Last Will and Testament

OF

WILLIE MAI PRIDE

I, **WILLIE MAI PRIDE**, domiciled in Nashville, Tennessee do make, publish and declare this to be my Last Will and Testament, hereby revoking all Wills and Codicils heretofore made by me.

II

I desire and direct that all my debts, my funeral expenses, and the cost of administering my estate shall be paid as soon as possible after my death. I direct that any estate, inheritance or like taxes that may be imposed by reason of my death be paid out of my residuary estate by my Executrix.

I further direct that any obligations of mine secure by mortgage on any real estate (whether owned by me jointly or individually) or pledge of or lien against any of my personal property or life insurance be considered in full as obligations of my estate.

III

I give, devise and bequeath to my granddaughter, **GLORIA J. WILLIAMS**, Real and Personal property of whatsoever kind and wheresoever situated if she survives me, together with all policies and insurance on such property, if she does not survive me I give, devise and bequeath to my granddaughter BARBARA L. JACKSON of Houston, Texas

IV

All the rest, residue and remainder of the property which I may own at the time of my death, real, personal and mixed, tangible and intangible of whatsoever nature and

WMP BK 9/16

Davidson County WILL
Recvd: 03/22/02 12:32 4pgs
Fees:22.00 Taxes:0.00
20020322-0035407

wheresoever situated, including all property which I may acquire or become entitled to after the execution of this Will and all life insurance payable to my estate, I bequeath and devise in fee to GLORIA J. WILLIAMS if she survives me. If she does not survive me I give, devise and bequeath all the aforesaid property to the said BARBARA L. JACKSON.

V

I appoint my daughter **GLORIA J. WILLIAMS.** to be the Executrix of this my Last Will and Testament. If she declines to serve or is unable to perform for any reason then I appoint my granddaughter, Willie Mai Smith, as Executrix. I direct that no bond or other security shall be required of the above-named fiduciaries for the faithful performance of her respective duties.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name to this my Last Will and Testament, consisting of this and one preceding typewritten page, and for the purpose of indentification I have initialed each such page, all in the presence of persons witnessing it at my request on this 16th day of JUNE, 1983, at Nashville, Tennessee.

Willie Mai Pride By Gloria J. Williams
WILLIE MAI PRIDE

The foregoing instrument, consisting of this and one (1) preceding typewritten pages, was signed, sealed, published and declared by **WILLIE MAI PRIDE**, the Testator, to be his last will and testament, in our presence, and we, at her request and in her presence and in the presence of each other, have hereunto subscribed our names as witnesses, this 16th day of JUNE, 1983, at Nashville, Tennessee.

Edna P. Petway **residing at** 5099 Linbar Dr. Nash, Tenn.

Valerie D. Underwood **residing at** 860 Murfreesboro Rd Nash, Tenn.

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

EURA P PETWAY and VALERIE D UNDERWOOD after being duly sworn or affirmed made oath that the foregoing Last Will and Testament of WILLIE MAI PRIDE, was signed by WILLIE MAI PRIDE as and for his Last Will and Testament, in the sight and presence of us, the undersigned, and who at his request and in his sight and presence and in the sight and presence of each other, subscribed our names as attesting witnesses on the 16th day of JUNE, 1983, and we do further make oath or affirm that the Testator was of sound mind and disposing memory and more than eighteen (18) years of age, and that each of the attesting witnessing was more than eighteen (18) years of age.

Eura P. Petway

Valerie D. Underwood

Sworn to and subscribed before me this 16th day of JUNE, 1983.

NOTARY PUBLIC

My Commission expires: 1-22-94

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0106708

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): Willie Mai Pride
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): 11-22-2001
4. SOCIAL SECURITY NUMBER: [redacted]-3360
5a. AGE-LAST BIRTHDAY (Years): 90
5b. UNDER 1 YEAR MONTHS / DAYS
5c. UNDER 1 DAY HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 12-25-1910
7. BIRTHPLACE (City and State or Foreign Country): Gordonsville, 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 X ER/Outpatient 3 DOA; OTHER 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Skyline Medical Center
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.): Cook
12b. KIND OF BUSINESS/INDUSTRY: Carter's Shoe Facto
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1212 Lischey Avenue
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37207
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes O X No
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
NAME OF DECEDENT: For use by physician or medical examiner
17. FATHER'S NAME (First, Middle, Last): Mose Cowan
18. MOTHER'S NAME (First, Middle, Maiden Surname): Verna Stafford
19a. INFORMANT'S NAME (Type/Print): Gloria Jackson Campbell
19b. RELATIONSHIP TO DECEASED: Grand Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1014 Maxwell Avenue Nash., TN
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): Greenwood North Cemetery
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Henry L. Smith
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3167
21c. SIGNATURE OF EMBALMER: ▶ Steve Murphy
21d. LICENSE NUMBER OF EMBALMER: 4169
22a. NAME AND ADDRESS OF FUNERAL HOME: Smith Brothers Funeral Directors 706 Monroe Street Nashville, TN 37208
22b. LICENSE NUMBER OF FUNERAL HOME: 0809
23. REGISTRAR'S SIGNATURE: ▶ Robert W. Rhodes Jr
24. DATE FILED (Month, Day, Year): December 07, 2001
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 X SIGNATURE AND TITLE OF PHYSICIAN: ▶ J. Anderson MD
25b. LICENSE NUMBER: 12533
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):
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. Cardio Pulmonary Arrest
DUE TO (OR AS A CONSEQUENCE OF):
SEE INSTRUCTIONS ON OTHER SIDE
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. BCVA
DUE TO (OR AS A CONSEQUENCE OF): d. Chronic Renal Failure
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Multi Infarct State
29a. WAS AN AUTOPSY PERFORMED? 1 Yes 2 X No
29b. WERE AUTOPSY FINDING 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, St

PH-1850 (REV. 8/99)
BIRTH NO.
RE

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

01/02/02
Date Issued

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

METROPOLITAN GOVERNMENT NASHVILLE AND DAVIDSON COUNTY

CERTIFICATION OF VITAL RECORD