Last Will and Testament

OF

ALMA CORLEY RION

Davidson County WILL
Recvd: 07/02/01 11:11 8pgs
Fees:42.00 Taxes:0.00
20010702-0069704

I, **ALMA CORLEY RION,** a citizen and resident of Davidson County, Tennessee, being of sound mind and disposing memory, do make, publish and declare this to be my Last Will and Testament, hereby revoking any prior Wills or Codicils hereto made by me.

ITEM I

PAYMENT OF DEBTS, TAXES AND COSTS OF ADMINISTRATION

I direct that all of my just debts, funeral expenses, the cost of administration of my estate and any taxes owing by me at the time of my death be paid as soon as practicable after my death from my general estate. I further direct my Executor or Executrix to pay out of my general estate as an expense of administration, all estate, inheritance, succession, and other taxes which may be assessed against my estate or any of the beneficiaries thereof by reason of my death, without apportionment or proration among the several legatees and devisees.

ITEM II

EXECUTOR/EXECUTRIX

I hereby nominate and appoint my son, **JIMMY DALE RION,** as Executor under this my Last Will and Testament. If my son, **JIMMY DALE RION,** is unable to serve, unwilling to serve or later ceases to serve for any reason, I then appoint **VALERIE R. BLACKBURN** as Executrix under this my Last Will and Testament. In the event both

JIMMY DALE RION and **VALERIE R. BLACKBURN**, are unable to serve, unwilling to serve or later cease to serve for any reason, I then appoint **JOHN DAVID RION** as Executor under this my Last Will and Testament. I direct that my Executor or Executrix, whether original, alternate or successor, be permitted to serve without bond in this or any other jurisdiction and that the requirements for inventory and interim accountings be waived.

ITEM III

CHILDREN

JIMMY DALE RION is the only child born to or adopted by me during my lifetime are.

ITEM IV

DISPOSITION OF SPECIFIC PROPERTY

I have left among my valuable papers a memorandum written entirely in my hand and previously signed by me on the date of the execution of this my Last Will and Testament as to the disposition I would have made of certain personal property and personal effects owned by me at the time of my death, and I direct that my Executrix or Executor distribute or dispose of such property in accordance with the said memorandum. If for any reason the said memorandum is not found and properly identified as such by my Executrix or Executor within thirty (30) days following the date of the probate of my Will, I then direct that all such property shall go into and form a part of my residuary estate.

A. C. R

ITEM V

SPECIFIC BEQUESTS

I give, devise and bequeath to my son, JIMMY DALE RION, a life estate in and to my homeplace, consisting of a house and lots, at 2411 Lakeshore Drive, Old Hickory, Tennessee, including all of the improvements located thereon and the appurtenances thereto, with the remainder vested in VALERIE R. BLACKBURN, TERRI R. PROVOST and JOHN DAVID RION, in substantially equally shares, or to their respective bodily heirs, per stirpes. I direct that JIMMY DALE RION shall be responsible for all upkeep, maintenance, taxes and insurance on the said property during the term of his life estate. I further direct that my Executor or Executrix shall execute and file for recording in the Register's Office for Davidson County, Tennessee, a deed conveying the said real property to VALERIE R. BLACKBURN, TERRI R. PROVOST and JOHN DAVID RION, as tenants in common, their heirs or assigns, subject the life estate reserved for JIMMY DALE RION.

ITEM VI

RESIDUARY ESTATE

All of the rest, residue and remainder of my estate, whether the same be real, personal or mixed, and wheresoever situated, shall go into and form my residuary estate. I then give, devise and bequeath all of my residuary estate to my son, JIMMY DALE RION, or to his bodily heirs, per stirpes.

IN WITNESS WHEREOF, I hereunto subscribe my name, this the 17th day of November, 1994.

Alma Corley Rion

ALMA CORLEY RION

A. C. R

ALMA CORLEY RION, signed the foregoing instrument in our presence, publishing and declaring it to be her Last Will and Testament, and as witnesses whereof, we do now, at her request and in her presence and in the presence of each other, hereto subscribe our names on the date above mentioned, this attestation clause having been read by us and we having noted that the events herein enumerated took place as stated.

WITNESS:

Patsy C. Davidson

PATSY C. DAVIDSON

Diana C. Frey

DIANA C. FREY

ADDRESS:

126 Camino Circle
Hendersonville, TN 37075

4933 Reeder School Road
Greenbrier, TN 37073

A. C. R.

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

AFFIDAVIT

We, PATSY C. DAVIDSON and DIANA C. FREY, being adult citizens and residents of the State of Tennessee, after being duly sworn according to law, depose and state that this date ALMA CORLEY RION signed the foregoing instrument in our presence, publishing and declaring it to be her Last Will and Testament, and as witnesses, we, at her request, subscribed our names in her presence and in the presence of each other, and in our opinion the said ALMA CORLEY RION was at the time and is at this time of sound mind and disposing memory. This Affidavit is executed in accordance with T.C.A. 32-2-110 at the request of the said ALMA CORLEY RION.

This the 17 day of November, 1994.

Patsy C. Davidson
PATSY C. DAVIDSON

Diana C. Frey
DIANA C. FREY

SUBSCRIBED AND SWORN TO BEFORE ME
THIS THE 17 DAY OF NOVEMBER, 1994.

NOTARY PUBLIC

My Commission Expires 5/17/97

A. C. R

CODICIL NO. 1 TO THE LAST WILL AND TESTAMENT
OF
ALMA CORLEY RION

I, Alma Corley Rion, of 2411 Lakeshore Drive, Old Hickory, Davidson County, Tennessee, having heretofore made and published my Last Will and Testament, which bears the date of November 17, 1994, do make and declare this as a codicil thereto, to wit:

FIRST: By striking from Item V, Specific Bequest, the second grammatical sentence and substituting in lieu thereof the following:

I direct that the remaindermen shall be responsible for all upkeep, maintenance, taxes and insurance on the said property during the term of the life estate to Jimmy Dale Rion.

I hereby ratify, republish and reaffirm said will in all respects, except as modified by this codicil thereto.

IN WITNESS THEREOF, I have hereunto set my hand to this Codicil No. 1 to my Last Will and Testament at Old Hickory, Tennessee, on this the 2 day of ~~July~~ August, 2000.

Alma Corley Rion
ALMA CORLEY RION

Signed, sealed, published and declared by the Testatrix, Alma Corley Rion, to be Codicil No. 1 to 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 the aforesaid act of execution at the place and on the date hereinabove set forth.

Ryan Smith
WITNESS

1400 Robinson Rd Old Hickory TN 37138
ADDRESS

Jennifer Kelley
WITNESS

1400 Robinson Rd. Old Hickory, TN 37138
ADDRESS

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

The undersigned, after being first 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 Codicil No. 1 of Alma Corley Rion, dated the 2 day of ~~July~~ August A.C.R., 2000, 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 32-2-110.

3. That their signatures are affixed to said Codicil No. 1, that they signed or affixed the same at the instance and at the request of the Testatrix and in her presence and in the presence of each other at the place and on the date recited in said Codicil No. 1.

4. That the Testatrix signed said paper writing as and for her Codicil No. 1 in their sight and presence.

5. That at the time they witnessed said Codicil No. 1 she was, in their opinion, of sound mind.

Ryan Smith
WITNESS

Jennifer Kelley
WITNESS

Sworn to and subscribed before me this the 2 day of ~~July~~ August. A.C.R., 2000.

Glenda McGregor
NOTARY PUBLIC

My commission expires:
5-27-2001

GLENDA S. McGREGOR NOTARY PUBLIC TENNESSEE

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

0103290

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Alma Corley Rion
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): June 7, 2001
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]4794
5a. AGE - LAST BIRTHDAY (Years): 90
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month Day Year): Mar 2, 1911
7. BIRTHPLACE (City and State or Foreign Country): DeKalb Co., Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ Yes 2 ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 ☒ 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): Skyline Medical Center
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.): Lab Operator
12b. KIND OF BUSINESS/INDUSTRY: E. I. DuPont
13a. RESIDENCE - STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Old Hickory
13d. STREET AND NUMBER OR RURAL LOCATION: 2411 Lakeshore Dr.
13e. CENSUS TRACT
13a. INSIDE CITY LIMITS? 1 ☒ Yes 2 ☐ No
13f. ZIP CODE: 37138
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes 0 ☒ No
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+)

NAME OF DECEDENT (For use by physician or institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Thomas Corley
18. MOTHER'S NAME (First, Middle, Maiden Surname): Sarah Hemontolar

INFORMANT

19a. INFORMANT'S NAME (Type/Print): J.D. Rion
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 501 28th St, Old Hickory, TN 37138

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): Spring Hill Cemetery
20c. LOCATION - City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Reid Van Ness
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4286
21c. SIGNATURE OF EMBALMER: ▶
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Company, 2707 Gallatin Road, Nashville, TN 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 331

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ [signature]
24. DATE FILED (Month, Day, Year): June 18 2001

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: ▶ [signature]
25b. LICENSE NUMBER: MD 007172
25c. DATE SIGNED (Month, Day, Year): 6-15-01
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): 3443 DICKERSON PIKE STE 340, NASHVILLE TN 37207

CAUSE OF DEATH

28. PART I. Enter the disease, 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) ⟶
a. Carcinoma of the breast with lung & liver metastasis — Approximate Interval Between Onset and Death: 3 YRS 7 MOS
DUE TO (OR AS A CONSEQUENCE OF):
b. Pleural Effusion
DUE TO (OR AS A CONSEQUENCE OF):
c. Ascites
DUE TO (OR AS A CONSEQUENCE OF):
d. Small bowel obstruction

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

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 ☐ 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)

SEE INSTRUCTIONS ON OTHER SIDE

PH-1559
REV. 2-93

BIRTH NO

RDA 1399

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 18 2001
Date Issued

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

CERTIFICATION OF VITAL RECORD