WB 338/605

11200 — OOP 1706

Davidson County WILL
Recvd: 01/08/02 10:53 5pgs
Fees:27.00 Taxes:0.00
20020108-0002639

PICK-UP

WILL

OF

PAULINE ELIZABETH BRISKER BRUER

I, Pauline Elizabeth Brisker Bruer, presently residing in Nashville, Davidson County, Tennessee, being of sound mind and disposing memory, do declare this instrument to be my Will, hereby revoking any and all former wills and codicils made by me.

ARTICLE I

I hereby appoint my daughter, Cynthia Eileen Bruer, as Executrix of this my Will, and do hereby expressly relieve and exempt her from the necessity of giving bond or other security for the faithful performance of her duties herein or to make or file any inventory, settlement or accounting to any Court in which she may be called upon to act in the administration of my Estate. I incorporate by reference, as fully as if copied verbatim, all the provisions and powers set forth in Tennessee Code Annotated Section 35-50-110, which section enumerates the administrative powers that I hereby confer upon my Executrix, even if said statute be amended or repealed hereafter and even if my estate be administered in a state other than Tennessee.

ARTICLE II

All of my lawful debts, my funeral expenses and the expenses of administration of my estate shall be paid by the Executrix as soon as practicable after my death. The Executrix shall pay out of my residuary estate, all estate, inheritance 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. The Executrix may utilize any proceeds of life insurance payable to my estate for the payment of debts, taxes and expenses.

Pauline Elizabeth Brisker Bruer

PAULINE ELIZABETH BRISKER BRUER

ARTICLE III

After payment of the aforementioned taxes, debts and costs of administration, I give, devise and bequeath the following specific items of personal property:

1. To my daughter, Pauline Elizabeth Bruer Whitsitt:
   A. My ruby and diamond ring;
   B. My ruby bracelet;
   C. The portrait of my mother.
2. To my son, John Michael Bruer, the landscape painting which was my mother's.

ARTICLE IV

I devise and bequeath all the rest and remainder of my property to my husband, Howard Lester Bruer. In the event my husband predeceases me, I devise and bequeath the rest and remainder of my estate to my daughter, Cynthia Eileen Bruer.

IN WITNESS WHEREOF, I have hereunto set my name to this my Will, consisting of two (2) pages including this one, and for the purpose of identification, I have signed each such page, all in the presence of the persons witnessing it, at my request, on this 29th day of August, 1996, at Nashville, Tennessee.

Pauline Elizabeth Brisker Bruer
PAULINE ELIZABETH BRISKER BRUER

Signed and declared by Pauline Elizabeth Brisker Bruer, the Testatrix, to be her Will in the presence of all of us at one and the same time, and we, at her request and in her presence and in the presence of each other, have hereunto subscribed our names as witnesses, and we do hereby attest to the sound and disposing mind of said Testatrix and to the performance of the aforesaid act of execution at the place and on the date hereinabove set out.

WITNESSES:

NAMES	ADDRESSES
Bernard J. Hartoni	1600 Green Hills Dr.
Geraldine Carey	1608 Green Hills Dr.

PAGE 2 OF MY WILL: Pauline Elizabeth Brisker Bruer
PAULINE ELIZABETH BRISKER BRUER

AFFIDAVIT

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

The undersigned persons, after first being duly sworn according to law, depose and say:

1. That they are adult citizens and residents of Tennessee.

2. That they witnessed the execution of the Will of Pauline Elizabeth Brisker Bruer, dated the 29th day of August, 1996, to which this Affidavit is attached, and that this Affidavit is being made at the request of the Testatrix and in accordance with the provisions of Tennessee Code Annotated, Section 32-2-110.

3. That their signatures are affixed to the said Will, that they signed or affixed the same at the instance and request of the Testatrix, and in her presence, and in the presence of each other, at the place and on the date recited in said Will.

4. That the Testatrix signed said paper writing as and for her Will in their sight and presence.

5. That at the time they witnessed said Will, the Testatrix was, in their opinion, of sound mind.

Bernard J. Stettani
WITNESS

Geraldine Carey
WITNESS

Sworn to and subscribed before me by the two (2) persons whose signatures are affixed hereto on this 29th day of August, 1996.

Carolyn J. Forster
NOTARY PUBLIC

My Commission Expires: 1/20/99

CAROLYN J. FORSTER
NOTARY PUBLIC AT LARGE
DAVIDSON COUNTY, TENN.

My Commission Expires JAN. 20, 1999



...copies of ...
...Book 238 ... page 608
...under my hand and official seal ... office
...this 8th of January 2002
RICHARD R. ROOKER, CLERK
By ...
Deputy Clerk

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, 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.

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

9705248

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): HOWARD LESTER BRUER
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): August 20, 1997
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-4216
5a. AGE – LAST BIRTHDAY (Years): 87
5b. UNDER 1 YEAR – MONTHS
5c. UNDER 1 DAY – HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Apr 3, 1910
7. BIRTHPLACE (City and State or Foreign Country): OBION CITY, 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): 1604 GREEN HILLS DRIVE
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): PAULINE BRISKER
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): ENTOMOLOGIST
12b. KIND OF BUSINESS/INDUSTRY: TN. DEPT. AGRICULTURE
13a. RESIDENCE – STATE: TN
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 1604 GREEN HILLS DRIVE
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37215-
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); College (1-4 or 5+)

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): HUBERT AUGUSTUS
18. MOTHER'S NAME (First, Middle, Maiden Surname): BRINNIE GLASSOW

INFORMANT

19a. INFORMANT'S NAME (Type/Print): PAULINE BRUER
19b. RELATIONSHIP TO DECEASED: WIFE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1604 GREEN HILLS DRIVE, NASHVILLE, TN

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): CALVARY
20c. LOCATION—City or Town, State: NASHVILLE TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Bill Manley
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3847
21c. SIGNATURE OF EMBALMER: Bill Manley
21d. LICENSE NUMBER OF EMBALMER: 4016
22a. NAME AND ADDRESS OF FUNERAL HOME: Marshall-Donnelly-Combs Funeral Home, 201 25th Ave. North, Nashville, TN 37203-
22b. LICENSE NUMBER OF FUNERAL HOME: 40

REGISTRAR

23. REGISTRAR'S SIGNATURE: Marshall Donnelly
24. DATE FILED (Month, Day, Year): October 2, 1997

CERTIFIER

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: 3400
25c. DATE SIGNED (Month, Day, Year): 10/2/97
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)

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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	Complications Heart 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.	ASHD	
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 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [X] No

30. MANNER OF DEATH: 1 [ ] 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)

BIRTH NO

PH-1859
REV 2-93

RDA 1399