Last Will and Testament

of

MRS. HALLEY H. VERNON

I, Mrs. Halley H. Vernon, a widow, of Davidson County, Tennessee, being of sound mind and disposing memory, make and publish this my last will and testament, hereby revoking all wills previously made by me.

I desire that all my just debts and funeral expenses be paid as soon as practical after my death.

I give, bequeath and devise all my estate, both real and personal, to my son, David W. Vernon. If my said son should pre-decease me, or die simultaneously with me in an accident or otherwise, then I direct that my entire estate, both real and personal, be divided equally between my two grandsons, David R. Vernon and Bruce M. Vernon.

I hereby appoint my son, David W. Vernon, as Executor of this my will and direct that he be allowed to serve without bond. If he shall have pre-deceased me, or be unable or unwilling to serve for any reason, then in such event, I hereby appoint my grandson, David R. Vernon, to serve as Executor, also without bond.

In witness whereof, I have hereunto set my hand and seal this 30 day of APRIL, 1976 at Hermitage, Tennessee.

Halley H. Vernon
Testatrix.

The foregoing instrument was signed by the above-named Mrs. Halley H. Vernon, and declared to be her last will and testament, in the presence of us and each of us, who thereupon, at her request, in her presence, and in the presence of each other, have hereunto subscribed our hands as witnesses thereto.

Witness: Mrs. Gloria F. Hagar,
Timberview Lane,
Hermitage, Tenn.

Witness: Mrs. Sylvia E. Hix,
Clearview Drive,
Mt. Juliet, Tennessee.

Davidson County WILL
Recvd: 08/24/01 08:58 3pgs
Fees:17.00 Taxes:0.00
20010824-0091496

A F F I D A V I T

STATE OF TENNESSEE:

COUNTY OF DAVIDSON:

We, Mrs. Gloria F. Hagar, and Mrs. Sylvia E. Hix, make oath that on this date, 30 of APRIL, 1976, we were witnesses to the will of Mrs. Halley H. Vernon, and contains our signatures as attesting witnesses. We further make oath that we witnessed the will being signed by the said Mrs. Halley H. Vernon, and she appeared to be of sound mind, and she declared it to be her last will and testament, in the presence of us and each of us, who thereupon, at her request, in her presence, and in the presence of each other, signed our names to the attached will as attesting witnesses. Each of us witnessed Mrs. Halley H. Vernon signing the will, as well as each other signing same as attesting witnesses thereto.

Mrs. Gloria F. Hagar

Witness: Mrs. Gloria F. Hagar,
Timberview Lane,
Hermitage, Tennessee.

Mrs. Sylvia E. Hix

Witness: Mrs. Sylvia E. Hix,
Clearview Drive,
Mt. Juliet, Tennessee.

Subscribed and sworn to before me
this 30 day of APRIL, 1976,
at Hermitage, Tennessee.

H. HOUSTON HAGAR NOTARY PUBLIC DAVIDSON COUNTY, TENN.

H. Houston Hagar

H. Houston Hagar,
Notary Public

My Commission expires 7-27-76.

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0104398

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Hally May Highers Vernon Hunt
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): August 1, 2001
SOCIAL SECURITY NUMBER: [redacted]0606
5a. AGE-LAST BIRTHDAY (Years): 91
5b. UNDER 1 YEAR: MOS. DAYS
5c. UNDER 1 DAY: HOURS MIN.
6. DATE OF BIRTH (Month, Day, Year): 05/18/1910
7. BIRTHPLACE (City and State or Foreign Country): Madison, TN
EVER IN U.S. ARMED FORCES? 1 Yes 2 X No
8a. PLACE OF DEATH (Check only one): HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA; OTHER: 4 Nursing Home 5 X Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 1701 Bret Ridge Drive
9c. CITY, TOWN, OR LOCATION OF DEATH: Hermitage
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.): Information-Intercept
12b. KIND OF BUSINESS/INDUSTRY: South Central Bell
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Hermitage
13d. STREET AND NUMBER OR RURAL LOCATION: 1701 Bret Ridge Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37076
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes O 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): 10; College (1-4 or 5+):

NAME OF DECEDENT: For data by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): David Coleman Highers
18. MOTHER'S NAME (First, Middle, Maiden Surname): Harriet Lee Thompson

INFORMANT

19a. INFORMANT'S NAME (Type/Print): David Vernon
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1701 Bret Ridge Dr. Hermitage, TN 37076

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: Stacy Bond CFSP
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3930
21c. SIGNATURE OF EMBALMER: Mitch O. Mc
21d. LICENSE NUMBER OF EMBALMER: 5401
22a. NAME AND ADDRESS OF FUNERAL HOME: Bond Memorial Chapel, 1098 Weston Drive Mt. Juliet, TN 37122
22b. LICENSE NUMBER OF FUNERAL HOME: 1041

REGISTRAR

23. REGISTRAR'S SIGNATURE: Robert W. Rhodes Jr
24. DATE FILED (Month, Day, Year): August 14 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 X SIGNATURE AND TITLE OF PHYSICIAN:
25b. LICENSE NUMBER: 20765
25c. DATE SIGNED (Month, Day, Year): 8/13/01
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:
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): Ken Demirjian, M.D. 2817 Lebanon Rd. Nashville, TN 37214

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.

SEE INSTRUCTIONS ON OTHER SIDE

Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Invasive Peritoneal Sarcoma — DUE TO (OR AS A CONSEQUENCE OF): — 6 mos.

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):
c. DUE TO (OR AS A CONSEQUENCE OF):
d.

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 X No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 X No

30. MANNER OF DEATH: 1 X 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)

PH-1659 (REV. 8/99)

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

Date Issued AUG 14 2001

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

METROPOLITAN GOVERNMENT NASHVILLE AND DAVIDSON COUNTY

CERTIFICATION OF VITAL RECORD