Davidson County WILL
Recvd: 09/17/02 11:50 4pgs
Fees:22.00 Taxes:0.00
20020917-0113195

Last Will and Testament

OF

MATTIE P. DAVIS

I, MATTIE P. DAVIS being of sound and disposing mind and memory and being a citizen and resident of Davidson County, Tennessee, do hereby make and publish this as and for my Last Will and Testament, hereby revoking any and all Wills and codicils heretofore executed by me at any time.

I.

Provided he survives me, I hereby nominate and appoint WILLIAM T. DAVIS as executor of this my Last Will and Testament and do waive the requirement of a bond to be furnished by him and do direct that he not be required to file an inventory of my estate. However, should the said WILLIAM T. DAVIS predecease me or should we both die in or as a result of a joint disaster or should he cease to act as my executor after once qualifying and prior to the closing of my estate, then, in such event, I hereby nominate and appoint MERRILL KENT DAVIS as Substitute or Successor Executor of this my Last Will and Testament and do waive the requirement of a bond to be furnished by him and do direct that he not be required to file an inventory of my estate.

II.

I hereby direct my executor or substitute or successor executor, as the case may be to gather all of my property both real and personal and liquidate the same by either public or private sale as per the agreement of a majority of my adult beneficiaries and to divide the net proceeds therefrom after the payment of all my just debts, funeral expenses and the costs of administration of this estate, including any and all taxes thereon, in three (3) equal shares as hereinafter set forth.

III.

I hereby give, devise and bequeath the net proceeds from the sale of all of my property in three (3) equal shares unto my three (3) children,

ELIZABETH ANN DAVIS, WILLIAM T. DAVIS and MERRILL KENT DAVIS, per stirpes.

IV.

I hereby give unto my executor and to my substitute or successor executor all of the powers set forth and enumerated in the introductory paragraph and 32 numbered sub-paragraphs of Tennessee Code Annotated §35-618 together with any additional powers which may be added by the Legislature of the State of Tennessee subsequent to the execution of this Will and prior to the date of my death.

IN WITNESS WHEREOF I have hereunto set my hand to this my Last Will and Testament on this the 24 day of Aug., 1979.

Mattie P. Davis
MATTIE P. DAVIS

We, the undersigned, do certify and attest that the within named MATTIE P. DAVIS, did appear to us to be of sound and disposing mind and memory and did make, publish and acknowledge this instrument as and for her Last Will and Testament, and did sign the same in our presence and in the presence of each other on this the _____ day of _____, 1979.

Mrs. Cathey Leaver
WITNESS

2619 Emery Dr.
ADDRESS

Nashville, Tennessee

Judy Crabtree
WITNESS

2933 Brantley Dr.
ADDRESS

Antioch, Tn. 37013

AFFIDAVIT

We, the undersigned, having been duly sworn according to law do hereby swear to the following affidavit:

1. We and each of us are adult citizens of the State of Tennessee.

2. We are making this affidavit at the request of the testatrix, Mattie P. Davis, with reference to our witnessing the execution of her Will.

3. The testatrix, Mattie P. Davis, did acknowledge and publish the Will to which this is attached as and for her Last Will and Testament and she did signify to us that said instrument is her Last Will and Testament.

4. The testatrix, Mattie P. Davis, did personally sign said Will and we as her attesting witnesses, at her request and in her presence and in the presence of each other all on the 24 day of August, 1979.

5. The testatrix, Mattie P. Davis, did appear to us to be of sound and disposing mind and memory when she executed said Will.

IN WITNESS whereof we do hereby set our hands, on this the 24 day of August, 1979.

Mrs. Cathey Leaver
AFFIANT

Judy Cauthren
AFFIANT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

SWORN to and subscribed before me on this the 24 day of August, 1979.

Marie B. Crawford
NOTARY PUBLIC

MY COMMISSION EXPIRES: 6 February, 1982

NOTARY PUBLIC AT LARGE STATE OF TENNESSEE

WILSON COUNTY

DEPARTMENT OF PUBLIC HEALTH
LEBANON, TN 37087

TYPE/PRINT IN PERMANENT

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): **Mattie P. Davis**
2. SEX: **Female**
3. DATE OF DEATH (Month, Day, Year): **August 27, 2002**
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-7443
5a. AGE - LAST BIRTHDAY (Years): **95**
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): **Mar 24, 1907**
7. BIRTHPLACE (City and State or Foreign Country): **Cheatham Co., Tennessee**
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ Yes 2 ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 ☐ 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): **Mt. Juliet Health Care Center**
9c. CITY, TOWN, OR LOCATION OF DEATH: **Mt. Juliet**
9d. COUNTY OF DEATH: **Wilson**
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.): **Dietary Worker**
12b. KIND OF BUSINESS/INDUSTRY: **Macke Food Service**
13a. RESIDENCE—STATE: **TN**
13b. COUNTY: **Davidson**
13c. CITY, TOWN OR LOCATION: **Old Hickory**
13d. STREET AND NUMBER OR RURAL LOCATION: **1269 Jones St.**
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 ☒ Yes 2 ☐ No
13f. ZIP CODE: **37138**
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes 0 ☒ 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): **8**; College (1-4 or 5+):

NAME OF DECEDENT — For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): **John Moore Phillips**
18. MOTHER'S NAME (First, Middle, Maiden Surname): **Annie Jones**

INFORMANT

19a. INFORMANT'S NAME (Type/Print): **William Davis**
19b. RELATIONSHIP TO DECEASED: **Son**
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): **2414 Kimberly Dr., Nashville, TN 37214**

DISPOSITION

20a. METHOD OF DISPOSITION: 1 ☒ 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
21a. SIGNATURE OF FUNERAL DIRECTOR
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: **3954**
21c. SIGNATURE OF EMBALMER
21d. LICENSE NUMBER OF EMBALMER
22a. NAME AND ADDRESS OF FUNERAL HOME: **Phillips-Robinson Company 2707 Gallatin Road, Nashville, TN 37216**
22b. LICENSE NUMBER OF FUNERAL HOME: **331**

REGISTRAR

23. REGISTRAR'S SIGNATURE
24. DATE FILED (Month, Day, Year): Sept 10, 2002

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
25b. LICENSE NUMBER: MD023572
25c. DATE SIGNED (Month, Day, Year): 9/3/02
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)

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

28. PART I. Enter the disease, 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. Dementia 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. Parkinsonism 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 ☐ No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ Yes 2 ☐ 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)

PH-1659
REV. 2-93

BIRTH NO. _____

RDA 1399

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE RECORD ON FILE IN THE DIVISION OF VITAL RECORDS - TENNESSEE DEPARTMENT OF HEALTH & ENVIRONMENT. THIS IS VALID ONLY IF THE EMBOSSED SEAL OF THE ISSUING LOCAL HEALTH DEPARTMENT IS AFFIXED.

CPAT