Davidson County WILL
Recvd: 12/18/01 15:16 5pgs
Fees:27.00 Taxes:0.00
20011218-0139678

(1)

I Florence Elizabeth Frazier of Nashville, Davidson County, TN., do make, declare and publish This my last will and Testament.

I direct that all my lawful debts, including my funeral expenses and the costs of the administration of my estate, be paid by my Executrix as soon as practicable after my death. I further direct that my Executrix pay all of the estate, inheritance, succession, and other death taxes which shall become payable by reason of my death, whether in respect of property passing under This Will or otherwise, as an expense of administration, without apportionment.

I bequeath to my children, Anita Frazier Dunn and Henry Michael Williams, all of my clothing, jewelry, personal effects (together with any policies of insurance thereon) and all other tangible personal property owned by me at the time of my death, in equal shares, share and share alike (with the issue of any deceased child to receive their parents distributive share, per stirpes).

All of the rest, residue and remainder of the property that I may own at the time of my death I devise and bequeath to my children, Anita Frazier Dunn, and Henry Michael Williams in equal shares, share and share alike (with the issue of any deceased child to receive their parents share, per stirpes). This provision shall include both Real and personal property and specifically includes my residence located at

1725 3rd Ave. N. Nash., TN., 37208. I direct that my Executrix sell the Home and divide the proceeds, or purchase her brother's share, or allow her brother to purchase her share, At her election as Executrix within a reasonable time, not to exceed 1 year, after my death.

I appoint my daughter, Anita Frazier Dunn, to be The Executrix of This my last Will and Testament. If my said Executrix, shall predecease me or for any reason fail to qualify, Then I appoint my, son, Henry Michael Williams, as Executor hereunder. I direct That no bond or other Security be required of my said Executor or Executrix for the faithful performance of their duties hereunder.

In Witness Whereof, I have hereunto subscribed my name to This my last will and testament, consisting of This and the preceding (1) handwritten page, and for purposes of identification I and my three witnesses have signed each page all in each others presence for the purpose of witnessing it, This The 27th day of Sept., 2000, at 1725 3rd Ave. N. Nash., TN., 37208 at 8:15 pm.

Florence Frazier

Florence Elizabeth Frazier

WF

J.S.

W I L L A F F I D A V I T

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

I/(We), Eugenia Lockridge and Thelma Glenn,
after first being duly sworn according to law, make Oath to the following facts:

1. That I was a witness to the Last Will and Testament of Florence Elizabeth Frazier.

2. That on the 27th day of Sept., ~~19~~ 2002, I/(We) the undersigned, on request of the testator/trix, witnessed the testator/trix sign his/her Last Will and Testament.

3. That the said testator/trix signed the Last Will and Testament in the sight and presence of the undersigned and the other attesting witness(es) to the Last Will and Testament and in our sight and presence and the sight and presence of the testator/trix, the said testator/trix declared the same to be his/her Last Will and Testatment and the undersigned together with the other witness(es) to the Last Will and Testatment signed his/her name thereto.

4. That on the day and date the Last Will and Testament was signed, the undersigned and the testator/trix were of the age of majority and in the opinion of the undersigned, the testator/trix was of sound mind and disposing memory.

FURTHER AFFIANT SAITH NOT.

Affiant Signature(s): Eugenia Lockridge
Thelma L. Glenn

Sworn to and subscribed, before me, this 27th day of Sept., ~~19~~ 2002.

R. T. Thackston for DP
NOTARY PUBLIC



I hereby certify that this is a true copy of original instrument filed in my office this 20 day of Nov 2018

RICHARD R. ROOKER, CLERK

By _____
Deputy Clerk

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.

FEB 21 2001

John Robinson
D.O.H. FIELD STAFF

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): FLORENCE ELIZABETH FRAZIER
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): December 22, 2000
4. SOCIAL SECURITY NUMBER (of Deceased): 224-30-9939
5a. AGE-LAST BIRTHDAY (Years): 76
5b. UNDER 1 DAY MOS. / DAYS
5c. UNDER 1 DAY HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 8/30/1924
7. BIRTHPLACE (City and State or Foreign Country): Cheatham County, 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): 1725 3rd Avenue North
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) Housekeeping
12b. KIND OF BUSINESS/INDUSTRY: Meharry Hospital
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1725 3rd Avenue North
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 [ ] No [X]
Specify, if yes:
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): Frank Williams
18. MOTHER'S NAME (First, Middle, Maiden Surname): Bessie Purdue

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Anita Dunn
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1725 3rd Avenue North Nashville, TN 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): Nashville National Cemetery
20c. LOCATION-City or Town, State: Madison, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Melvin J. Smith
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4502
21c. SIGNATURE OF EMBALMER: ▶ Rebecca Ali
21d. LICENSE NUMBER OF EMBALMER: 5143
22a. NAME AND ADDRESS OF FUNERAL HOME: SMITH BROTHERS FUNERAL DIRECTORS, INC 706 Monroe Street Nashville, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 809

REGISTRAR

23. REGISTRAR'S SIGNATURE ▶ [signature]
24. DATE FILED (Month, Day, Year): January 4, 2001

PHYSICIAN

25. 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] MD
25b. LICENSE NUMBER: MD 18887
25c. DATE SIGNED (Month, Day, Year): 1/2/2001

EXAMINER

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):

SEE INSTRUCTIONS ON OTHER SIDE

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.
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.
Approximate Interval Between Onset and Death

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 [✓] Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be Determined 4 Homicide
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)

H-1859 (REV. 6/99)

BIRTH NO.

RDA 1399