This document prepared by:
GIBSON, GREGORY & GWYN, PLLC
201 Fourth Avenue, North, Suite 1900
Nashville, TN 37219

Davidson County AFFIDAVIT
Recvd: 05/16/03 15:21 11pgs
Fees:57.00 Taxes:0.00
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AFFIDAVIT

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Comes the undersigned who would swear and affirm that he was a friend of the family and well acquainted with Mary Elizabeth Clevenger, who died on February 26, 2003.

Further the Affiant would state:

1. The Decedent was a resident of Nashville, Davidson County, Tennessee.
2. The Decedent left a Last Will and Testament, the original of which is attached to this Affidavit. In addition, your Affiant has attached the Certificate of Death issued by the Metropolitan Government of Nashville, Davidson County Tennessee Health Department which reflects all necessary information pertaining to the Decedent.
3. The undersigned was not only a friend of the Decedent, but also her attorney and files the attached Last Will and Testament of Mary Carman Clevenger so as to comply with all statutes of the State of Tennessee dealing with the filing of same.
4. The undersigned would further state that there is no need to probate the Estate because most, if not all of her assets, were jointly owned by the Decedent with her husband, William Thomas Clevenger,

including but not limited to, their residence located at 4305 Dale Avenue, Nashville, TN 37204. Thus, the above real estate, by operation of law, was inherited by the said William Thomas Clevenger.

FURTHER AFFIANT SAITH NOT.

ANDREW B. GIBSON, JR.

Sworn and subscribed before me on this the 25th day of April, 2003.

NOTARY PUBLIC

My commission expires: _____

PAMELA A. PHILLIPS
Notary Public At Large
DAVIDSON COUNTY, TENN

P:\Clevenger.Mary\Affidavit 042403

My Commission Expires
January 31, 2004

RICHARD R. ROOKER
CIRCUIT COURT CLERK

I hereby certify that this is a true copy of original instrument filed in my office this 7th day of May 20 03
RICHARD R. ROOKER, CLERK
By _____ Deputy Clerk

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0301183

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Mary Elizabeth Clevenger
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): February 26, 2003
4. SOCIAL SECURITY NUMBER (If Foreigner): 410-90-0361
5a. AGE-LAST BIRTHDAY (Years): 52
5b. UNDER 1 YEAR MOS / DAYS
5c. UNDER 1 DAY HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): Apr.20, 1950
7. BIRTHPLACE (City and State or Foreign Country): Bristol, VA
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [XX] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [X] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Alive Hospice Residence
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Tom Clevenger
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Adult Studies Lipscomb
12b. KIND OF BUSINESS/INDUSTRY: Coordinator
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 4305 Dale Avenue
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [XX] Yes 2 [ ] No
13f. ZIP CODE: 37204
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [XX] 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+): 3

NAME OF RESIDENT (For use by physician or institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Paul Carman
18. MOTHER'S NAME (First, Middle, Maiden Surname): Lena Waters

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Tom Clevenger
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4305 Dale Avenue Nashville, TN 37204

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [XX] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Harpeth Hills Memory Gardens
20c. LOCATION-City or Town, State: Nashville, TN 37221
21a. SIGNATURE OF FUNERAL DIRECTOR: Heather Heggie
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5055
21c. SIGNATURE OF EMBALMER: Heather Heggie
21d. LICENSE NUMBER OF EMBALMER: 5056
22a. NAME AND ADDRESS OF FUNERAL HOME: Harpeth Hills Funeral Home 9090 Highway 100, Nashville, TN 37221
22b. LICENSE NUMBER OF FUNERAL HOME: 849

REGISTRAR

23. REGISTRAR'S SIGNATURE: [redacted]
24. DATE FILED (Month, Day, Year): March 5, 2003

CERTIFIER

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 [ ] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: 24321
25c. DATE SIGNED (Month, Day, Year): 3-5-03
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): John Mulder, 4710 Patterson St., Nashville, TN 37206

CAUSE OF DEATH

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)

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Colon 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 [ ] 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)

PH-1659 (REV. 6/99)
BIRTH NO.
RDA 1399

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.

[redacted] Tonya Y Rotter
Local Registrar

MAR 5 2003
Date Issued

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

METROPOLITAN GOVERNMENT NASHVILLE AND DAVIDSON COUNTY TENNESSEE

CERTIFICATION OF VITAL RECORD

Last Will and Testament

OF

MARY CARMAN CLEVENGER

I, MARY CARMAN CLEVENGER, of Davidson County, Tennessee, being of sound mind and disposing memory, do hereby make, publish and declare this to be my Last Will and Testament, hereby revoking all wills and codicils heretofore made by me.

I.

I direct that all of my just debts, my funeral expenses, and the cost of administration of my estate be paid as soon as practicable after my death. My Executor, in his sole discretion may pay from my domiciliary estate all or any portion of the costs of ancillary administration and similar proceedings in other jurisdictions.

II.

I direct that there shall be paid out of my residuary estate, without apportionment, all estate, inheritance, succession and other taxes, together with any penalty thereon, assessed by reason of my death, imposed by the government of the United States, or any state or territory thereof, in respect of all property required to be included in my gross estate for estate and like tax purposes, by any of such governments, whether the property passes under this will or otherwise, without contribution by any recipient of any such property.

III.

I bequeath and devise to my husband, WILLIAM THOMAS CLEVENGER, in fee, all of my estate of every kind, real, personal, mixed, tangible and intangible, of whatsoever nature and wheresoever situated, including all lapsed legacies and devises and all life insurance payable to my estate, owned by me at the time of my death.

I direct that any expenses incurred in safeguarding or delivering such property be paid from my estate as an administrative expense thereof. If my said husband shall not survive me, I bequeath and devise all of the aforesaid property in equal shares to my children, ELIZABETH EVE CLEVENGER and EMILY ANNE CLEVENGER, and any other children adopted or born during our marriage, subject, however, to the provisions hereinbelow. If any of my children predecease me, but leave issue surviving me, then such issue shall take the share such deceased child would have taken, per stirpes. If said deceased child leaves no issue, then his share shall be divided equally among my surviving children.

IV.

If at my death my husband has predeceased me, and if any of my said children have not obtained the age of twenty-five (25) years, then I give, bequeath and devise that all of my estate, including all life insurance payable to my estate, shall vest in ROLAND D. ROBERTS, JR., and NANCY C. ROBERTS of Davidson County, Tennessee, as Trustees, to be held in trust for the use and benefit of my children, but without the necessity of equal division except as set forth below. My Trustees are excused from giving bond as such and are excused from compliance with the laws of any jurisdiction regulating investments by fiduciaries. My Trustees shall not be required to report to any court nor to seek authority from any court to buy or sell assets, whether real, personal or mixed. However, they shall render at least annually to each beneficiary (or his/her guardian) a report showing all transactions pertaining to the administration of the trust assets. My Trustees are given full and absolute discretion with respect to holding investments in the form received or to selling such assets and purchasing new assets, and they shall be liable only for gross negligence or fraud.

Without limitation of the foregoing broad grant of powers to my Trustees, I expressly empower my Trustees to retain or sell any interests which I might have in any business or realty which I might own, with any sale to be made at such time, for such price, and on such terms as is fit and proper in the sole discretion of my Trustees. The

signature of my Trustees alone will be sufficient to pass good title, and any purchaser shall not be required to look to the application of the proceeds.

In addition to the powers herein granted, I authorize my Executor and my Trustees to exercise any and all the powers set forth in Section 3, Chapter 110, of the Public Acts of 1963, now codified in T.C.A. 35-618, to the extent applicable, all of which provisions and powers are incorporated herein by reference as fully as if copied herein verbatim.

Until all of my living children have attained age twenty-one (21) years, my Trustees are authorized to accumulate the net income or to pay or apply so much thereof to the use of my children in such amounts and proportions as my said Trustees in their sole and absolute discretion shall deem advisable from time to time without regard to equality of distribution. Any accumulated income shall be periodically, at least annually, incorporated into the principal of the trust fund as an integral part thereof to be held, administered and distributed in accordance with all the terms, conditions and limitations applying thereto. In exercising their discretion as to the amount (if any) of such net income which is to be paid to any of the aforesaid beneficiaries, my Trustees shall not be required to take into consideration any other income or property which is available to said children from any other source.

Upon the youngest of my living children reaching the age of twenty-one (21) years, the Trustees shall divide the trust estate into separate shares of equal value, creating one (1) separate share for each child of mine who is then living, all encroachments made prior to this division to be considered a general charge, and one (1) separate share for the lineal descendants, collectively of each child of mine who is then deceased but of whom one (1) or more lineal descendants are then living. The Trustees shall pay the net income, monthly or

quarterly, from each share to the child, or descendants of a deceased child, for whom the share was created until the termination of the beneficiaries interest in the trust, but income not currently needed by a minor may be accumulated for his benefit.

Upon each child attaining the age of twenty-five (25) years (or older if my youngest child is more than four (4) years younger than my oldest child), the Trustees shall distribute said child's share to said child in fee, and the trust as to said child shall then cease.

Upon the death of any child of mine, before receiving his entire share, his share shall vest and shall be distributed to his lineal descendants then living by right of representation; if none, then said share divided equally between my surviving children, provided, however, that should any share hereunder become vested in any minor beneficiary, notwithstanding such vesting, such share shall remain in trust until such beneficiary attains age twenty-one (21) years.

Anything in this will to the contrary notwithstanding, no trust created hereunder shall continue beyond twenty-one (21) years after the death of the last to die of those beneficiaries who were living at the time of my death; and upon the expiration of such period all trusts shall terminate and the assets thereof shall be distributed outright to those parties (and in the same proportions) as are then receiving the income therefrom.

If at anytime, in the opinion of the Trustees, income is insufficient to provide for the comfortable maintenance, medical care, welfare, and education of any beneficiary, the Trustees may pay to or for said beneficiary's benefit such sums as they deem advisable, for such purposes, from the principal of the trust estates.

Any income or principal payable to or for any beneficiary hereunder, who is a minor at the time, may be paid by the Trustees, in their sole discretion, directly to such minor or to those furnishing

maintenance, medical care or education to or for him; or if any income or principal is payable to any beneficiary who is mentally or physically incapacitated, in the opinion of the Trustees, the Trustees in their sole discretion, may use so much or all of the income or principal of the share of such beneficiary as may be necessary for the comfortable maintenance, medical care, welfare and education of such beneficiary and his descendants. The Trustees shall be fully exonerated and acquitted for any payments made by them to such parties as they may deem proper to expend for such purposes, and any income not so used may be accumulated and added to the principal.

My primary intention in creating trusts under my will is to provide for my children under the living standard to which they have been accustomed during my life. While I do not desire to encourage waste or excessive spending in them, I request that the Trustees first consider them in exercising any discretions hereunder as it is my intention that they be the primary beneficiaries rather than some ultimate remainderman. The Trustees may consider other income and resources available to any beneficiary, which are known to them, and they may accept the written statement of any beneficiary as to his income and resources, but my Trustees shall not require that his personal resources be exhausted before any encroachment is made for him. This shall be a Spendthrift Trust, the corpus and income from which shall not be subject to the control, anticipation or assignment by any beneficiary and not subject to any judicial process at law or equity.

The Trustees shall be entitled to annual compensation for their services herein in an amount equal to two and one-half (2 1/2%) percent of the annual income of the total trust assets or One Hundred Fifty and No/100 ($150.00) Dollars, whichever amount is greater, but in no event to exceed Five Hundred and No/100 ($500.00) Dollars unless a larger amount is awarded by a court of competent jurisdiction. The Trustees may employ such attorneys, accountants, appraisers, or agents or other specialists as they may deem advisable from time to time. All

compensation for the foregoing services may be paid from principal or income or partly from each as the Trustees deem advisable without regard to any statute to the contrary.

V.

If guardians be required for any of my minor children. I hereby nominate and appoint ROLAND D. ROBERTS, JR., and NANCY C. ROBERTS of Nashville, Tennessee, as such guardians.

VI.

Whenever in this instrument the words "Child", "Issue" and/or "Descendant" appear, the same shall include not only persons who are descendants of my issue and me by blood but also persons who are legally adopted. Further, whenever a pronoun of the masculine gender appears, it shall be considered to include the feminine gender as well.

VII.

If my husband and I shall die under such circumstances that it cannot be established that our deaths were otherwise than simultaneous, it shall be presumed throughout this will that I survived him.

VIII.

I nominate and appoint my husband, WILLIAM THOMAS CLEVENGER, to be the Executor of this will and estate and he shall not be required to give bond for acting in this capacity. In the event that my husband, WILLIAM THOMAS CLEVENGER, should predecease me or for any reason shall fail to qualify as Executor hereunder (or having qualified shall die or resign) then I nominate and appoint my friend, ROLAND D. ROBERTS, JR., as the successor Executor of my will and estate without bond, possessing the same powers and authorities as herein granted to the named Executor.

I vest my Executor with full power and authority to sell, transfer and convey any property real or personal, which I may own at the time of my death at such time and price and upon such terms and conditions (including credit) which he may determine and to do every other act and thing necessary or appropriate for the complete administration of my estate. My Executor or successor Executor is expressly given each and all powers hereinabove given to my Trustees as fully as though repeated

Mary Carman Clevenger

MARY CARMAN CLEVENGER

verbatim herein.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name to this my Last Will and Testament, consisting of this and the six (6) preceding typewritten pages, and for the purpose of identification, I have signed each such page, all in the presence of the persons witnessing it at my request on this the 4th day of October, 1983, in Nashville, Tennessee.

Mary Carman Clevenger
MARY CARMAN CLEVENGER, Testatrix

ATTESTATION

The foregoing instrument, consisting of this and the six (6) preceding typewritten pages was signed, sealed, published and declared by MARY CARMAN CLEVENGER the Testator, to be her 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 4th day of October, 1983, at Nashville, Tennessee.

Fay F. Welch
WITNESS

Nashville, Tennessee
ADDRESS

Wm. Michael Duffy
WITNESS

Nashville, Tennessee
ADDRESS

AFFIDAVIT

Fay F. Welch and Wm. Michael Saffley after being sworn according to law, depose and say:

1. That they are adult citizens of the State of Tennessee.

2. That they witnessed the execution of the Last Will and Testament of MARY CARMAN CLEVENGER, dated October 4th, 1983, to which this Affidavit is attached, and that this Affidavit is being made at the request of the Testatrix, and in accordance with Tennessee Code Annotated, Section 32-211.

3. That their signatures are affixed to said Last Will and Testament, that they signed or affixed the same at the instance and at the request of the Testatrix and in her presence, and in the presence of each other, at the place and on the date recited in said Last Will and Testament.

4. That the Testatrix signed said paperwriting as and for his Last Will and Testament in their sight and presence.

5. That at the time they witnessed said will, the Testatrix was, in their opinion, of sound mind.

Fay F. Welch
WITNESS

Wm. Michael Saffley
WITNESS

STATE OF TENNESSEE:

COUNTY OF DAVIDSON:

Subscribed and sworn to before me this 4th day of October, 1983.

Andrew B. Johnson, Jr.
NOTARY PUBLIC

My Commission Expires:

1-22-84

RICHARD R. ROOKER CIRCUIT COURT CLERK

I hereby certify that this is a true copy of original instrument filed in my office this 7th day of May 2003
RICHARD R. ROOKER, CLERK
By _____ Deputy Clerk