LAST WILL AND TESTAMENT OF RUTH B. REED

Davidson County WILL
Recvd: 09/20/01 11:42 4pgs
Fees:22.00 Taxes:0.00
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I, Ruth B. Reed, of Nashville, Tennessee, revoke my former Wills and Codicils and declare this to be my Last Will and Testament.

ARTICLE I
DISPOSITION OF PROPERTY

A. Residuary Estate. I direct that my residuary estate be distributed to Brenda R. Hill, 2608 Albion Street, Nashville, Tennessee 37208. If such beneficiary does not survive me, my residuary estate shall be distributed to Kimberly L. Ervin, Nashville, Tennessee.

ARTICLE II
NOMINATION OF EXECUTOR

I nominate Brenda R. Hill, of Nashville, Tennessee, as the Executor, without bond. If such person or entity does not serve for any reason, I nominate Brentom Taylor, of Dallas, Texas, to be the Executor, without bond.

ARTICLE III
EXECUTOR POWERS

My Executor, in addition to other powers and authority granted by law or necessary or appropriate for proper administration, shall have the right and power to lease, sell, mortgage, or otherwise encumber any real or personal property that may be included in my estate, without order of court and without notice to anyone.

ARTICLE IV
MISCELLANEOUS PROVISIONS

A. Paragraph Titles and Gender. The titles given to the paragraphs of this Will are inserted for reference purposes only and are not to be considered as forming a part of this Will in interpreting its provisions. All words used in this Will in any gender shall extend to and include all genders and in numbers when the context or facts so require, and any pronouns shall be taken to refer to the person or persons intended regardless of gender or number.

IN WITNESS WHEREOF, I have subscribed my name below, this 6th day of July, 2000

Ruth B. Reed

Ruth B. Reed

We, the undersigned, hereby certify that the above instrument, which consists of three pages, including the page(s) which contain the witness signatures, was signed in our sight and presence by Ruth B. Reed (the "Testator"), who declared this instrument to be his/her Last Will and Testament and we, at the Testator's request and in the Testator's sight and presence, and in the sight and presence of each other, do hereby subscribe our names and addresses as witnesses on the date shown above.

Witness Signature: Fannie M. Sawyers

Witness Name: Fannie M. Sawyers

Witness Address: 388 Solitude Circle
Goodlettsville, Tennessee 37072

Witness Signature: George T. Brooks, Sr.

Witness Name: George T. Brooks, Sr.

Witness Address: 4516 Clarksville Highway
Nashville, Tennessee 37218

AFFIDAVIT

STATE OF Tennessee
COUNTY OF Davidson

Before me, the undersigned, on this day personally appeared Ruth B. Reed, Fannie M. Sawyers, and George T. Brooks, Sr., known to me to be the Testator and the witnesses, respectively, whose names are signed to the foregoing instrument. All of these persons were first duly sworn by me. Ruth B. Reed, the Testator, declared to me and to the witnesses, in my presence, that the foregoing instrument is the Testator's Will and that the Testator willingly signed and executed such instrument (or expressly directed another person to sign the instrument for the Testator in the Testator's presence) in the presence of the witnesses, as the Testator's free and voluntary act for the purposes expressed in the instrument. Each of the witnesses declared in the presence and hearing of the Testator that the foregoing instrument was executed and acknowledged by the Testator as the Testator's Will in their presence and that they, in the Testator's presence, hearing and sight and at the Testator's request, and in the presence of each other, did subscribe their names to the instrument as attesting witnesses on the date of the instrument. The Testator, at the time of the execution of such instrument, was of full age, of sound mind, and the witnesses were sixteen years of age or older and otherwise competent to be witnesses.

Ruth B. Reed

Ruth B. Reed, Testator

Fannie M Sawyers

Fannie M. Sawyers, Witness

George T. Brooks, Sr.

George T. Brooks, Sr., Witness

Subscribed, sworn to and acknowledged before me by Ruth B. Reed, the Testator; and subscribed and sworn before me by Fannie M. Sawyers and George T. Brooks, Sr., witnesses, this 6th day of July, 19 2000.

Ann E. Young

Notary Public, or other officer authorized to take and certify acknowledgements and administer oaths

NOTARY PUBLIC AT LARGE

Metropolitan Government of Nashville and Davidson County

Bill Purcell, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

DEC 27 2000

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.

John P Lenow
LOCAL REGISTRAR

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

0006892

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): RUTH B. REED
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): DECEMBER 16, 2000
4. SOCIAL SECURITY NUMBER (of Deceased): 411-46-8037
5a. AGE-LAST BIRTHDAY (Years): 67
5b. UNDER 1 YEAR MOS. DAYS
5c. UNDER 1 DAY HOURS MIN.
6. DATE OF BIRTH (Month, Day, Year): 04/10/1933
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 [X] Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Nashville Health Care
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.): Retired
12b. KIND OF BUSINESS/INDUSTRY
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2608 Albion Street
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 No
13f. ZIP CODE: 37208
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes O [X] No
15. RACE-American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12) | College (1-4 or 5+)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Willie Blackwell
18. MOTHER'S NAME (First, Middle, Maiden Surname): Georgia Dobbins

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Brenda Hill
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): Nashville, Tennessee 37208

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): Middle TN Veteran's Cemetery
20c. LOCATION-City or Town, State: Pegram, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Henry L. Smith
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: #3167
21c. SIGNATURE OF EMBALMER: Rebecca Alli
21d. LICENSE NUMBER OF EMBALMER: #5143
22a. NAME AND ADDRESS OF FUNERAL HOME: SMITH BROTHERS FUNERAL DIRECTORS, 706 Monroe Street, Nashville, Tennessee 37208
22b. LICENSE NUMBER OF FUNERAL HOME: #0809

REGISTRAR

23. REGISTRAR'S SIGNATURE: Robert W. Rhodes Jr
24. DATE FILED (Month, Day, Year): December 27, 2000

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
25b. LICENSE NUMBER: MD013402
25c. DATE SIGNED (Month, Day, Year): 12/26/00
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)
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 disease, injuries, or complications that caused the death. Do not enter terminal events 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. Respiration Failure
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. COPD
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

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 [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. 6/98)

BDA 1369