARMED FORCES REGIONAL MEDICAL EXAMINER
GRADE Grade: LTC/O-5	**INSTALLATION OR ADDRESS** Installation ou adresse: LANDSTUHL REGIONAL MEDICAL CENTER, APO AE 09180
DATE Date: 4 DEC 00	**SIGNATURE** Signature: [signature]

[1] State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.
[2] State conditions contributing to the death, but not related to the disease or condition causing death.
[1] Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc.
[2] Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.

Davidson County WILL
Recvd: 04/09/01 16:28 6pgs
Fees:28.75 Taxes:0.00
20010409-0034956

LAST WILL AND TESTAMENT
OF
MALCOLM ERIC HILL

I, MALCOLM ERIC HILL, a domiciliary of the State of TENNESSEE, serving on active duty in the United States Armed Forces and presently stationed in Virginia, being of full age and sound and disposing mind and memory, do freely make, publish and declare this instrument to be my Last Will and Testament, expressly revoking any and all Wills and codicils heretofore made by me.

FIRST: I elect and hereby declare that this Will and each disposition and provision herein contained shall be construed, governed, regulated by and in accordance with the laws of the state of my domicile unless otherwise hereinunder so designated, including, but not limited to, any controversy that may arise concerning the validity, construction, operation, or effect of this Will, or its primary or ancillary administration, and the appointment of fiduciaries herein, including conflicts of law.

SECOND: I direct that all of my judicially enforceable, unsecured debts, the expenses of my last illness, my reasonable funeral expenses (including the reasonable costs of a suitable monument at my grave), my unpaid charitable pledges evidenced by a writing signed by me, and the costs of administration of my estate be paid from the residue of my estate as soon as practicable after my death. My Executor may, in his discretion, pay from my domiciliary estate all or any portion of the costs of any ancillary administration or similar proceedings in any other jurisdiction(s).

In the event that any property or interest in property passing under this Will or by operation of law or otherwise by reason of my death (other than as a part of my residuary estate) shall be encumbered by a mortgage or lien or shall be pledged to secure any obligation, whether such property is owned by me individually or jointly with another, it is my intention that such indebtedness shall not be charged to or paid from my estate, but that the devisee, legatee, joint owner taking by survivorship, or beneficiary receiving such property or interest in such property shall take it subject to all encumbrances existing at the time of my death. I request that an appraisal of my estate be waived.

THIRD: All estate taxes on all assets passing under this Will, and on all life insurance proceeds and jointly-held assets includable in my gross estate for the purposes of those taxes, shall be paid from the residue of my estate, as an expense of administering my estate. There shall be no contribution or reimbursement from, proration to, or apportionment against, any beneficiary or any other person owning or receiving any of those life insurance proceeds or jointly-held assets.

FOURTH: I have served in the Armed Forces of the United States. Therefore, I direct my Executor to consult with the personal affairs officer at the nearest military installation to ascertain if there are any benefits to which my dependents are entitled by virtue of such military affiliation at the time of my demise. Irrespective of such military status at the time of

Malcolm E Hill Jan 11, 1991 JHS MHG LKS

my death, I direct my Executor to consult with the nearest Veterans' Administration and Social Security Administration Offices to ascertain if there are any benefits to which my dependents may be entitled.

FIFTH: It is my express direction that any fiduciary that shall serve under the terms of appointment made in this will shall do so without the necessity of posting bond, surety, security, or other undertaking of any manner, in any jurisdiction during the faithful performance of the duties of their offices, unless otherwise specifically so directed hereinafter. The term "fiduciary" shall mean and include guardians of the person and property of any minor beneficiaries named herein, executors, ancillary and/or primary personal representatives, or administrators with the will annexed, as well as any substitute, added, or successor, individuals or corporations serving in the same capacities. Further, whenever used herein, words importing the singular shall include the plural and words importing the masculine shall include the feminine and neuter, and vice versa, unless otherwise specifically so indicated hereinafter.

SIXTH: In the administration of my estate and in connection with the construction of this Will, I further direct that the following instructions be complied with:

(a) If, at the time of my death, I have the right to exercise any power of appointment in favor of myself, my estate, my creditors or the creditors of my estate, I declare that nothing in this Will shall be deemed to be an exercise of such power; and, I hereby disclaim the right to exercise such powers.

(b) This Will shall not be construed as a contract made with my spouse or as a mutual or reciprocal testamentary disposition, even though our Wills may be substantially similar or were executed at approximately the same time.

(c) In the event that any beneficiary under this Will and I shall die in or as the result of a common disaster or where there is doubt as to who predeceased the other, I direct that this Will shall be construed as if such beneficiary had predeceased me, unless otherwise specifically so directed hereinafter.

SEVENTH: At the time of the execution of this Will, I am married. Any reference to "my spouse" in this Will shall only refer to DEBORAH LYNN OSHEA HILL. At the time of the execution of this Will, I have one child. Any reference to "my children" in this Will shall refer to BRIAN ERIC HILL, and any children born to or adopted by me after the date of the execution of this Will, unless otherwise specifically so indicated hereinafter.

EIGHTH: The term "issue" includes children and more remote descendants of the designated ancestor, who are living at the date of execution of this Will, and those who are born thereafter. That term includes persons who are legally adopted by the designated ancestor or by any descendant of the designated ancestor only before that adopted person attains the age of fourteen. The term also includes all children and issue, whether natural or legally adopted before attaining that age, of any adopted person, to the same

Melvin C Hill JAN 11, 1991 Jeb MHH UKS

extent as if each person legally adopted before attaining that age had been the adoptive parent's natural child.

NINTH: I give devise, and bequeath all of the property which I own at the time of my death or to which I may then be entitled, real, personal, and mixed, tangible and intangible, of whatever nature and wherever situated, (but excluding any property over which I may have a power of appointment), hereinafter termed "my estate," to my spouse in fee simple and absolutely if my spouse survives me by thirty (30) days. If my spouse fails to survive me by thirty (30) days, then I give, devise and bequeath my estate, in substantially equal shares, to those of my children who survive me by thirty (30) days; provided if any of my children do not survive me by thirty (30) days and leave issue surviving me by thirty (30) days, such issue shall represent their parent, and take such parent's share, per stirpes.

TENTH: If neither my said spouse nor my children nor any issue of my children shall survive me by thirty (30) days, then I give, devise, and bequeath all my estate to my father, WILLIAM R. HILL SR., of Nashville, Tennessee.

ELEVENTH: I name and appoint my spouse, DEBRA LYNN OSHEA HILL, as Guardian of the person and property of my minor children. If for any reason my spouse shall not act as Guardian of the person and property of my minor children, I then name and appoint my father, WILLIAM R. HILL, to be the substitute Guardian.

TWELFTH: I name and appoint my former spouse, JANNY DALE RUSSELL, of Smyrna, Delaware, as Guardian of the person of BRIAN ERIC HILL. I name and appoint my father, WILLIAM R. HILL SR., as Guardian of the property of BRIAN ERIC HILL. If for any reason JANNY DALE RUSSELL shall not act as Guardian of the person of BRIAN ERIC HILL, I then name and appoint my father, WILLIAM R. HILL SR., to be the substitute Guardian.

THIRTEENTH: Each minor child of mine shall be allowed to leave the state or country in which he is living to reside with the guardian of his person, regardless of where the guardian may reside.

FOURTEENTH: I name and appoint my spouse, DEBORAH LYYN OSHEA HILL, to serve as Executrix of this my Last Will and Testament. If for any reason my aforementioned Executrix shall not so serve, I name and appoint as substitute Executor, my father, WILLIAM R. HILL SR.

FIFTEENTH: I give to my Executors, in addition to and not in limitation of those powers provided by statute, full power and authority to hold, retain, sell, (publicly or privately), mortgage, lease for any period, partition, divide and convey in kind or cash or partly in kind and partly in cash, any part of my estate, both real and personal, to borrow money and to pledge such property as security therefore, to invest and reinvest in any such property, to employ a custodian or agent to manage such property, to execute good and sufficient deeds or other instruments necessary to convey title to the same at such times and upon such terms and conditions as may be deemed best, and

Mahah & Jan JAN 11, 1991 Jan Mah Hill

to do all other acts for the proper and advantageous management, investment and distribution of my estate, all without court order.

SIXTEENTH: I hereby direct that my Executor and any successor Executor or Executors, heretofore named, shall be vested with all the powers set forth in Section 35-50-110 of the Tennessee Code Annotated (1963) and with all of the powers set forth in subparagraphs (1) to (32) and such others that are to be authorized, all of which are incorporated by reference according to section 35-50-109 of the Tennessee Code Annotated (1963).

SEVENTEENTH: If I become unconscious, incoherent or otherwise unable to respond to normal human discourse and it is recommended by attending physicians to rely upon and or attach extraordinary mechanical, electrical, or other life support systems to my body in attempting to preserve my human existence when there is no reasonable medical probability of recovery, and/or if such systems have been previously relied upon or attached and there later becomes no reasonable medical probability of recovery, it is my express desire and wish that such systems not be relied upon and/or attached to my body, and that I be permitted to live in normal course with ordinary medical treatment.

EIGHTEENTH: If any beneficiary entitled to receive a distribution of property under this will is a minor at the time of distribution, I direct that my Executor deliver the property to a Custodian for the beneficiary under the Uniform Transfer to Minors Law, Uniform Gift to Minors Law, or a similar custodian law of any state where the beneficiary then resides; and I give to my Executor the power to designate any adult person or trust company, including my Executor, as Custodian for the property distributed to each beneficiary under that law. If the law of the state where the beneficiary resides does not provide for custodianship created in this manner, the distribution shall be made to the Custodian as Trustee for the minor and the terms of the trust shall be the Uniform Transfer to Minors Act as promulgated by the National Conference of Commissioners on Uniform State Laws, with the trust to terminate when the minor is twenty-one years of age.

NINTEENTH: It is my express desire and wish that my remains be interred in Arlington National Cemetery with full military honors.

Mabel C. Rhea Jan 11, 1991 Dr. Mills Urs

IN WITNESS WHEREOF, I have signed my name at Virginia Be[illegible]rginia, this 11 day of January, 1991.

Malcolm Eric Hill
MALCOLM ERIC HILL

The foregoing instrument, consisting of five (5) pages, inclusive of this page, which pages have been signed by the above named Testator, was on the above date, signed, published, and declared by MALCOLM ERIC HILL, the Testator, to be his Last Will and Testament, in the presence of each of us, and at the same time we, at his request, in his presence, and in the presence of each other signed our names as attesting witnesses.

[illegible]
WASHINGTON, DC 20370

James D. Brown Address[illegible]

COMNAVMILPERSCOM
WASHINGTON, DC 20370

Marsha R Gray Address[illegible]

COMNAVMILPERSCOM
WASHINGTON, DC 20370

Laura K. Salo Address[illegible]

City/County of VA Bch Commonwealth/State of VA

I hereby certify that the attached document is a true and [illegible] presented to me this 11 day of December 200[illegible]

Notary Public

My commission expires Nov 30, 2003