LAST WILL AND TESTAMENT OF JUANITA D. RIVES

I, Juanita D. Rives, presently residing at 1165 Greenland Avenue, Nashville, Tennessee, hereby revoking all other Wills by me at any time heretofore made, do hereby make, publish and declare this to be my Last Will and Testament.

I appoint my daughter, Nancy R. Payne, Executrix and Testamentary Trustee of this my Will and expressly excuse her from furnishing bond in either capacity.

I give and bequeath to my said daughter, Nancy R. Payne, the money that is presently in the Registry of the Circuit Court of Davidson County, Tennessee for the benefit of my son, Glenn E. Grant, Jr., in trust for the use by her of necessaries for my said son as she deems proper and finally his burial expenses.

I give, devise and bequeath all of the rest of my estate to my said daughter, Nancy R. Payne and my daughter, Anita Vern Rives, and to my Testamentary Trustee for the use and benefit of my said son, Glenn E. Grant, to be used by her as herein set out in the prior bequest to my said son, Glenn E. Grant, share and share alike. If there be any sum left in my said trust estate the same is to be divided between my surviving children as herein set out.

WITNESS MY HAND at Nashville, Tennessee this 21st day of September, 1982.

Juanita D. Rives
TESTATRIX

On this, September 21st, 1982, Juanita D. Rives executed the foregoing instrument as her Last Will and Testament, and we, at her request, in her sight and presence and in the sight and presence of each other have signed our names as attesting witnesses.

J. M. Walton ADDRESS 3805 Baldwin Rd.

Edna Woods ADDRESS " "

Davidson County WILL
Recvd: 01/24/02 10:25 2pgs
Fees:12.00 Taxes:0.00
20020124-0009837

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER 89-003925

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK 8900935

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Juanita Winnona Rives
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): February 22, 1989
4. SOCIAL SECURITY NUMBER (of Decedent): [redacted]-2581
5a. AGE – LAST BIRTHDAY (Years): 72
5b. UNDER 1 YEAR: MO. / DAYS
5c. UNDER 1 DAY: HRS. / MIN.
6. DATE OF BIRTH (Month, Day, Year): 9/9/16
7. BIRTHPLACE (City and State or Foreign Country): Tennessee
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 [X] ER/Outpatient 3 DOA; OTHER 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Metro General Hospital
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): None
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Housewife
12b. KIND OF BUSINESS/INDUSTRY: 914
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1165 Greenland Ave.
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 No
13f. ZIP CODE: 37216
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – If yes, specify Cuban, Mexican, Puerto Rican, etc.): Yes 1 [X] No
15. RACE – American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8th Grade; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): John Calvin Duke
18. MOTHER'S NAME (First, Middle, Maiden Surname): Vernie Williams

INFORMANT

18a. INFORMANT'S NAME (Type/Print): Anita Rives
18b. RELATIONSHIP TO DECEASED: Daughter
19. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1165 Greenland Ave., Nashville, TN 37216

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): Spring Hill Cemetery
20c. LOCATION – City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Robb Robinson
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 346
21c. SIGNATURE OF EMBALMER: Jeff Croy
21d. LICENSE NUMBER OF EMBALMER: 3867
22a. NAME AND ADDRESS OF FUNERAL HOME: Phillips-Robinson Co., 2707 Gallatin Rd., Nashville, TN 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 331

REGISTRAR

23. REGISTRAR'S SIGNATURE: Mary C. Pentecost
24. DATE FILED (Month, Day, Year): Mar. 7, 1989

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: Thomas B. Miller
25b. LICENSE NUMBER: 7539
25c. DATE SIGNED (Month, Day, Year): 2/27/89
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): Dr. Thomas Miller 610 W. Due West Ave., Madison, TN 37115

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. Metastatic Carcinoma of the Lung — 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: 3 mos

SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Diabetes Mellitus

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: 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-1668 REV. 1/89

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

Date Issued Jan-24-2002

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD