Davidson County WILL
Recvd: 04/10/01 10:01 6pgs
Fees:26.00 Taxes:0.00
20010410-0035133

LAST WILL AND TESTAMENT OF WILLENE POINTER DRAPER

I, WILLENE POINTER DRAPER, of Nashville, Davidson County, Tennessee, being of sound mind and disposing memory and realizing the uncertainty of life, do hereby make and publish this my last will and testament, hereby revoking all wills and codicils thereto by me at any time heretofore made.

I

I direct that all of my just debts and funeral expenses be first paid from my estate.

II

Except as otherwise directed in Item III hereof, I give, devise and bequeath to my husband, CHARLES BROCKETTE DRAPER, absolutely and in fee simple, all property which I own or have the right to dispose of at my decease and which remains after payment of my just debts and funeral expenses, of whatever kind, character and description, real, personal, intangible and mixed, and wherever situated.

III

In the event my said husband, CHARLES BROCKETTE DRAPER, does not survive me, or dies within three (3) days after the date of my death if his death and mine shall not result from a common accident or within thirty (30) days after my death if his death and mine shall result from a common accident, then I give, devise and bequeath equally to our children, BETTY DRAPER WEAVER, CHARLES KENNEDY DRAPER and JAMES DONALD DRAPER, absolutely and in fee simple, per stripes, each one-third of all property which I own or have the right to dispose of at my decease and which remains after payment of my just debts and funeral expenses, of whatever kind, character and description, real, personal, intangible and mixed, and wherever situated.

Willene Pointer Draper

WILLENE POINTER DRAPER, TESTATOR

In the event either of my children, BETTY DRAPER WEAVER, CHARLES KENNEDY DRAPER and JAMES DONALD DRAPER, pre-decease me, then I direct that their share of my estate shall be divided among them.

I give, devise and bequeath to my daughter, DIANE DRAPER JONES, the total sum of Twenty-Five ($ 25.00) Dollars, for reasons known to us.

ITEM IV

I nominate and appoint my said husband, CHARLES BROCKETTE DRAPER, Executor of this my last will and testament, and I authorize my said Executor to do any and all things which in his opinion are necessary to complete the administration and settlement of my estate, including full right, power and authority, without the order of any court and upon such terms and under such conditions as to my said Executor shall seem best for the proper settlement of my estate, including full right, power and authority, without the order of any court and upon such terms and under such conditions as to my said Executor shall seem proper settlement of my estate, to bargain, sell at public or private sale, convey, transfer, deed, mortgage, lease, exchange, pledge, manage and deal with any and all property belonging to my estate, to compromise, settle, adjust, release and discharge any and all obligations or claims in favor of or against my estate, and to borrow money for the payment of inheritance and estate taxes or for any other purpose, without in any way limiting the scope of the powers enumerated herein of my Executor, I hereby specifically give to him full power to retain any and all securities of property owned by me at the time of my decease whenever, in his absolute and uncontrolled discretion, such a course shall seem to him to be best, without liability for depreciation or loss, and free from investment restrictions incident to trusteeship or execution of said duties and powers, said Executor shall have the power to comply with all legal requirements as to the execution and delivery of deeds and all other writings, documents or formalities without the order of any court.

In the event my said husband, CHARLES BROCKETTE DRAPER, does not survive me

Willene Pointer Draper

WILLENE POINTER DRAPER, TESTATRIX

or for any other reason fails to qualify as Executor of this my Last Will and Testament, or, having qualified, thereafter for any reason shall cease to act, then I nominate and appoint my children, BETTY DRAPER WEAVER, CHARLES KENNEDY DRAPER, and JAMES DONALD DRAPER, Co-Executors of this my Last Will and Testament with all the duties, rights, powers, liabilities, privileges and immunities which are hereinbefore given to my said * wife, WILLENE POINTER DRAPER, as Executrix as aforesaid.

I direct that no bond be required of either my husband, CHARLES BROCKETTE DRAPER, as such Executor, or my said children, BETTY DRAPER WEAVER, CHARLES KENNEDY DRAPER, and JAMES DONALD DRAPER, as Co-Executors.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name this the 5 day of August 1997.

* See affidavit recorded simultaneously

PAGE THREE OF MY WILL

Willene Pointer Draper
WILLENE POINTER DRAPER, TESTATRIX

ATTESTATION CLAUSE AND AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

We, the undersigned, being first duly sworn, make oath that on the date above written, declared and signified to us that the foregoing instrument was the Last Will and Testament of ★ CHARLES BROCKETTE DRAPER, and that he then signed said instrument in our sight and presence; that we, at his request and in his sight and presence and in the sight and presence of each other, then subscribed our names hereto as attesting witnesses; that at the time of execution, the Testator was more that 18 years of age, of sound mind and disposing memory, and did not appear under any undue influence and that the undersigned, each being more that 18 years of age, make and sign this Affidavit at the Testator's request on the day and date above written.

★ See affidavit recorded simultaneously

Shelly Ramsey

Kathrina Stafford

Sworn to and subscribed before me

this the 5th day of August, 1997.

RUSSELL NOTARY PUBLIC Exp. 07/25/98 DAVIDSON COUNTY, TENNESSEE PUBLIC AT LARGE

NOTARY PUBLIC

MY COMMISSION EXPIRES: 7-25-98

Willene Pointer Draper

WILLENE POINTER DRAPER, TESTATRIX

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.

John P. Dunn

LOCAL REGISTRAR 0101074

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): WILLENE MANIZA DRAPER
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): FEBRUARY 16, 2001
4. SOCIAL SECURITY NUMBER (of Deceased): 412-66-9446
5a. AGE-LAST BIRTHDAY (Years): 89
5b. UNDER 1 YEAR MOS / DAYS
5c. UNDER 1 DAY HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): JULY 22 1911
7. BIRTHPLACE (City and State or Foreign Country): PUTNAM COUNTY, TN.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [XX] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [XX] 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): 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.): HOMEMAKER
12b. KIND OF BUSINESS/INDUSTRY: DOMESTIC
13a. RESIDENCE-STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 4324 SNEED ROAD
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [XX] Yes 2 [ ] No
13f. ZIP CODE: 37215
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): 12; College (1-4 or 5+): 1

PARENTS

17. FATHER'S NAME (First, Middle, Last): CHARLES NEWTON POINTER
18. MOTHER'S NAME (First, Middle, Maiden Surname): SALLIE OPHELIA HILL

INFORMANT

19a. INFORMANT'S NAME (Type/Print): BETTY WEAVER
19b. RELATIONSHIP TO DECEASED: DAUGHTER
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4324 SNEED RD., NASHVILLE, TN. 37215

NAME OF DECEDENT (For use by Physician or Medical Examiner)

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [XX] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): COOKEVILLE CITY
20c. LOCATION-City or Town, State: COOKEVILLE, TN.
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ ROGER BURKE
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2226
21c. SIGNATURE OF EMBALMER: ▶ STEVE MURPHY
21d. LICENSE NUMBER OF EMBALMER: 4169
22a. NAME AND ADDRESS OF FUNERAL HOME: HOOPER & HUDDLESTON FUNERAL HOME, 59 NORTH JEFFERSON AVE., COOKEVILLE, TN. 38501
22b. LICENSE NUMBER OF FUNERAL HOME: 1

REGISTRAR

23. REGISTRAR'S SIGNATURE ▶
24. DATE FILED (Month, Day, Year): March 5, 2001

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 [X] SIGNATURE AND TITLE OF PHYSICIAN ▶
25b. LICENSE NUMBER: M.D. 28058
25c. DATE SIGNED (Month, Day, Year): 2-28-01
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): CARTER WILLIAMS, M.D. 2400 PATTERSON ST. SUITE 500 NASHVILLE, TN. 37203

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. Cerebral vascular disease — DUE TO (OR AS A CONSEQUENCE OF): — Approximate Interval Between Onset and Death: 3 years

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b. — 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 [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)

BIRTH NO

PH-1659
REV. 3-98

RDA 1399

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.

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT: For use by physician or institution

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Charles Brockett Draper
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): March 22, 1999
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-6416
5a. AGE – LAST BIRTHDAY (Years): 88
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 08-26-1910
7. BIRTHPLACE (City and State or Foreign Country): Overton County, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ Yes 2 ☒ No
9a. PLACE OF DEATH (Check only one): 1 ☒ Inpatient (HOSPITAL) 2 ☐ ER/Outpatient 3 ☐ DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) (OTHER)
9b. FACILITY NAME (If not institution, give street and number): St. Thomas Hospital
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): Willene Pointer
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Owner
12b. KIND OF BUSINESS/INDUSTRY: Lumber Co.
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 4324 Sneed Rd.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 ☒ Yes 2 ☐ No
13f. ZIP CODE: 37215
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes 0 ☒ 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): ; College (1-4 or 5+): 3

PARENTS

17. FATHER'S NAME (First, Middle, Last): William Kennedy Draper
18. MOTHER'S NAME (First, Middle, Maiden Surname): Alma Mrytle Brockett Draper

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Betty Weaver
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4001 Wallace Lane Nashville, Tn. 37215

DISPOSITION

20a. METHOD OF DISPOSITION: 1 ☒ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Cookeville City Cemetery
20c. LOCATION—City or Town, State: Cookeville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Roger Burke
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2226
21c. SIGNATURE OF EMBALMER: Roger Burke
21d. LICENSE NUMBER OF EMBALMER: 3021
22a. NAME AND ADDRESS OF FUNERAL HOME: Hooper & Huddleston Funeral Home 59 N. Jefferson Ave. Cookeville, Tennessee 38501
22b. LICENSE NUMBER OF FUNERAL HOME: No.1

REGISTRAR

23. REGISTRAR'S SIGNATURE: Sheree A. Brown
24. DATE FILED (Month, Day, Year): April 12, 1999

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: Richard Geer MD
25b. LICENSE NUMBER: MD 16998
25c. DATE SIGNED (Month, Day, Year): 4/1/99
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): Richard Geer MD 4230 Harding Rd. Nashville, Tennessee Suite 603 37205

CAUSE OF DEATH

SEE INSTRUCTIONS ON OTHER SIDE

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.	Respiratory Failure	2 days
DUE TO (OR AS A CONSEQUENCE OF): b.	Renal Failure	3 weeks
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST — DUE TO (OR AS A CONSEQUENCE OF): c.	Perforated diverticulosis of colon	2 weeks
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.: Myasthenia gravis

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 ☒ 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