Davidson County WILL
Recvd: 11/18/02 15:37 3pgs
Fees:17.00 Taxes:0.00
20021118-0142892

LAST WILL AND TESTAMENT
OF
CATHERINE M. WILLIAMS

D-95-1377
FILED 4-30-95
ENTERED
BOOK PAGE
JANICE W. JORDAN, Clerk & Master

I, Catherine M. Williams, 205 Derby Lane, Franklin, Tennessee, being of sound mind and disposing memory, do make, publish, and declare this to be my Last Will and Testament, hereby revoking all wills by me at any time heretofore made.

ITEM I

I direct that all debts, funeral expenses, and the cost of administering my estate be paid by my Executrix hereinafter named.

ITEM II

I hereby give, devise, and bequeath to my daughter, Catherine W. Farmer, my entire estate, both real and personal per stirpes.

ITEM III

I hereby nominate and appoint my daughter, Catherine W. Farmer, as Executrix of this, my Last Will and Testament. In the event my daughter predeceases me or is unable or unwilling to serve, I nominate and appoint my granddaughter, Cathy Lee Farmer, as Alternate Executrix. I direct that neither be required to give bond for the performance of her duties.

WITNESS MY HAND and seal this 20th day of November, 1991.

Catherine M Williams
CATHERINE M. WILLIAMS

PAGE ONE OF MY LAST WILL AND TESTAMENT: C.M.W.

The foregoing Last Will and Testament of Catherine M. Williams was signed, sealed, published, and declared by the said Testatrix as and for her Last Will and Testament, in our presence, and we, there and then, and at her request and in her presence, and in the presence of each other, signed as witnesses.

Rachel E. Graubner OF Nashville, Tennessee

Charles F. Grigsby OF Franklin, Tn.

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

Rachel E Graubner and Charles F. Grigsby after first being duly sworn or affirmed, make oath or affirm that the foregoing Last Will and Testament was signed, acknowledged, published, and declared by Catherine M. Williams to be her Last Will and Testament, in the sight and presence of us, the undersigned, who at her request and in her sight and presence, and in the sight and presence of each other, have subscribed our names as attesting witnesses on the 20th day of November, 1991; and we further make oath that the Testatrix was of sound mind and disposing memory and not acting under fraud, menance or under influence of any person, and was more than eighteen (18) years of age, and that each of the attesting witnesses is more than eighteen (18) years of age.

Rachel E. Graubner

Charles F. Grigsby

Sworn to and subscribed before me this the 20th day of November, 1991.

Leighanne Sulcer
NOTARY PUBLIC

My Commission Expires: 8/23/94

PAGE TWO OF MY LAST WILL AND TESTAMENT: C.M.W.

WILLIAMSON COUNTY HEALTH DEPARTMENT
1324 WEST MAIN STREET
FRANKLIN, TENNESSEE 37064
(615) 794-1542

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

E/PRINT IN MANENT NOK INK FOR NSTRUCTIONS HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): CATHERINE LUCILE WILLIAMS
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): February 10, 1993
4. SOCIAL SECURITY NUMBER: [redacted]5767
5a. AGE – LAST BIRTHDAY (Years): 85
5b. UNDER 1 YEAR – MOS. / DAYS
5c. UNDER 1 DAY – HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Nov. 13, 1907
7. BIRTHPLACE (City and State or Foreign Country): NASHVILLE, TENNESSEE
8. 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): WILLIAMSON MEDICAL CENTER
9c. CITY, TOWN, OR LOCATION OF DEATH: FRANKLIN
9d. COUNTY OF DEATH: WILLIAMSON
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): BOOKKEEPER
12b. KIND OF BUSINESS/INDUSTRY: LAUNDRY COMPANY
13a. RESIDENCE – STATE: TN
13b. COUNTY: WILLIAMSON
13c. CITY, TOWN OR LOCATION: FRANKLIN
13d. STREET AND NUMBER OR RURAL LOCATION: 205 DERBY LANE
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37064
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes No X; 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+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): HERMAN MILLERLIE
18. MOTHER'S NAME (First, Middle, Maiden Surname): KATE HERTENSTEIN

INFORMANT

19a. INFORMANT'S NAME (Type/Print): MRS. CATHERINE FARMER
19b. RELATIONSHIP TO DECEASED: DAUGHTER
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 205 DERBY LANE, FRANKLIN, TN 37064

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): WOODLAWN MEMORIAL PARK
20c. LOCATION—City or Town, State: NASHVILLE, TENNESSEE
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ David F Baldwin
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3169
21c. SIGNATURE OF EMBALMER: ▶ Bob Compton
21d. LICENSE NUMBER OF EMBALMER: 3416
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODLAWN FUNERAL HOME 660 THOMPSON LANE, NASHVILLE, TN 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 731

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Catherine Pratt
24. DATE FILED (Month, Day, Year): February 20, 1993

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: ▶ Samuel J. LaVoi, M.D.
25b. LICENSE NUMBER:
25c. DATE SIGNED (Month, Day, Year): 2/16/93
26a. MEDICAL EXAMINER – On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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):

SICIAN OR MED-EXAMINER EX-ING CERTIFICATE T COMPLETE AND I MEDICAL CERTIFI-ON WITHIN 48 RS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr. Samuel J. LaVoi, M.D. 3768 Nolensville Road Nashville, Tenn. 37211

CAUSE OF DEATH

INSTRUCTIONS N OTHER SIDE

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.	Fatal Arrythmia (Cardiac)	
DUE TO (OR AS A CONSEQUENCE OF): b.	A-S, (H.D.	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: DUE TO (OR AS A CONSEQUENCE OF): c.	Hypertension	
DUE TO (OR AS A CONSEQUENCE OF): d.	Generalized Arteriosclerosis	

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

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 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)

TH-1659
EV. 1/89

BIRTH NO

Dianne Bradford
2-20-93

This is to certify that the above is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Local Health Department.

This is valid only when the seal of the issuing Local Health Department is affixed.

STATE OF TENNESSEE
WILLIAMSON COUNTY
I, THE UNDERSIGNED CLERK & MASTER, DO HEREBY CERTIFY THIS TO BE A TRUE COPY OF THE ORIGINAL OF THIS INSTRUMENT FILED IN THIS CAUSE.
[illegible] Clerk & Master