Last Will and Testament

Davidson County WILL
Recvd: 07/05/01 11:17 6pgs
Fees:32.00 Taxes:0.00
20010705-0071732

OF

JAMES ERNEST KENDRICKS

I, JAMES ERNEST KENDRICKS, domiciled in Nashville, Davidson County, Tennessee, do make, publish and declare this to be my last will and testament, hereby revoking all wills and codicils heretofore made by me.

ARTICLE I

I direct that all of my just debts, my funeral expenses (including the cost of a suitable monument at my grave), and the costs of administration of my estate be paid as soon as practicable after my death. I specifically direct that the proceeds of any life insurance payable to my estate may be used in the payment of said debts, taxes, and costs of administration of my estate.

ARTICLE II

I direct that there shall be paid out of my residuary estate, without apportionment, all estate, inheritance, succession and other taxes, if any, which may be assessed against my estate.

ARTICLE III

I devise to my wife, Lottie Baines Kendricks, the parcel of real property, with all appurtenances and improvements thereon and used in connection therewith, located at and commonly known as 1302 Bessie Avenue, Nashville, Davidson County, Tennessee, for and during the term of her natural life, provided that she maintains said property as her residence, remains unmarried and lives alone, except my children may approve of someone living with her for the purposes of caring for her daily needs. I direct that my said wife shall bear the cost and pay for all the utilities such as, but not limited to, electricity, water and the heating energy source, and the cost of all maintenance and upkeep caused by her failure to exercise reasonable care in maintaining said property. However, my children, as the remainder beneficiaries, shall pay for or perform all normal maintenance and upkeep to both the exterior and

 James Earnest Kendricks

interior of said residence and the five (5) lots on which it is located, and my children shall also pay the taxes and insurance on said property. In the event that my said wife shall abandon said property or no longer uses said property as her residence, then her interest in said property shall terminate.

Upon the death of my said wife, or upon the occurrence of the conditions stated herein, the remainder interest, as well as my reversionary interest in said property, shall pass equally to my children, William L. Kendricks, Walter E. Kendricks, Ella K. Dowdell, and the children of my deceased child, James E. Kendricks, Jr., namely Veronica, Bridget, Michael and David Kendricks, per stirpes. If any of my now living children predecease me then I direct that deceased child's share shall pass to that deceased child's children, per stirpes. I further direct that if any of my said children or the children of any deceased child of mine shall desire to sell their respective interest in said property, that said interest be offered first to the other remainderman beneficiaries.

ARTICLE IV

I bequeath the following listed items to my children who survive me:

(a) To William and Walter Kendricks I leave all my tools, paint brushes and painting equipment; ladders, my five (5) rocking chairs; and all of my personal clothing and effects.

(b) To Ella Dowdell I leave my bedroom suite, silverware, and big mirror hainging on the wall.

(c) To William Kendricks I leave my dishes and end tables with the glass top.

(d) To Walter Kendricks I leave my shotgun, television set, and two marble top washstands.

ARTICLE V

All the rest, residue and remainder of the property which I may own at the time of my death, real, personal and mixed, tangible and intangible, of whatsoever nature and wheresoever situated, including all property which I may acquire or become entitled to after the execution of this will, including all lapsed legacies and devises and all life insurance payable to my estate, I bequeath and

devise equally in fee to my children, William L. Kendricks, Walter E. Kendricks, Ella K. Dowdell and the children of my deceased child, James E. Kendricks, Jr., namely, Veronica, Bridget, Michael and David Kendricks, per stirpes. If any of my said children shall not survive me then and in that event I hereby give, devise and bequeath that deceased child's share to the deceased child's surviving children, per stirpes.

ARTICLE VI

I hereby appoint William L. Kendricks as Executor of this my last will and testament and direct that no bond be required for the faithful performance of his duties. I vest my said Executor or any substitute personal representative, with full power and authority to sell, transfer and convey any property, real or personal, which I may own at the time of my death at such time and price and upon such terms and conditions (including credit) as may be determined to be in the best interest of my estate and the beneficiaries of my estate, and to do every other act and thing necessary or appropriate to the complete administration of my estate.

I authorize my Executor (including any substitute or successor personal representative) in the exercise of a reasonable discretion with respect to all property, real and personal, at any time forming part of my estate to exercise any or all the powers set forth in Section 3 of Chapter 110 of the Acts of the Tennessee General Assembly of 1963, T.C.A. §35-618, to the extent applicable, all of which provisions and powers are incorporated herein by reference as fully as if copied herein verbatim. These powers, as set out in said statute on the date of the execution of this will, are granted notwithstanding that said statute may be amended hereafter or repealed at the time of my death. I further authorize my executor to distribute any bequeat or devise to a minor beneficiary of my estate to the guardian or parent of such minor beneficiary and upon such guardian's or parent's receipt, the executor shall have full acquittance.

IN TESTIMONY WHEREOF, I have hereunto subscribed my

 James Earnest Kendricks

IN TESTIMONY WHEREOF, I have hereunto subscribed my name to this my last will and testament, consisting of this and three (3) preceding typewritten pages, and for the purpose of identification I have signed each such page, all in the presence of persons witnessing it at my request on this 3 day of Oct, 1978, at Nashville, Davidson County, Tennessee.

James Earnest Kendricks
JAMES ERNEST KENDRICKS

The foregoing instrument, consisting of this and three (3) preceding typewritten pages, was signed, sealed, published and declared by JAMES ERNEST KENDRICKS, the testator, to be his last will and testament, in our presence, and we, at her request and in her presence and in the presence of each other, have hereunto subscribed our names as witnesses, this 3rd day of October, 1978, at Nashville, Tennessee.

Thomas G. Dotton residing at Brentwood, Tenn.

Frances D. Beale residing at Nashville, Tenn.

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 140 Page 206
Given under my hand and official seal, at office in Nashville, this 31st of July 20 01.

RICHARD R. ROOKER, CLERK

By Gay Parker
Deputy Clerk

RICHARD R. ROOKER CIRCUIT COURT CLERK

PAGE FOUR OF MY WILL James Earnest Kendricks

AFFIDAVIT

THOMAS I. BOTTORFF and FRANCES D. SEALE,

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 JAMES ERNEST KENDRICKS, dated 3rd day of October, 1978, to which this affidavit is attached, and that this affidavit is being made at the request of the Testator, and in accordance with Tennessee Code Annotated, Section 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 Testator 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 Testator signed said paper writing as and for his Last Will and Testament in their sight and presence.

5. That at the time they witnessed said will, the Testator was, in their opinion, of sound mind and disposing memory.

Thomas I. Bottorff

Frances D. Seale

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Subscribed and sworn to before me this 3rd day of October, 1978.

Jeannie Gleaves
Notary Public

My Commission Expires: 4/18/82.

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE / PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER 95 011687

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): LOTTIE KENDRICKS
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): 3-24-1995
4. SOCIAL SECURITY NUMBER: 413-44-3205
5a. AGE - LAST BIRTHDAY (Years): 85
5b. UNDER 1 YEAR: MONTHS / DAYS
5c. UNDER 1 DAY: HOURS / MINS
6. DATE OF BIRTH (Month, Day, Year): 6-28-1909
7. BIRTHPLACE (City and State or Foreign Country): NASH TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 X No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 X 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): METRO GENERAL HOSPITAL 078
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): WIDOW
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): DOMESTIC
12b. KIND OF BUSINESS/INDUSTRY:
13a. RESIDENCE — STATE: TN
13b. COUNTY: DAVIDSON 19
13c. CITY, TOWN OR LOCATION: NASHVILLE 094
13d. STREET AND NUMBER OR RURAL LOCATION: 1305 BESSIE ST.
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37207
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes 0 X No
15. RACE—American Indian, Black, White, etc. (Specify): BL 2
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 99; College (1-4 or 5+):
17. FATHER'S NAME (First, Middle, Last): ROBERT BAINES
18. MOTHER'S NAME (First, Middle, Maiden Surname): MAGGIE RAMSEY

INFORMANT

19a. INFORMANT'S NAME (Type/Print): MAGGIE JONES
19b. RELATIONSHIP TO DECEASED: SISTER
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1305 BESSIE ST. NASHVILLE, TN 37207

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): GREENWOOD CEMETERY
20c. LOCATION—City or Town, State: NASH TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ MELVIN J. SMITH
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4502
21c. SIGNATURE OF EMBALMER: ▶ DELMAS BOGUS
21d. LICENSE NUMBER OF EMBALMER: 3687
22a. NAME AND ADDRESS OF FUNERAL HOME: SMITH FUNERAL DIRECTORS, INC. 706 MONROE ST., NASHVILLE, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 809

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Martha H. Jones
24. DATE FILED (Month, Day, Year): April 3, 1995

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 X SIGNATURE AND TITLE OF PHYSICIAN: ▶ Hanz Chiangpo MD.
25b. LICENSE NUMBER: MD18601
25c. DATE SIGNED (Month, Day, Year): 3-29-95
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 CERTIFI-

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): IFEANYI OBIANYO M.N.G.H. 72 Hermitage Avenue Nash., TN 37210

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 Department of Health. Alteration or erasure voids this certification.

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

Paula Taylor
Paula Taylor
State Registrar

Date Issued Jul-05-2001

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD