98P.1250 1.19.99

RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING IN THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED

LAST WILL AND TESTAMENT OF

DOROTHY L. HOUSTON

Davidson County WILL
Recvd: 06/07/01 14:37 5pgs
Fees:18.00 Taxes:0.00
20010607-0060162

I, DOROTHY L. HOUSTON, of 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 heretofore made by me.

I

I direct that all my just debts, including my funeral expenses and the costs of administration be paid out of my general estate by my Executrix, hereinafter named, as soon as practicable after my death. To this end, I authorize my Executrix to sell any of my property, real, personal and mixed and to execute all conveyances necessary to effectuate such sale without obtaining an Order of Court to do so.

II

I give and bequeath any automobile I may own at the time of my death to my brother, James Pope.

III

After payment of my just debts and after satisfaction of the foregoing bequest, all the rest, residue and remainder of my estate, including, but not limited to, my home and all the contents therein and all of my personal belongings and all my other property of every nature, real, personal and mixed, wheresoever situated, of which I may die seized and possessed, or to which I may have the power of testamentary disposition, control or appointment, I give, devise and bequeath to my sister, Thelma E. Pope, for her use and benefit during her lifetime, with unlimited power of disposition and, upon her death, I then give, devise and bequeath the remainder of same to my brother, James Pope.

In making the above disposition of my estate, I wish to state that I am not unmindful of my mother and my other two living brothers and my other relatives and dear friends nor is it through any lack of love or affection for them that I have intentionally omitted to provide for them in this my Last Will and Testament.

Mrs Dorothy L. Houston

IV

I hereby nominate, constitute and appoint my sister, Thelma E. Pope, Executrix of this my Last Will and Testament and I hereby excuse and exonerate her from giving bond or other security for the faithful discharge of her duties as such.

This my Last Will and Testament is typewritten on two pages, including the attestation clause and signatures of witnesses and is identified by my signature on each page.

IN WITNESS WHEREOF, I, DOROTHY L. HOUSTON, have hereunto set my hand to this my Last Will and Testament, and declare and publish it as such in the presence of witnesses at Nashville, Tennessee, this 27 day of JANUARY, 1980.

Mrs Dorothy L. Houston
DOROTHY L. HOUSTON

We, the undersigned witnesses, do hereby state that the above and foregoing Will was signed, published and declared by the Testatrix, DOROTHY L. HOUSTON, to be her Last Will and Testament in the presence of all of us at one and the same time and we, at her request and in her 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 Testatrix and to the performance of aforesaid acts of execution and publication at the place and on the date hereinabove set out.

Daniel Phillip Walk — WITNESS
1709 Windover Dr — ADDRESS

Charles E. Williams — WITNESS
3509 Geneva Circle. Nash. Tn. — ADDRESS

WILL AFFIDAVIT

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

I/We, Charles E. Williams,

after being lawfully sworn, make Oath to the following facts:

1. That I/We were a witness to the Last Will and Testament of Dorothy L. Houston.

2. That on the 27th day of January, 1980, I/We, the undersigned, on request of the testator/trix, witnessed the testator/trix sign his/her Last Will and Testament.

3. That the said testator/trix signed the Last Will and Testament in the sight and presence of the undersigned and the other attesting witness(es) to the Last Will and Testament and in our sight and presence and the sight and presence of the testator/trix, the said testator/trix declared the same to be his/her Last Will and Testatment and the undersigned together with the other witness(es) to the Last Will and Testatment signed his/her name thereto.

4. That on the day and date the Last Will and Testament was signed, the undersigned and the testator/trix were of the age of majority and in the opinion of the undersigned, the testator/trix was of sound mind and disposing memory.

FURTHER AFFIANT(S) SAITH NOT.

Affiant Signature(s): Charles E. Williams

Sworn to and subscribed, before me, this 27th day of January, 1999.

NOTARY PUBLIC

My Commission Expires MAY 30, 1999 : Commission expiration date

CLERK OF THE PROBATE COURT
ROOM 105 METRO COURTHOUSE
ONE PUBLIC SQUARE
NASHVILLE, TN 37201

STATE OF TENNESSEE, DAVIDSON COUNTY

I, Richard R. Rooker, Clerk of the Probate Court of Davidson **County, State aforesaid, do certify that** the foregoing is a **full, true and complete copy, of the original on file in my office. Will Book** 225 **Page** 11
Given under my hand and official seal, at office in Nashville, this 7th **of** June **20**01.

RICHARD R. ROOKER, CLERK

By Patty Jack
Deputy Clerk

RICHARD R. ROOKER
CLERK & MASTER

METROPOLITAN GOVERNMENT OF
NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

8500094

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

BIRTH NO. _____ STATE FILE NO. _____

DECEASED

1. DECEASED—NAME: First: Thelma; Middle: Elizabeth; Last: Pope
2. DATE OF DEATH (MONTH, DAY, YEAR): Jan 6, 1985
3a. AGE—LAST BIRTHDAY (YEARS): 67
3b. UNDER 1 YEAR: MOS. / DAYS
3c. UNDER 1 DAY: HOURS / MIN.
4. DATE OF BIRTH (MONTH, DAY, YEAR): 2-17-1917
5. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)): Black
5a. ORIGIN OR DESCENT (ITALIAN, MEXICAN, GERMAN, ETC. (SPECIFY))
6. SEX: Female
7a. COUNTY OF DEATH: Davidson
7b. CITY, TOWN, OR LOCATION: Nashville
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.): General Hosp
7e. IF HOSP. OR INST. INPATIENT OR OP/EMER. RM., SPECIFY (DEAD ON ARRIVAL, INPATIENT, EMERGENCY ROOM)
8a. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Tennessee
8b. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Divorced
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
12a. SOCIAL SECURITY NUMBER: 407-12-3701
12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE)
12c. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Domestic
12d. KIND OF BUSINESS OR INDUSTRY: Pvt. Home
13a. RESIDENCE—STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN, OR LOCATION: Nashville
13d. STREET AND NUMBER: 1330 2nd Ave So
13e. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
13f. CENSUS TRACT NO.

PARENTS AND INFORMANT

14. FATHER—NAME: Eugene Pope
15. MOTHER—MAIDEN NAME: Willie Chrisman
16. INFORMANT—NAME: Willie Pope
16a. MAILING ADDRESS: 1330 2nd Ave So

PERMIT REQUIRED PRIOR TO TRANSPORTATION OF BODY BY COMMON CARRIER OR REMOVAL FROM STATE.

DISPOSITION

18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial
18b. DATE (MONTH, DAY, YEAR): 1-11-85
18c. CEMETERY OR CREMATORY—NAME: Greenwood
18d. LOCATION—CITY OR TOWN, STATE: Nashville, Tenn
19a. FUNERAL DIRECTOR (SIGNATURE)
19b. LICENSE NO.: 2187
19c. EMBALMER (SIGNATURE)
19d. LICENSE NO.: 2953
19e. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Wright's F/H Nashville, Tenn
21a. REGISTRAR—SIGNATURE: Esther D Gross
21b. DATE RECEIVED BY LOCAL REGISTRAR: 1-17-85

CERTIFIER

22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE: _____ DEGREE: _____ DATE SIGNED (MONTH, DAY, YEAR): _____
22b.
23a. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE: T. E. Simpkins M.D. TITLE: _____ DATE SIGNED (MONTH, DAY, YEAR): 1-14-85
23b.
24a. CERTIFIER—NAME (TYPE OR PRINT): T. E. Simpkins, M.D.
24b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 1120 Dickerson Road, Nashville, TN 37207

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE. ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

CAUSE

25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
(a) IMMEDIATE CAUSE: Cardiac Arrythmia
(b) DUE TO, OR AS A CONSEQUENCE OF: Hypertension Cardiovascular Renal
(c) DUE TO, OR AS A CONSEQUENCE OF:
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

26. AUTOPSY (YES OR NO): No

27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)
27b. DATE OF INJURY (MONTH, DAY, YEAR)
27c. HOUR
27d. DESCRIBE HOW INJURY OCCURRED
27e. INJURY AT WORK (SPECIFY YES OR NO)
27f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)
27g. LOCATION—STREET OR R.F.D. NO., CITY OR TOWN, STATE

PH-1659
Rev. 9/81 CRC

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

John P. Dunn
John P. Dunn
Local Registrar

JUN 7 2001
Date Issued

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

CERTIFICATION OF VITAL RECORD