Last Will and Testament

OF

VADA T. HASTON

* * * * * * * * * * * * * * * *

Davidson County WILL
Recvd: 07/19/01 12:57 4pgs
Fees:22.00 Taxes:0.00
20010719-0076646

I, VADA T. HASTON, a resident of Davidson County, Tennessee, being of sound mind and disposing memory do hereby make, publish and declare this to be my Last Will and Testament and hereby revoke all other wills or codicils thereto, heretofore made by me.

ARTICLE I

I direct that my Executor hereinafter named, or my contingent Executor, if he is called on to serve, pay out of my general estate, all my just debts, expenses of my last illness, my funeral expenses and all expenses of administration, including any estate or inheritance tax that may be charged against my estate, all of the above without any allocation to or reimbursement from any devisee, legatee or beneficiary.

ARTICLE II

After the payment of all the items of expense in administering my estate as set out in Article I, above, I give, bequeath and devise all of the rest, residue and remainder of my estate, both real and personal, to my husband, Otis A. Haston, if he survives me. Should my husband predecease me or should we die in a common disaster, I then give, bequeath and devise all of the rest, residue and remainder of my property, both real and personal, to my two children; Norma Jean Chappell and David Otis Haston, share and share alike. Should either of my above named children predecease me I direct that such deceased child's share pass to the issue of such deceased child in equal

shares.

ARTICLE III

I hereby name my husband, Otis A. Haston, as Executor of this my Last Will and Testament and because of my confidence in him, he is to serve without bond. Should my husband for any reason be unable or unwilling to serve, I name as contingent Executor, my son in law, James W. Chappell and if he is called on to serve, he is to serve without bond.

IN WITNESS WHEREOF, I have hereunto subscribed my name to this my Last Will and Testament on this 25th day of August, 1988 consisting of three (3) typewritten pages, including the attestation clause and an Affidavit which I have requested the attesting witnesses to execute.

Vada T. Haston
Vada T. Haston, Testatrix

The foregoing instrument was signed, published and declared by the Testatrix, Vada T. Haston, as and for her Last Will and Testament in the sight and presence of us and each of us and we at the same time at her request and in her sight and presence and in the sight and presence of each other and believing her to be of sound mind have hereunto subscribed our names as attesting witnesses on this 25th day of August, 1988.

Robert M Coggin
Signature of witness

Signature of witness

A F F I D A V I T

STATE OF TENNESSEE

COUNTY OF DAVIDSON

We, the undersigned, being first duly sworn, make oath;

that the Testatrix, VADA T. HASTON, on the 25th day of August, 1988, declared and signified to us the foregoing instrument to be her Last Will and Testament; that she then signed said instrument in our sight and presence; that we at her request and in her sight and presence and in the sight and presence of each other then subscribed our names thereto as attesting witnesses; that at the time of her execution of the foregoing instrument, VADA T. HASTON, was more than 18 years of age and we believed her to be of sound mind; that we, the undersigned, each being more than 18 years of age and under no legal disability now make and sign this Affidavit at the request of the Testatrix on the day and date above written.

Robert M Cowgill
Affiant

Affiant

Sworn to and subscribed before me
this 25th day of August, 1988.

Paul G Blankenship
Notary Public

My commission expires 5/20/92

I hereby certify that this is a true copy of original instrument filed in my office this 19th day of July 2001
RICHARD R. ROOKER, CLERK
By Patty Jack
Deputy Clerk

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK — 801478

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Otis Aaron Haston
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): March 16, 1998
4. SOCIAL SECURITY NUMBER (of Deceased): 415-10-0299
5a. AGE - LAST BIRTHDAY (Years): 87
5b. UNDER 1 YEAR — MOS. / DAYS
5c. UNDER 1 DAY — HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Mar. 3, 1911
7. BIRTHPLACE (City and State or Foreign Country): White County, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [X] ER/Outpatient 3 [ ] DOA — OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Nashville Memorial Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Madison
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Vada Taylor
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Operator
12b. KIND OF BUSINESS/INDUSTRY: Metro Transit Authority
13a. RESIDENCE - STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2601 Shadow Lane
CENSUS TRACT:
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37216
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No — Specify, if yes.
15. RACE - American Indian, Black, White, Etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12 — College (1-4 or 5+):

NAME OF DECEDENT - For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Joe Berry
18. MOTHER'S NAME (First, Middle, Maiden Surname): Maggie Lewis

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Vada Hastor
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2601 Shadow Lane Nashville, TN 37216

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): Whorton Springs Cemetery
20c. LOCATION - City or Town, State: Smithville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Carolyn Young
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4981
21c. SIGNATURE OF EMBALMER: ▶ Frank A. Burns
21d. LICENSE NUMBER OF EMBALMER: 4907
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: ▶ Marsha H. Dunn
24. DATE FILED (Month, Day, Year): March 20, 1998

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: ▶ Jennifer C Rozier MD
25b. LICENSE NUMBER: MD 7525
25c. DATE SIGNED (Month, Day, Year): 20 Mar 98
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):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print):

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

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. pulmonary edema
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST:
b. metastatic prostate CA / colon CA
DUE TO (OR AS A CONSEQUENCE OF):
c. colon CA
DUE TO (OR AS A CONSEQUENCE OF):
d. prostate CA

SEE INSTRUCTIONS ON OTHER SIDE

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 — H / 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-1657

BIRTH NO.

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

JUL 12 2001
Date Issued

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

METROPOLITAN GOVERNMENT NASHVILLE AND DAVIDSON COUNTY TENNESSEE

CERTIFICATION OF VITAL RECORD