Davidson County WILL
Recvd: 04/01/02 11:34 3pgs
Fees:17.00 Taxes:0.00
20020401-0039049

Last Will and Testament

OF

ALFRED L. TOMPKINS, JR.

I, ALFRED L. TOMPKINS, JR., a resident citizen of Davidson County, Tennessee, being of sound mind and disposing memory, do hereby make, publish and declare this instrument to be my Last Will and Testament hereby revoking any and all wills and codicils heretofore made by me.

I.

I hereby appoint my wife, ANNIE P. TOMPKINS, as Executrix of this my Last Will and Testament, and I 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 with any Court in which she may be called upon to act in the administration of my estate.

II.

I hereby direct that all my just debts and funeral expenses be paid from my estate as soon as practicable. My Executrix may pay the same out of whatever property she deems advisable and I direct and authorize my Executrix to sell whatever property, real or personal, she deems necessary to pay said debts and expenses.

III.

I hereby bequeath to my daughter, ANNE BARNES, the picture of my Great-Great-Grandfather.

All cash owned by me at my death I bequeath to my daughter, ANNE BARNES, and my wife, ANNIE P. TOMPKINS, in equal shares.

Any income that I may receive or that has accrued to me at my death as a result of my writing endeavors I hereby bequeath to my daughter and wife, in equal shares.

All of the furniture, furnishings, household good, silverware,

Alfred L. Tompkins Jr. DATE: April 19-1975

china and ornaments, located in my residence are the property of my wife, ANNIE P. TOMPKINS, and I hereby acknowledge and confirm her ownership of all such items.

All of my clothing, jewelry, personal effects, automobiles, and all other tangible personal property not otherwise specifically bequeathed, owned by me at the time of my death, I bequeath to my wife, ANNIE P. TOMPKINS. If my wife shall not survive me, I bequeath all of the aforesaid property to my daughter, ANNE BARNES.

IV.

I hereby devise to my wife, ANNIE P. TOMPKINS, if she survives me, my real property located at 2123 Lebanon Road, containing 4½ acres more or less, in fee simple absolute forever.

IN WITNESS WHEREOF, I, ALFRED L. TOMPKINS, JR., have hereunto subscribed my name to this may Last Will and Testament contained in two pages on each of which I have subscribed my name in the presence of the undersigned attesting witnesses, who at my request and in my presence have subscribed their names as attesting witnesses in the City of Nashville, County of Davidson, Tennessee this 19th day of April, 1975.

Alfred L. Tompkins Jr.
ALFRED L. TOMPKINS, JR.

We the undersigned attesting witnesses do hereby certify that the said, ALFRED L. TOMPKINS, JR., did sign, publish and declare in our presence, all of us being present at the time, the foregoing paper writing as and for his Last Will and Testament and at his request and in his presence and in the presence of each other have hereunto subscribed our names as attesting witnesses and we hereby certify at the time of execution hereof, we believe the Testator to be of sound mind and disposing memory.

Witness — Address: 5014 Nolensville Road.

Witness — Address: 217 Shady Grove Road

PAGE TWO OF MY LAST WILL AND TESTAMENT

Alfred L. Tompkins Jr. DATE: April 19-1975

STATE OF TENNESSEE
Office of Vital Records

8304867

19094
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19094

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

83-031756

1. DECEDENT—NAME: Alfred Lanier Tompkins
2. DATE OF DEATH: Oct. 23, 1983
3. AGE: 79
6. DATE OF BIRTH: 6/28/1904
7. RACE: White
8. UNION OR DESCENT: American
9. SEX: Male
10. COUNTY OF DEATH: Davidson
11. CITY, TOWN OR LOCATION: Nashville
12. INSIDE CITY LIMITS: Yes
13. HOSPITAL OR OTHER INSTITUTION: Donelson Hospital
14. Inpatient/
15. STATE OF BIRTH: Tennessee
16. CITIZEN OF WHAT COUNTRY: USA
17. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married
18. SURVIVING SPOUSE: Annie Privette
19. SOCIAL SECURITY NUMBER: 408-68-5280
20. SERVICE IN ARMED FORCES: No
21. USUAL OCCUPATION: Retired
22. KIND OF BUSINESS OR INDUSTRY: Post Office
23. RESIDENCE—STATE: Tennessee
24. COUNTY: Davidson
25. CITY, TOWN, OR LOCATION: Nashville
26. STREET AND NUMBER: 108 SpringValley Rd.
27. INSIDE CITY LIMITS: Yes
28. CENSUS TRACT NO.
29. FATHER—NAME: Alfred Tompkins
30. MOTHER—MAIDEN NAME: Effie Begarly
31. INFORMANT—NAME: Wife
32. MAILING ADDRESS: Same 37214
33. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial
34. DATE: 10/25/83
35. CEMETERY OR CREMATORY—NAME: Mt. Olivet
36. LOCATION: Nashville Tennessee
37. FUNERAL DIRECTOR (SIGNATURE): Linder Privett
38. LICENSE NO.: 2300
39. EMBALMER (SIGNATURE): Linder Privett
40. LICENSE NO.: 3060
41. FUNERAL HOME—NAME AND ADDRESS: Hibbett & Hailey, Nash, Tenn 37214
42. REGISTRAR (SIGNATURE): Esther D Grant
43. DATE RECEIVED BY LOCAL REGISTRAR: 11-2-83
44. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE TIME, ON THE DATE AND DUE TO THE CAUSES STATED: J E Hurt MD
45. DECEASED: 10-27-83
46. DATE SIGNED: 10-27-83
47. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSES STATED.
48. SIGNATURE
49. TITLE
50. DATE SIGNED
51. CERTIFIER—NAME (TYPE OR PRINT): Joseph E. Hurt, M. D.
52. MAILING ADDRESS: Nashville, Tennessee
53. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
(a) Cardiopulmonary Arrest — Sudden
(b) Myocardial Infarction — 1410
(c) Congestive Heart Failure - Bronchitis, Chronic — 3 Weeks
PART II. OTHER SIGNIFICANT CONDITIONS:
54. AUTOPSY: No
55. Yes
56. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
57a. DATE OF INJURY:
57b. HOUR:
57c. DESCRIBE HOW INJURY OCCURRED:
57d. INJURY AT WORK:
57e. PLACE OF INJURY:
57f. LOCATION:

TYPE OR PRINT IN PERMANENT BLACK INK.

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PERMIT TRANSIT CORMO MOVAL T

PRIOR TO BODY BY OR RE-

IF DEATH WAS NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE. ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED

PH-1659
Rev. 9/81

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

Apr-01-2002
Date Issued

CERTIFICATION OF VITAL RECORD