Last Will and Testament

OF

FRED JOHNSON, JR.

Davidson County WILL
Recvd: 07/23/01 13:30 7pgs
Fees:37.00 Taxes:0.00
20010723-0077763

Item I

Declarations

1.1 My Will: My name is Fred Johnson, Jr. and this is my Will. I revoke any earlier dated Testamentary instrument of mine.

1.2 My Family: In this Will I refer to Ora Lee Johnson as my wife. I have eight children, James Anthony Johnson, Bertha Margretta Johnson, Edward Eugene Johnson, Sr., Evelyn Marie Johnson Smith, Fred Johnson, III, Buford Douglas Johnson, Donald Leslie Johnson and Pamela Faye Cartmell.

Item II

Payment of Funeral and Administration expenses, debts and Taxes

2.1 Debts and Administration Expenses: My Executor should pay my unpaid funeral expenses and the expense of administering my debts.

2.2 Taxes: My Executor shall pay my lawful inheritance, estate or other death taxes, including interest and penalties thereon, from my general estate. My Executor shall not apportion these taxes against a beneficiary of my probate estate.

Item III

Specific Gifts

3.1 Gift to Ora Lee Johnson: Should she survive me thirty days, I give my house located at 1710 Roger Avenue, Nashville, Tennessee, to my wife, Ora Lee Johnson. Should my wife not survive me, this gift shall pass to my children in equal shares, per stirpes.

PAGE ONE OF MY LAST WILL AND TESTAMENT OF FOUR PAGES:

Fred Johnson Jr
FRED JOHNSON, JR.

3.2 Gift to Bertha Margretta Johnson: I give my two lots located next to the house at 1710 Roger Avenue, Nashville, Tennessee, and my food processor to my daughter, Bertha Margretta Johnson.

3.3 Gift to James Anthony Johnson: I give my television workshop located behind my house, including the building and electronic tools, to my son, James Anthony Johnson.

3.4 Gift to Edward E. Johnson: I give all of my tools to my son, Edward E. Johnson.

3.5 Gift to Buford Douglas Johnson: I give my Gibson ES 335 guitar and case to my son, Buford Douglas Johnson.

3.6 Gift to Evelyn Marie Johnson: I give my Gibson ES 355 guitar and case to my daughter, Evelyn Marie Johnson.

3.7 Gift to Fred Johnson, III: I give my jukebox and Fender Stratocaster and case to Fred Johnson, III.

3.8 Gift to Bettye Flynn, Leon Williams and Jeremy Williams: I give my computer to Bettye Flynn, Leon Williams and Jeremy Williams, share and share alike.

3.9 Gift to Donald Leslie Johnson: I give my Jenn-Air surface unit to my son, Donald Leslie Johnson.

3.10 Remaining Tangible Personalty: I give the remainder of my personalty to my wife, Ora Lee Johnson. Should my wife not survive me, then the same shall be given to my children, in equal shares, per stirpes.

Item IV

Disposition of Residuary Estate

4.1 Residuary Estate: I give my residuary estate to my wife, Ora Lee Johnson. Should my wife not survive me, then the same shall be given to my children, in equal shares, per stirpes.

PAGE TWO OF MY LAST WILL AND TESTAMENT OF FOUR PAGES:

Fred Johnson Jr.
FRED JOHNSON, JR.

Item V

5.1 Appointment: I appoint my son, Edward Eugene Johnson, Sr., as Executor of my estate.

5.2 Resignation: My Executor may resign upon advance written notice of not less than thirty (30) days to the Court having jurisdiction over my estate, and the Court will appoint a successor Executor. However, the resignation is not effective until the successor Executor is appointed. The resigning Executor shall deliver the assets under its control and any evidences of title to the successor Executor and also shall make an accounting, unless excused from doing so by the successor Executor.

5.3 Bond: I excuse the Executor appointed herein from making bond.

5.4 General Provision Applicable to Executor: The following provisions apply to my Executor:

(a) My Executor has each power set forth in Tennessee Code Annotated, Section 35-50-110, which I incorporate by reference into this Will.

(b) A successor Executor has each duty, right and power given to the Executor originally appointed. A successor Executor is not liable for an act or default of a predecessor Executor, nor for a loss or an expense from or occasioned by an act done or neglected to be done by a predecessor Executor. The successor Executor may accept the account rendered and assets delivered to it by its predecessor as a complete discharge to the predecessor Executor.

(c) I excuse my Executor from filing an inventory and making reports to the Court having jurisdiction over my estate.

Fred Johnson Jr.

FRED JOHNSON, JR.

(d) My Executor shall have full authority to sell at a public or private sale my personal property without Court approval, to satisfy my last debts, if necessary. My realty shall be treated in all respects as personal property.

Item VI

Signature

6.1 This Will consists of four (4) pages (each of which I have signed or initialed) covering Items I through VI, inclusive. I now sign this as my Last Will and Testament on this the 22nd day of December, 1999, and pursuant to Tennessee Code Annotated 32-2-110. I request the attesting witnesses to make affidavit attached to this Will.

Fred Johnson Jr.
FRED JOHNSON, JR.

ATTEST TO EXECUTION OF THE WILL:

WITNESS

305 14th Ave. N.
Nashville, TN 37203
ADDRESS

Julie Mogan
WITNESS

305 14th Ave N
Nashville Tn 37203
ADDRESS

STATE OF TENNESSEE
COUNTY OF DAVIDSON

I make oath or affirm that:

1. The Testator, Fred Johnson, Jr., signed the foregoing Last Will on the date shown on the Will, and at the time of such signing he informed me he signed it as his Last Will.

2. He signed this Will when I was in his sight and presence. Contemporaneously with the signing, he requested me to sign the Will as his attesting witness, which I did in the sight and presence of a second witness.

3. The Testator is more than eighteen (18) years of age, and I am also more than eighteen (18) years of age.

4. In my judgment the Testator is legally competent to make a Will.

WITNESS

Sworn to and subscribed before me this 22nd day of December, 1999.

NOTARY PUBLIC

My Commission Expires: 11/30/2002

STATE OF TENNESSEE
COUNTY OF DAVIDSON

I make oath or affirm that:

1. The Testator, Fred Johnson, Jr., signed the foregoing Last Will on the date shown on the Will, and at the time of such signing he informed me he signed it as his Last Will.

2. He signed this Will when I was in his sight and presence. Contemporaneously with the signing, he requested me to sign the Will as his attesting witness, which I did in the sight and presence of a second witness.

3. The Testator is more than eighteen (18) years of age, and I am also more than eighteen (18) years of age.

4. In my judgment the Testator is legally competent to make a Will.

WITNESS

Sworn to and subscribed before me this 22nd day of December, 1999.

NOTARY PUBLIC

My Commission Expires: 11/30/2002

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.

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

FEB 21 2001

John T. Cooke

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last): Fred Johnson Jr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): 2/14/2001
4. SOCIAL SECURITY NUMBER: [redacted]-5199
5a. AGE – LAST BIRTHDAY (Years): 73
6. DATE OF BIRTH: 12-16-1927
7. BIRTHPLACE (City and State or Foreign Country): Louisville,Ky
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 No
9. PLACE OF DEATH (Check only one): 1 Hospital: X Inpatient 2 ER/Outpatient 3 DOA 4 Other
5. Nursing Home 6 Residence 8 Other (Specify)
9a. FACILITY NAME (If not institution, give street and number): Baptist Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS—Married, never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Ora Lee Cooke
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Technician
12b. KIND OF BUSINESS/INDUSTRY: Electronics
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN, OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1710 Rodger Ave.
CENSUS TRACT: 2
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
Specify, if yes:
15. RACE—American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):
17. FATHER'S NAME (First, Middle, Last): Fred Johnson,Sr.
18. MOTHER'S NAME (First, Middle, Maiden Surname): Margaret Martin
19a. INFORMANT'S NAME (Type/Print): Ora Lee Johnson
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 106-31st Ave.So., Nashville,TN. 37212
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): Hills Of Calvary
20c. LOCATION—City or Town, State: Nashville,TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Edward C. Hatch
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4300
21c. SIGNATURE OF EMBALMER: Edward C.Hatch
21d. LICENSE NUMBER OF EMBALMER: 5072
22a. NAME AND ADDRESS OF FUNERAL HOME: House Of Hatch Funeral Home,Inc. 924 Jefferson Street Nashville,TN. 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 954
23. REGISTRAR'S SIGNATURE: Robert W. Rhodes Jr.
24. DATE FILED (Month, Day, Year): February 26, 2001

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

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: Vinita Anand
25b. LICENSE NUMBER: MD 15644
25c. DATE SIGNED (Month, Day, Year): 2/20/2001
26a. MEDICAL EXAMINER – On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, 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):

SEE INSTRUCTIONS ON OTHER SIDE

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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	Cerebro vascular accident	
DUE TO (OR AS A CONSEQUENCE OF): b.	Diabetes Mellitus	
DUE TO (OR AS A CONSEQUENCE OF): c.		
DUE TO (OR AS A CONSEQUENCE OF): d.		

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: Chronic renal failure, Hypertension

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:
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-1859
REV. 2-93

BIRTH NO.

RDA 1399