Last Will and Testament

I Thelma Dean Burns-Hahn

Davidson County WILL
Recvd: 09/17/01 13:43 3pgs
Fees:17.00 Taxes:0.00
20010917-0100504

" " "

I, Thelma Dean Burns-Hahn a resident of Nashville, Davidson County, Tennessee, and being in my sound mind, disposing memory, do hereby published and declare to be my Last Will and Testament, hereby revoking all other Wills by me at any time made.

"

It is my desire that my Executrix hereafter named, pay all of my just debts for which I am legally and personally liable, including my funeral expenses, and that my Administratrix settle my estate only as possible, promptly and in accordance with the laws of the State of Tennessee.

"

I will and bequeath all of my household, furniture, home or homes, and each moving, that I may die seized to my daughter Thelma Maria Burns, for her devotion, love and affection, and for her loyalty and help to me during my declining years.

"

I give and bequeath to my brother James William Burns One ($1.00) for his unfaithfulness and lack of care and interest shown to me during the last years of my life

"

I will and bequeath all the rest of, and

and Residue of my property of every Nature, kind, Real, Personal, and mixed, that I may die seized to my said daughter Thelma Marie Bunn.

I hereby appoint and appoint my said daughter Thelma Marie Bunn as Executrix of this my last will and Testament, and direct no Bond be set or required of her such Executrix, as I have full faith and confidence in her integrity.

In Witness Whereof I have hereunto set my hand this the 18th day of April 1995.

Thelma Mae Bunn - Testatrix

We whose names are hereunto subscribed do hereby certify that Thelma Mae Bunn Testatrix, the Testatrix subscribed her name to this instrument in our presence and in the presence of each of us, and declared at the same time in our presence and hearing that this instrument of two pages, including this was my Last Will and Testament, and we, at her request signed our names hereto in her presence and in the presence of each other, as attesting Witness.

Witness Candida L. Davis
Address 2312 24th Ave N Apt A

State of Tennessee
County of Davidson

My Commission Expires September 16, 1995

Witness - William Lee Hunter
Address 723 HARTAVE.

Sworn before me this 26th Day of April, 1995

Witness Mary Ann Locker
Address 6428 Thunderbird Dr.
Nashville TN 37209

Thelma B. Jackson

METROPOLITAN GOVERNMENT OF
NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 0104991

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Thelma Dean Burrow Hobson
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): 8/31/2001
4. SOCIAL SECURITY NUMBER (of Deceased): 408-48-0217
5a. AGE-LAST BIRTHDAY (Years): 66
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): 12/14/1934
7. BIRTHPLACE (City and State or Foreign Country): Nashville,Tenn
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. 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): 427 Fisk Street
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): None
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Labor
12b. KIND OF BUSINESS/INDUSTRY: None
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 427 Fisk St/
CENSUS TRACT: 3
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37203
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): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): X; College (1-4 or 5+):

NAME OF DECEDENT (For use by physician or coroner)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Buford Burrow Sr.
18. MOTHER'S NAME (First, Middle, Maiden Surname): Julia Grant

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Thelma M. Burrow
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 427 Fisk St. Nashville, Tenn

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: Nashville, Tenn
21a. SIGNATURE OF FUNERAL DIRECTOR: W. R. Davis
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2907
21c. SIGNATURE OF EMBALMER: James Studdard,
21d. LICENSE NUMBER OF EMBALMER: 4070
22a. NAME AND ADDRESS OF FUNERAL HOME: Davis Campbell McClain 1404 Jefferson ST. Nashville,Tenn 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 403

REGISTRAR

23. REGISTRAR'S SIGNATURE: Robert W. Rhodes Jr
24. DATE FILED (Month, Day, Year): September 14, 2001

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
25b. LICENSE NUMBER: 34321
25c. DATE SIGNED (Month, Day, Year): 9-11-01
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)

SEE INSTRUCTIONS ON OTHER SIDE.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Lung Cancer
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.
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 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] 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)

BIRTH NO

PH-1859
REV. 2-93

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 SEP 14 2001

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

CERTIFICATION OF VITAL RECORD