Davidson County WILL
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Fees:27.00 Taxes:0.00
20020415-0046486

Last Will and Testament

THE STATE OF TEXAS

COUNTY OF PALO PINTO

KNOW ALL MEN BY THESE PRESENTS

That I, CARL S. BUTTS, of Palo Pinto County, Texas, being of sound and disposing mind and memory, do hereby revoke any and all wills and testaments and instruments of a testamentary character by me at any time heretofore made, and do now make , declare and publish this my last will and testament, to say:

I.

I do hereby direct that all my just debts, funeral expenses, expenses of my last sickness and all expenses incurred in the probating of this will and in administering my estate, including the payment of all estate and inheritance taxes, be paid by my executrix out of my estate as soon as practicable after my decease.

II.

I do hereby give, devise and bequeath all of my property and estate, real, personal and mixed and of whatsoever kind and wherever situate, that I may own or in any way be entitled to or interested in at the same time of my decease to my wife, Velva Lorena Butts, to be hers absolutely and in fee simple forever. In the event the said Velva Lorena Butts should predecease me, but only in that event, I do hereby give, devise and bequeath all of my property and estate, real, personal and mixed and of whatsoever kind and wherever situate, that I may own or may in any way be entitled to or interested in at the time of my decease to my daughter, Rena Jeannette Owens, to be hers absolutely and in fee simple forever. In the event the said Rena Jeannette Owens should predecease me and the said Velva Lorena Butts should predecease me, but only in that event, I do hereby give, devise and bequeath all of my property and estate, real, personal and mixed and of whatsoever kind and wherever situate, that I may own or may in any way be entitled to or interested in at the time of my decease to my grandchildren, Justin Michael Owens and Stirling Charles Owens, share and share alike absolutely and in fee simple forever.

Carl S. Butts

CARL S. BUTTS

III.

I do hereby name, constitute and appoint my wife, Velva Lorena Butts, independent executrix of this my last will and testament and do direct that no bond or other security be required of her as such independent executrix for the performance and discharge of the duties hereunder or for the exercise of the powers herein given and granted her or given and granted her by law. In the event of the death of my wife, Velva Lorena Butts, and myself at the same time, or if for any reason the said Velva Lorena Butts should fail or refuse to qualify as independent executrix under this will, then I hereby appoint my daughter, Rena Jeannette Owens, independent executrix under this my last will and testament and do direct that no bond or other security be required of her as such independent executrix for the performance and discharge of the duties hereunder or for the exercise of the powers herein given and granted her or given and granted her by law. In the event of the death of my wife, Velva Lorena Butts and my daughter, Rena Jeannette Owens, or if for any reason the said Velva Lorena Butts and Rena Jeannette Owens should fail to qualify as independent executrix under this will, then I hereby appoint my son-in-law, Michael Ferrell Owens, substitute independent executor under this my last will and testament and do direct that no bond or other security be required of him as such independent executor for the performance and discharge of the duties hereunder or for the exercise of the powers herein given and granted him or given and granted him by law.

IV.

It is my will and I hereby direct that no other action be had in any county court or court of probate jurisdiction in relation to the settlement of my estate than the probating and recording of this will and the return of an inventory appraisement and list of claims of my estate and on so doing my estate be dropped from the docket of the court.

IN TESTIMONY WHEREOF, I hereunto set my hand this 11th day of February, A. D. 1981, in the presence of _____ and _____, who are competent witnesses, and who

Carl S. Butts

CARL S. BUTTS

attest the same as witnesses at my request and in my presence and in the presence of each other, and to whom I have published and declared the foregoing to be my last will and testament at the time I sign the same.

Carl S. Butts
CARL S. BUTTS

The above and foregoin instrument was now here subscribed by the testator, Carl S. Butts, in the presence of us and we, at his request and in his presence and in the presence of each other, subscribe hereto as attesting witnesses after he had signed the same and after having heard him publish and declare the foregoing instrument to be his last will and testament, this 17th day of February, A. D. 1981.

Margaret L Bailey
WITNESS

WITNESS

THE STATE OF TEXAS

COUNTY OF PALO PINTO

BEFORE ME, the undersigned authority, on this day personally appeared CARL S. BUTTS, Margaret L. Bailey and [illegible], known to me to be the testator and the witnesses respectively, whose names are subscribed to the annexed or foregoing instrument in their respective capacities, and all of said persons being by me duly sworn, the said Carl S. Butts, testator, declared to me and to the said witnesses in my presence that said instrument is his last will and testament, and that he had willingly made and executed it as his free act and deed for the purposes therein expressed; and the said witnesses, each on his oath, stated to me, in the presence and hearing of the said testator, that the said testator had declared to them that said instrument is his last will and testament, and that he executed same as such and wanted each of them to sign it as a witness; and upon their oaths each witness stated further that they did sign the same as witnesses in the presence of the said testator and at his request; that he was at that time eighteen years of age or over and was of sound mind; and that each of said witnesses was then at least fourteen years of age.

Carl S. Butts
CARL S. BUTTS

Margaret L. Bailey
WITNESS

[illegible]
WITNESS

Subscribed and acknowledged before me by the said Carl S. Butts, testator, and subscribed and sworn to before me by the said Margaret L. Bailey and [illegible], witnesses, this 6th day of February, A. D. 1981.

NOTARY PUBLIC STATE OF TEXAS

[illegible]
Notary Public, State of Texas

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

9802364

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER(S)

1. DECEDENT'S NAME (First, Middle, Last): CARL SHELLIE BUTTS
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 9, 1998
4. SOCIAL SECURITY NUMBER (of Deceased): 465-03-7871
4a. AGE-LAST BIRTHDAY (Years): 85
4b. UNDER 1 YEAR (MOS / DAYS); 4c. UNDER 1 DAY (HOURS / MIN.)
5. DATE OF BIRTH (Month, Day, Year): Dec 31, 1912
7. BIRTHPLACE (City and State or Foreign Country): YOAKUM, TX
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] 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): Nashville Memorial Hospical
9c. CITY, TOWN OR LOCATION OF DEATH: Madison
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.): SENIOR RATE ACCOUNTANT
12b. KIND OF BUSINESS/INDUSTRY: SOUTHERN CA EDISON
13a. RESIDENCE-STATE: TN
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 345 OAKVIEW DRIVE
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 [X] No
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):
17. FATHER'S NAME (First, Middle, Last): VOL DENT BUTTS
18. MOTHER'S NAME (First, Middle, Maiden Surname): VIOLA NANNIE SMITH
19a. INFORMANT'S NAME (Type/Print): RENA OWENS
19b. RELATIONSHIP TO DECEASED: DAUGHTER
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 345 OAKVIEW DRIVE, NASHVILLE, TN 37207
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): Salem Cemetery
20c. LOCATION-City or Town, State: SALEM TX
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: Madison Funeral Home, 219 Old Hickory Blvd East, Madison, TN 37115-
22b. LICENSE NUMBER OF FUNERAL HOME: 690
23. REGISTRAR'S SIGNATURE: Dorothy D. Jones
24. DATE FILED (Month, Day, Year): May 11, 1998
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 [X] SIGNATURE AND TITLE OF PHYSICIAN: John Jordan M.D
25b. LICENSE NUMBER: 023806
25c. DATE SIGNED (Month, Day, Year): May 11, 1998
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): DR JOHN JORDAN 1035 OLD HICKORY BLVD. EAST, MADISON, TN 37115
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: Months
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Prostate Cancer
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.
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 [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, State)
SWDH NO.

PH-1659 REV. 2-95

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

Date Issued MAR 25 2002

CERTIFICATION OF VITAL RECORD