Davidson County WILL
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20010614-0062950

Last Will and Testament

OF

MARION VIRGINIA CUNNINGHAM

I, MARION VIRGINIA CUNNINGHAM, a citizen and resident of Davidson County, Tennessee, do hereby make, publish and declare this to be my Last Will and Testament, hereby expressly revoking any and all Wills and Codicils heretofore made by me.

ARTICLE I

I bequeath all of my tangible personal property including automobiles, household goods, jewelry, personal belongings, etc. in which I may own any interest at the time of my death, which shall be disposed of as a part of my residuary estate, including all insurance policies thereon as follows:

(A) To my daughter, Carrol Jane Cunningham Vance, if she survives me by thirty (30) days; or if she fails to survive me by thirty (30) days;

(B) To my surviving grandchildren in shares considered by my Executors or Executrix to be approximately equal in value in my Executors' or Executrix's sole discretion, and the receipt of the child shall be a full and final discharge of my Executors of Executrix for the property so delivered, and my Executors or Executrix shall sell any such property that cannot be approximately equally divided and the proceeds therefrom shall be added to the shares of my respective children in my residuary estate.

I may leave a letter of intent with my Executors or Executrix, or another, for the purpose of giving guidance to my Executors or Executrix in the distribution of my tangible personal property among my beneficiaries and I request, but do not require, that my Executors

Mrs. Marion V. Cunningham
TESTATRIX

or Executrix honor my wishes therein expressed.

ARTICLE II

I give to my grandchildren, Jeffrey Eugene Vance and Kimberly Michelle Vance, my house and lot located at 84 Lyle Lane, Nashville, Davidson County, Tennessee, subject to a life estate in that real property, which I give to my daughter, Carrol Jane Cunningham Vance.

ARTICLE III

I devise and bequeath any and all of the rest and residue of my estate, both real and personal, wherever situated, as follows:

(A) To my daughter, Carrol Jane Cunningham Vance, if she survives me by thirty (30) days; but if she fails to survive me by thirty (30) days then;

(B) I direct that all the rest and residue be divided as follows: All of my surviving grandchildren are to receive an equal share and if any of my children do not survive me at my death, then in such case such grandchild's children, my great grandchildren, surviving are to receive their parent's share and such parent's share shall in turn be distributed equally among the surviving children of such deceased grandchildren.

ARTICLE IV

I nominate my daughter, Carrol Jane Cunningham Vance, as my Executrix. In the event that she should not qualify or does not suvive me, or does not desire to so serve, then in such case I nominate as Executor my brother, Lyle Raymond McClanahan, who presently resides in LaMesa, California. The above indicated persons so designated to serve as Executor or Executrix shall so serve without posting bond.

ARTICLE V

(A) Any legally adopted person and decedants of the blood and legally adopted decedants of such person shall take under this Will as if they were related by blood.

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TESTATRIX

(B) Any taxes imposed under the laws of any jurisdiction by reason of my death, by whatever named called, upon or with respect to any property included in my estate for the purpose of such taxes, whether such property passes under or outside this Will, shall be paid by my Executor or Executrix without apportionment.

(C) The expense of my last illness, the expenses of a funeral appropriate to my station in life and custom of living, including the purchase and erection of a suitable monument or marker at my grave shall be paid by my Executor or Executrix.

(D) My Executor or Executrix shall have the power to pay my judicially enforceable debts and the administrative expenses of my estate as soon after my death as may be convenient or deliver any legacy or bequest to any beneficiary without waiting any time that may be prescribed by law.

(E) In addition to the powers now or hereafter conferred by law, my Executor or Executrix shall have all the powers enumerated in the Tennessee Code Annotated, as it is written on the date of my death.

IN WITNESS WHEREOF, I have hereunto set my hand to this my Last Will and Testament, written on this the 28th day of December, 1979.

Mrs. Marion V. Cunningham
MARION VIRGINIA CUNNINGHAM,
TESTATRIX

Signed, sealed, published and declared by the Testatrix, MARION VIRGINIA CUNNINGHAM, as and 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 here presence, and in the presence of each other, have hereunto subscribed our names as attesting witnesses and we do hereby

Mrs. Marion V. Cunningham
TESTATRIX

attest to the sound mind and disposing memory of said Testatrix and to the performance of the aforesaid act of execution on the date hereinabove set out.

_____ residing at _____
WITNESS

_____ residing at 3107 Valencia Rd
WITNESS Nashville, Tn 37211

_____
TESTATRIX

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

The undersigned witnesses, after being duly sworn according to law, depose and say:

1. That they are adult citizens of the State of Tennessee.

2. That they witnessed the execution of the Last Will and Testament of Marion Virginia Cunningham, dated the 28th day of December, 1979, to which this affidavit is attached, and that this affidavit is being made at the request of the Testatrix, and in accordance with Tennessee Code Annotated §32-211.

3. That their signatures are affixed to said Last Will and Testament, that they signed or affixed the same at the instance and at the request of the Testatrix and in his presence, and in the presence of each other, at the place and on the date recited in said Last Will and Testament.

4. That the Testatrix signed said paper writing as and for her Last Will and Testament in their sight and presence.

5. That at the time they witnessed said Will, the Testatrix was, in their opinion, of sound mind.

WITNESS

WITNESS

Sworn to and subscribed
before me on this 28th
day of December, 1979.

NOTARY PUBLIC

My commission expires: 10-19-82.

Metropolitan Government of Nashville and Davidson County

Bill Purcell, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

MAR 14 2000

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. Dromey
LOCAL REGISTRAR

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): MARION VIRGINIA CUNNINGHAM
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): MARCH 3, 2000
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-6661
5a. AGE-LAST BIRTHDAY (Years): 80
5b. UNDER 1 YEAR MOS. DAYS
5c. UNDER 1 DAY HOURS MIN
6. DATE OF BIRTH (Month, Day, Year): AUG. 12, 1919
7. BIRTHPLACE (City and State or Foreign Country): WILLIAMSON COUNTY, TENN.
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 [ ] E.R./Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 84 LYLE LANE
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):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): AIRCRAFT MECHANIC
12b. KIND OF BUSINESS/INDUSTRY: TEXTRON
13a. RESIDENCE-STATE: TENN.
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 84 LYLE LANE
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37210
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Specify, if yes: [ ] Yes [X] No
15. RACE-American Indian, Black, White, etc. (Specify): WHITE
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 10; College (1-4 or 5+):

NAME OF DECEDENT (To be filled in by physician or institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): THOMAS EDWARD McCLANAHAN
18. MOTHER'S NAME (First, Middle, Maiden Surname): NELLIE MAE AUSTIN

INFORMANT

19a. INFORMANT'S NAME (Type/Print): CARROL VANCE
19b. RELATIONSHIP TO DECEASED: DAUGHTER
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 84 LYLE LANE, NASHVILLE, TENN. 37210

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): WOODLAWN MEMORIAL PARK
20c. LOCATION-City or Town, State: NASHVILLE, TENN.
21a. SIGNATURE OF FUNERAL DIRECTOR: William R. Appleton
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2700
21c. SIGNATURE OF EMBALMER: William R. Appleton
21d. LICENSE NUMBER OF EMBALMER: 3310
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODBINE FUNERAL HOME, INC. 3620 NOLENSVILLE ROAD, NASHVILLE, TENN. 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 396

REGISTRAR

23. REGISTRAR'S SIGNATURE: Robert W. Rhodes Jr
24. DATE FILED (Month, Day, Year): March 14, 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: MD 17389
25c. DATE SIGNED (Month, Day, Year): 3/10/00
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): 330 22nd Ave N Nashville TN 37203

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

CAUSE OF DEATH

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Sudden Cardiac Death
DUE TO (OR AS A CONSEQUENCE OF): ASCVD
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): A fib Flutter
c.
DUE TO (OR AS A CONSEQUENCE OF): COPD.
d.

Approximate Interval Between Onset and Death

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. HTN / Multi infarct dementia

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)

PH-1659
REV. 2-93

BIRTH NO.

RDA 1399