Davidson County WILL
Recvd: 07/16/01 11:52 4pgs
Fees:22.00 Taxes:0.00
20010716-0075161

Last Will and Testament

OF

EVALENE PEWITT

I, **EVALENE PEWITT,** domiciled in Davidson County, Tennessee, being of sound mind and disposing memory, do hereby make, publish, and declare this to be my Last Will and Testament, hereby revoking all former Wills and Codicils to Wills at anytime heretofore made by me.

ARTICLE I

I direct that all my just debts, my funeral expenses and the costs of the administration of my estate be paid as soon as possible after my death. My Executor in his sole discretion may pay from my domiciliary estate all or any portion of the costs of ancillary administration and similar proceedings in other jurisdictions.

ARTICLE II

I hereby will, devise, and bequeath all my property, whether real, personal, or mixed, wheresoever situated, to my son Ronnie Pewitt. My son Ronnie Pewitt has helped care for me during my periods of ill health. If Ronnie Pewitt predeceases me, then I will all my property to my other son Russell Pewitt.

ARTICLE III

I hereby nominate and appoint Ronnie Pewitt as my Executor of this my Last Will and Testament. I authorize my Executor to do any and all things which are in his sole opinion are necessary to complete the administration and settlement of my estate. I expressly give my Executor power to convey land and grant title within the terms of this Will. I further direct that my Executor to serve without bond and I waive inventory and accounting.

Evalene Pewitt
Testatrix

IN WITNESS WHEREOF, I have subscribed my name on this the 5 day of January, 2001 at Nashville, Tennessee.

Evalene Pewitt
Evalene Pewitt, Testatrix

The foregoing instrument consisting of two (2) typewritten pages was, at the date thereof, signed, published, and declared by the said **EVALENE PEWITT,** as and for her Last Will and Testament in our presence, and we, the undersigned, at her request, and in her presence, and in the presence of each other, have subscribed our signatures as witnesses, this attestation clause having been read by us and we having noted that the events herein enumerated took place as stated.

Martha C. Child
WITNESS

4220 Nolensville Rd Nashville Tn
ADDRESS

Carolyn B. Duncan
WITNESS

1111 3rd Ave South
ADDRESS Nash Tenn
37210

pewittSW
imatwills2000

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

The undersigned, after first 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 **EVALENE PEWITT,** dated the 5th day of JANUARY, 2001, 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 Last Will and Testament, 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 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.

Maurice Shield
WITNESS

Carolyn B. Duncan
WITNESS

Sworn to and subscribed before me,
a Notary Public, on this the 5th
day of January, 2001.

Notary Public

My Commission Expires: 10-12-01

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.

APR 30 2001

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

0102056

STATE FILE NUMBER

CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): JEMIMA EVALENE PEWITT
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): APRIL 5, 2001
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]8933
5a. AGE-LAST BIRTHDAY (Years): 76
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): APRIL 19, 1924
7. BIRTHPLACE (City and State or Foreign Country): WILLIAMSON COUNTY, 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): SOUTHERN HILLS MEDICAL CENTER
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: SELF
13a. RESIDENCE-STATE: TN
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 3017 LOUISE DRIVE
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37211
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] 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+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): RALEIGH STILL
18. MOTHER'S NAME (First, Middle, Maiden Surname): ETHEL HUDGINS

INFORMANT

19a. INFORMANT'S NAME (Type/Print): RUSSELL PEWITT
19b. RELATIONSHIP TO DECEASED: SON
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 202 EAST KINGSTON SPRINGS ROAD KINGSTON SPRINGS, TN 37082

NAME OF DECEDENT For use by physician or institution

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): HARPETH HILLS MEMORY GARDENS
20c. LOCATION-City or Town, State: NASHVILLE, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Wendell L Bryan
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2556
21c. SIGNATURE OF EMBALMER: John Cannon
21d. LICENSE NUMBER OF EMBALMER: 5335

REGISTRAR

22a. NAME AND ADDRESS OF FUNERAL HOME: WOODBINE FUNERAL HOME, INC. 3620 NOLENSVILLE ROAD, NASHVILLE, TN 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 396
23. REGISTRAR'S SIGNATURE: Kathleen Rhodes
24. DATE FILED (Month, Day, Year): APR 18, 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 [ ] SIGNATURE AND TITLE OF PHYSICIAN: Charles E. Martin MD
25b. LICENSE NUMBER: MD-8766
25c. DATE SIGNED (Month, Day, Year): 4-16-01
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: MD-8766
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): 397 Wallace Road Suite 414 Nashville TN. 37211

SEE INSTRUCTIONS ON OTHER SIDE

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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Cardiopulmonary arrest	
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): Infarcted small intestines	2 days -
	c. DUE TO (OR AS A CONSEQUENCE OF):	
	d. DUE TO (OR AS A CONSEQUENCE OF):	

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):

BIRTH NO.

H-1659
EV. 3-98

RDA 1359