Davidson County WILL
Recvd: 12/13/01 11:37 4pgs
Fees:22.00 Taxes:0.00
20011213-0137730

LAST WILL & TESTAMENT

OF

DORIS SUE GROOMS

096-09-0
108.00

I, Doris Sue Grooms, of Nashville, Davidson County, Tennessee, being of sound mind and disposing memory, do hereby declare that this is my Last Will and Testament hereby revoking any and all wills heretofore made by me.

I

I hereby direct that all of my just debts, including funeral expenses and the expenses of the administration of my estate, be paid by Executrix out of any funds coming into her hands as such Executrix. I hereby further direct that my Executrix, be allowed to serve as same and that no bond be required of her to serve as such. I further direct that all expenses pertaining to any personal illness, any taxes caused by the sale of any property which I might own at the time of my death, shall be paid out of my estate.

II

I give and bequeath all items of tangible personal property, including household effects, clothing, jewelry, furniture, automobiles, and all the rest and residue of my estate to my daughter, Glenda Sue Fletcher, as her absolute property. If the event my daughter, Glenda Sue Fletcher, shall not be living at the time of my death, or in the event that we shall die under such circumstances as to deem it impossible to determine which of us predeceases the other, I give all of my estate to my grandson, Christopher Scott Thomas, his heirs and assigns.

III

In the event that any of the above persons shall predecease me, their share of my property shall pass to their children.

IV

I hereby nominate and appoint my daughter, Glenda Sue Fletcher, as my personal representative, or Executrix, of this my Last Will and Testament and I further direct that no bond be required of her. My said representative shall have the power and authority to take charge of

any real property and personal property of my estate, to sell any real or personal property upon such terms and conditions as she deems reasonable and appropriate, without the necessity of obtaining any court order.

V

I further direct that my Executrix, Glenda Sue Fletcher, shall hold in trust any benefits that might be coming to my grandson, Christopher Scott Thomas, until such time as she, in her discretion, deems that my grandson is mature enough to handle same.

IN WITNESS WHEREOF, I, the said DORIS SUE GROOMS, hereby declare this instrument to be my Last Will and Testament and to the same as each and every page thereof I have subscribed my name and to the last page thereby have subscribed my name this the 24th day of August, 2000.

Doris Sue Grooms
TESTATRIX

We, the undersigned, do hereby certify and attest that DORIS SUE GROOMS, Testatrix, on the day and year above written, signed and sealed the within and foregoing instrument of two pages, and declared same to be her Last Will and Testament, we, at her request and in her sight and presence and in the presence of each other, set our hands as attesting and subscribing witnesses hereto and further attest that she was of legal age and sound and disposing mind and memory and that each subscribing witness is of full legal age and sound and disposing mind and memory.

Witness Signature — Address

Witness Signature — Address

TESTATRIX SIGNATURE Doris Sue Grooms

STATE OF TENNESSEE
Office of Vital Records

1994
07
1994
BIRTH NO.

13-71-75
THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

[redacted]578
TYPE OR PRINT IN PERMANENT BLUE OR BLACK INK.

52511

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH — DIVISION OF VITAL STATISTICS

FILE NO. 70-016874

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

1. DECEASED — NAME (First, Middle, Last): Cordell (None) Hale
2. DATE OF DEATH (Month, Day, Year): June 07, 1970
3. RACE (White, Negro, American Indian, etc. — Specify): white
4. SEX: male
5a. AGE — Last Birthday (Years): 34
5b. If Under 1 Year — Months / Days:
5c. If Under 1 Day — Hours / Min.:
6. DATE OF BIRTH (Month, Day, Year): March 16, 1936
7a. COUNTY OF DEATH: Davidson
7b. CITY, TOWN, OR LOCATION OF DEATH: Nashville
7c. INSIDE CITY LIMITS (Specify Yes or No): Yes
7d. HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number) — Scene of acciden: Cumberland River
8. STATE OF BIRTH (If not in U.S.A., name country): Tenn.
9. CITIZEN OF WHAT COUNTRY: U. S. A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
11. SURVIVING SPOUSE (If wife, give maiden name): Doris Sue Goodwin
12a. SOCIAL SECURITY NUMBER: [redacted]-6690
12b. SERVICE IN ARMED FORCES (Specify War or Dates of Service):
13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): carpenter
13b. KIND OF BUSINESS OR INDUSTRY: building
14a. RESIDENCE — STATE: Tennessee
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Donelson
14d. INSIDE CITY LIMITS (Specify Yes or No): yes
14e. STREET AND NUMBER: 2719 McKeige Drive
15. FATHER — NAME: Clarence Hale
16. MOTHER — MAIDEN NAME: Minnie Mai Hill
17. INFORMANT — NAME: Sue Hale
MAILING ADDRESS: Donelson, Tenn. 37214

PARENTS AND INFORMANT

18. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).) — APPROXIMATE INTERVAL

(a) IMMEDIATE CAUSE
(b) DUE TO, OR AS A CONSEQUENCE OF
(c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I.

CAUSE

ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 72 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

488
IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE.

CERTIFIER

PERMIT REQUIRED PRIOR TO TRANSPORTATION OF BODY BY COMMON CARRIER OR REMOVAL FROM STATE.

BURIAL

21a. MEDICAL EXAMINER — CERTIFICATION — SIGNATURE: M. A. Petrone
TITLE: M. D.
21b. DATE SIGNED (Month, Day, Year): 6-9-70
22a. CERTIFIER — NAME (Type or Print): M. A. Petrone, M. D.
22b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 4300 Charlotte Avenue, Nashville, Tenn. 37209
23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE (Month, Day, Year): 6-9-70
24c. CEMETERY OR CREMATORY — NAME: Whorton Springs
24d. LOCATION (City or Town, State): DeKalb Co. Smithville, Tn.
25. FUNERAL HOME — NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip): Walker Funeral Home Smithville, Tenn.
26. REGISTRAR — SIGNATURE:
DATE ACCEPTED BY LOCAL REGISTRAR: 6-11-70

FORM 120 REV. 1-68

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 Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Paula Taylor
Paula Taylor
State Registrar

Jul-02-2001
Date Issued

CERTIFICATION OF VITAL RECORD

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0106677

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): DORIS SUE GROOMS
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): December 1, 2001
4. SOCIAL SECURITY NUMBER (not Deceased): [redacted]-4839
5a. AGE-LAST BIRTHDAY (Years): 60
5b. UNDER 1 YEAR MOS. / DAYS
5c. UNDER 1 DAY HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Feb. 2, 1941
7. BIRTHPLACE (City and State or Foreign Country): Smithville, TN
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): 2719 McKeige Dr
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.): Cashier
12b. KIND OF BUSINESS/INDUSTRY: Kroger
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2719 McKeige Dr
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37214
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+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Jarvis Goodwin
18. MOTHER'S NAME (First, Middle, Maiden Surname): Dellie Hendrix

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Glenda Fletcher
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2719 McKeige Dr, Nashville, Tn. 37214

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): Horton Springs
20c. LOCATION-City or Town, State: Smithville, Tn
21a. SIGNATURE OF FUNERAL DIRECTOR: Larry Salter
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2845
21c. SIGNATURE OF EMBALMER: Ronnie Harrell
21d. LICENSE NUMBER OF EMBALMER: 5022
22a. NAME AND ADDRESS OF FUNERAL HOME: Hibbett & Hailey F.H. 429 Donelson Pk, Nash.Tn. 37214
22b. LICENSE NUMBER OF FUNERAL HOME: 492

REGISTRAR

23. REGISTRAR'S SIGNATURE: [signature]
24. DATE FILED (Month, Day, Year): December 6, 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: [signature]
25b. LICENSE NUMBER: MD 20164
25c. DATE SIGNED (Month, Day, Year): 12/5/01
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): Dr. Eric Raefsky, 5653 Frist Blvd, Hermitage, Tn. 37076

CAUSE OF DEATH

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.	Malignant mixed Mullerian Duct Carcinoma	17 months
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. DUE TO (OR AS A CONSEQUENCE OF):	

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 [X] 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):

PH-1656 (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

DEC 6 2001
Date Issued

CERTIFICATION OF VITAL RECORD