Davidson County WILL
Recvd: 01/04/02 11:34 7pgs
Fees:37.00 Taxes:0.00
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FILED
2001 MAY 25 PM 2:47
RICHARD R. ROOKER, CLERK
D.C.

Last Will and Testament of Marvin Nelson Ogles

I, MARVIN NELSON OGLES, of Nashville, Davidson County, Tennessee, being of sound mind, do hereby make, publish and declare this, my Last Will and Testament, hereby revoking any and all wills or codicils by me at any time heretofore made.

I.

I direct that all my just debts, all funeral expenses and expenses of the administration of my estate, and all estate and inheritance taxes, be paid by my personal representatives out of any funds coming into their hands as such personal representatives.

II.

I give, devise and bequeath to my Wife, CHRISTINE SAWYER OGLES, of Nashville, Tennessee, all my property, real, personal and mixed, and wherever situated.

III.

In the event my said wife predeceases me, I give, devise and bequeath all my property, real, personal and mixed, and wherever situated, to my daughter, FRANCES KATHLEEN OGLES, of Nashville, Tennessee.

IV.

In the event both my said wife and my said daughter predecease me, I give, devise and bequeath all my property, real, personal and mixed, and wherever situated, equally to JAMES H.

 Marvin Nelson Ogles
MARVIN NELSON OGLES

SAWYER, JR., of Nashville, Tennessee, and JOHN SCOTT SAWYER, of Hendersonville, Tennessee, my nephews, and if one of them should predecease me, then to the survivor.

V.

I nominate and appoint as Executrix of this, My Last Will and Testament, my said wife, CHRISTINE SAWYER OGLES. In the event my said wife predeceases me, or in the even she is unwilling or unable to serve as Executrix of my estate, I nominate and appoint as Executrix my daughter, FRANCES KATHLEEN OGLES. In the event both my said wife and my said daughter predecease me, or in the event both of them are unwilling or unable to serve as Executrix of my estate, I nominate and appoint as Executor my nephew JAMES H. SAWYER, JR. I authorized and empower the persons named herein to administer my estate to manage and control any and all property which I might own at the time of my death during the administration of my estate, and I direct that no bond or other security shall be required of any of the persons named herein in the event they serve as personal representatives of my estate.

IN WITNESS WHEREOF, I have executed this instrument of two (2) pages, including this one as the last, as and for my Last Will and Testament at Nashville, Davidson County, Tennessee, this 1 day of December, 1987.

Marvin Nelson Ogles

MARVIN NELSON OGLES

TESTATOR

Signed by the said MARVIN NELSON OGLES as and for his Last Will and Testament in the presence of us, the undersigned, who, at his request and in his sight and presence, and in the sight and presence of each other, have subscribed our names as Attesting Witnesses on the day and date above written.

David S. Gardner
WITNESS

627 2nd Ave., S.
Nashville, TN 37210
ADDRESS

WITNESS

627 2nd Ave. S.
Nashville, Tenn. 37210
ADDRESS

STATE OF TENNESSEE:
COUNTY OF DAVIDSON:

I MAKE OATH AND AFFIRM THAT:

1. The Testator, MARVIN NELSON OGLES, signed the foregoing Last Will on the date shown on the Will, and at the time of such signing he informed me he signed it as his Last Will and Testament.

2. He signed this Will when I was in his sight and presence. Contemperaneously with the signing, he requested me to sign the Will as his attesting witness, which I did in his sight and in the sight and presence of a second witness.

3. The Testator is more than eighteen (18) years of age, and I am also more than eighteen (18) years of age.

4. In my judgment the Testator is legally competent to make a Will.

David S. Gardner
WITNESS

Sworn to and subscribed before me this 1st day of December, 1987.

Peggy M. Pedigo
NOTARY PUBLIC

MY COMMISSION EXPIRES: 11/12/89

STATE OF TENNESSEE:

COUNTY OF DAVIDSON:

I MAKE OATH AND AFFIRM THAT:

1. The Testator, MARVIN NELSON OGLES, signed the foregoing Last Will on the date shown on the Will, and at the time of such signing he informed me he signed it as his Last Will and Testament.

2. He signed this Will when I was in his sight and presence. Contemperaneously with the signing, he requested me to sign the Will as his attesting witness, which I did in his sight and in the sight and presence of a second witness.

3. The Testator is more than eighteen (18) years of age, and I am also more than eighteen (18) years of age.

4. In my judgment the Testator is legally competent to make a Will.

WITNESS

Sworn to and subscribed before me this 1st day of December, 1987.

NOTARY PUBLIC

MY COMMISSION EXPIRES: 10/12/89

STATE OF TENNESSEE

I, RICHARD R. ROOKER, Clerk of the Circuit Court for Davidson County, in the State aforesaid, do hereby certify that the foregoing is a true and correct copy of the WILL BK 1883/PG 345637 heretofore entered in the PROBATE SEVENTH CIRCUIT Circuit Court for Davidson County, Tennessee, on the 25 day of MAY , 2001 , in the Case Number 01P848 between OGLES, FRANCES KATHLEEN Petitioner, and OGLES, MARVIN NELSON Respondent.

IN TESTIMONY WHEREOF, I hereunto subscribe my name and affix the seal of said Court, at office, in Nashville, the 04 day of JANUARY in the year two thousand one and in the 225th year of American Independence.

RICHARD R. ROOKER, Clerk,

SEAL



Deputy Clerk

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

MAR 12 1992

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.

Sheila S. Wadley, M.D.
LOC REGISTRAR

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER 9201026

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT: For use by physician or institution

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Christine S. Ogles
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): 2-28-92
4. SOCIAL SECURITY NUMBER: [redacted]-4067
5a. AGE – LAST BIRTHDAY (Years): 54
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): 7-6-37
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tn.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [X] Inpatient 2 ER/Outpatient 3 DOA; OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): St. Thomas
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): Marvin Ogles
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Sales
12b. KIND OF BUSINESS/INDUSTRY: Robert Orr

CENSUS TRACT 3

13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 4852 Lynn Drive
13e. INSIDE CITY LIMITS? 1 Yes 2 No
13f. ZIP CODE: 37211
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes 0 [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): High-School; College (1-4 or 5+)

PARENTS

17. FATHER'S NAME (First, Middle, Last): James Sawyer
18. MOTHER'S NAME (First, Middle, Maiden Surname): Fannie Mai Hobbs

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Marvin Ogles
19b. RELATIONSHIP TO DECEASED: husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4852 Lynn Drive NAshville, Tn. 37211

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): Woodlawn
20c. LOCATION—City or Town, State: NAshville, Tn.

FUNERAL DIRECTOR

21a. SIGNATURE OF FUNERAL DIRECTOR: Clyde Green
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 1343
21c. SIGNATURE OF EMBALMER: Charles Crawford
21d. LICENSE NUMBER OF EMBALMER: 3775
22a. NAME AND ADDRESS OF FUNERAL HOME: Ellis Funeral Home 2627 Nolensville Road Nashville, Tennessee 37211
22b. LICENSE NUMBER OF FUNERAL HOME: 775

REGISTRAR

23. REGISTRAR'S SIGNATURE: Mary C. Pentecost
24. DATE FILED (Month, Day, Year): March 11, 1992

PHYSICIAN

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: [illegible] MD
25b. LICENSE NUMBER: MD 3377
25c. DATE SIGNED (Month, Day, Year): 3/1/92
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
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cardiac Arrest	min.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. respiratory insufficiency DUE TO (OR AS A CONSEQUENCE OF):	days
	c. Coronary Artery Disease DUE TO (OR AS A CONSEQUENCE OF):	yrs.
	d. unknown	

SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
Did not survive coronary by-pass surg
CH

28a. WAS AN AUTOPSY PERFORMED? 1 Yes 2 [X] No
28b. 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)

BIRTH NO.

PH-1659 REV. 1/89

202-06-002 (Rev. 10/89)