Davidson County WILL
Recvd: 10/24/01 13:13 7pgs
Fees:37.00 Taxes:0.00
20011024-0116246

LAST WILL AND TESTAMENT

I, JOE WESLEY TERRY, OF 6141 Jocelyn Hollow Road, Nashville, Davidson County, Tennessee, being of sound and disposing mind and memory, and considering the uncertainty of life, do make, publish and declare this to be my Last Will and Testament.

FIRST: I hereby revoke all Wills and Codicils by me heretofore made.

SECOND: I hereby direct my Executrix hereinafter named to pay all my just debts and funeral expenses as soon after my death as may be practicable.

THIRD: I hereby give, devise and bequeath all of my property, both real and personal, of whatsoever kind or nature, and wheresoever the same may be situated, of which I may die seized or possessed, or in which I may have any title or interest at the time of my death, or over which I may have any power of disposal, unto my wife, PATRICIA SCHOOLER TERRY.

Joe Wesley Terry

FOURTH: In the event, however, that my wife, PATRICIA SCHOOLER TERRY, predeceases me, or dies under such circumstances that there is insufficient evidence to determine the question of survivorship between us, then I give, devise and bequeath all of my property to my son, JOE WESLEY TERRY, JR., Born March 11, 1968.

FIFTH: I nominate, constitute and appoint my wife, PATRICIA SCHOOLER TERRY, as Executrix of this my Will. I request that she be allowed to qualify and serve as Executrix of this my Last Will and Testament, whether in the State of Tennessee or elsewhere, without giving any bond or security whatsoever.

In the event that my wife, PATRICIA SCHOOLER TERRY, is unable or unwilling to act as Executrix of this my Last Will and Testament, I hereby nominate, constitute and appoint my son, JOE WESLEY TERRY, JR., as substitute Executor of this my Last Will and Testament, and request that he be allowed to qualify and serve as Executor of this my Last Will and Testament, whether in the State of Tennessee or elsewhere, without giving any bond or security whatsoever.

SIXTH: I confer upon the Executrix of this, my Will, with respect to the management and administration of any property, real or personal, including property held under a power of trust, the following discretionary powers, without limitation by reason of specification:

1. To retain any such property for such period of time as she may

Joe Wesley Terry

deem advisable without liability for depreciation or loss; to deposit any monies at any time as a part of my estate in one or more banks, savings or commercial, in such form of account, whether or not interest bearing, and without limitation as to the amount of any such account, or in the discretion of my Executrix, to hold any such monies uninvested.

2. To lease real property for such period, with or without an option to purchase, and upon such terms as she may deem advisable.

3. To borrow money for any purpose whatsoever and to mortgage real property and pledge personal property as security for such loans .

4. To sell, exchange, or otherwise dispose of any or all of my property, real or personal, at public or private sale, and at any time and from time to time, for such consideration and such terms, including terms of credit as she deems advisable.

5. In her discretion to vote in person or by proxy, or consent for any purpose, in respect to any stocks or other securities constituting assets of my estate, to exercise or sell any rights of subscription or other rights in respect thereof.

6. In making distribution of any property to persons entitled thereto hereunder, to convey, transfer or pay over the same in kind or in money, or partly in kind and partly in money, and for such purposes to transfer and assign undivided interests in any such property.

Jo Wesley Terry

7. The word "Executor," as used herein, means more than one Executor, and "Executor and Executrix," as well as "Executrix or Executrixes."

SEVENTH: I hereby direct that all estate, transfer, inheritance and life taxes, including all interest and penalties, imposed or assessed by the Federal or State governments, or any other duly constituted authority upon or with respect to property passing under this, my Will, and any property passing outside my Will, which is required to be included in my taxable estate, be paid out of my testamentary residuary estate, and that no portion thereof shall be apportioned from any legatee, devisee or other recipient of property constituting part of my taxable estate.

IN WITNESS WHEREOF, I have hereunto subscribed my name and set my seal to this my Last Will and Testament this 5th day of August, , 1985.

Subscribed by Joe Wesley Terry

JOE WESLEY TERRY

The TESTATOR'S name in the foregoing Will, in the presence of each of us and at the time of making such subscription, the instrument contained on this and the five preceding pages, was declared by the testator to be his Last Will and Testament, and each of us, at the request of said testator, in his presence, and in the presence of each other, signed our names as witnesses thereto, having also seen the testator's name written by him on the BOTTOM of each page, and this clause having been first read to us, and we are now intending to certify that the matters herein subscribed took place in fact and in the order stated herein.

Carrie W. Fagg residing at 195 Empire Dr. Nashville, Tn 37211

Cathy M. Hugh residing at 808 Ronald Drive Franklin, TN 37064

The Last Will and Testament of

JOE WESLEY TERRY

THIS INSTRUMENT
PREPARED BY:

LAWRENCE E. LEVINE
ATTORNEY AT LAW
STAHLMAN BUILDING
NASHVILLE, TENNESSEE

FEB 05 2001

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.

JAN 19 2001

010127

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Joe Wesley Terry
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): 01-15-01
4. SOCIAL SECURITY NUMBER: [redacted]-3226
5a. AGE-LAST BIRTHDAY: 70
5b. UNDER 1 YEAR: MONTHS / DAYS
6. DATE OF BIRTH (Month, Day, Year): 11-24-30
7. BIRTHPLACE (City and State or Foreign Country): Jamestown, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9. PLACE OF DEATH (Check only one): HOSPITAL 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9a. FACILITY NAME (If not institution, give street and number): St. Thomas 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): Pat Schooler
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Certified Public Accountant
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: 6141 Jocelyn Hollow Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37205
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [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+): 4

NAME OF DECEDENT: For use by physician or institution

PARENTS
17. FATHER'S NAME (First, Middle, Last): Walter Alec Terry
18. MOTHER'S NAME (First, Middle, Maiden Surname): Myrtle Bullock

INFORMANT
19a. INFORMANT'S NAME (Type/Print): Pat Terry
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 6141 Jocelyn Hollow Road, Nashville, TN 37205

DISPOSITION
20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [X] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20c. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Hendersonville Crematory
20c. LOCATION-City or Town, State: Hendersonville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶Larry McCormick
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2722
21c. SIGNATURE OF EMBALMER: ▶Not Embalmed
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: Cole & Garrett Funeral Home, 127 N. Main St. Goodlettsville, TN 37072
22b. LICENSE NUMBER OF FUNERAL HOME: 718

REGISTRAR
23. REGISTRAR'S SIGNATURE: [signature]
24. DATE FILED (Month, Day, Year): January 19, 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 [ ] SIGNATURE AND TITLE OF PHYSICIAN ▶
25b. LICENSE NUMBER
25c. DATE SIGNED (Month, Day, Year)
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): Dr. Robert F. Miller, 4230 Harding Rd. St. Thomas Med. Plaza Suite 601, Nashville, TN 37205

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. RESPIRATORY 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. CHRONIC OBSTRUCTIVE LUNG DISEASE
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
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-1659
REV. 3-95

RDA 1399