LAST WILL AND TESTAMENT

OF

DORTHA W. WEST

Davidson County WILL
Recvd: 06/27/05 13:37 4 pgs
Fees:22.00 Taxes:0.00
20050627-0073571

I, DORTHA W. WEST, a resident of Davidson County, Tennessee, do publish and declare this to be my Last Will and Testament, hereby revoking all prior testamentary instruments.

ITEM ONE

I direct that all my matured debts, funeral expenses, expenses of my last illness and for the administration of my estate and any estate or inheritance taxes that may be imposed by reason of my death be paid by my Executor out of my estate as soon as is lawful and convenient.

ITEM TWO

I hereby nominate, constitute and appoint Ozie B. Winters as Executor of this my Last Will and Testament. I further direct that he not be required to post any bond for the faithful performance of his duty as Executor. I incorporate by reference as fully as if copied verbatim all the provisions and powers set forth in Tennessee Code Annotated §35-618, which section enumerates the administrative powers that I hereby confer upon my Executor.

ITEM THREE

I hereby give, devise and bequeath all of my property of any kind whatsoever, either real, personal, mixed or otherwise to Ozie B. Winters.

This 21st day of December, 1989.

Dortha W West
DORTHA W. WEST

Dortha W West
DORTHA W. WEST

The foregoing instrument was signed, sealed and published by DORTHA W. WEST, 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, the day and date first written above.

Charles Lindsley — NAME — 4000 Lafayette St Old Hickory — ADDRESS

Elizabeth Lindsley — NAME — 4000 Lafayette Street Old Hickory Tennessee — ADDRESS

STATE OF TENNESSEE
COUNTY OF DAVIDSON

AFFIDAVIT

We, the undersigned, Charles Lindsley, and Elizabeth Lindsley, the foregoing witnesses being first duly sworn, make oath that DORTHA W. WEST, on the 21 day of December, 1989, declared and signified to us that the instrument to which this affidavit is attached is her Last Will and Testament and that she signed the said instrument 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 signed the same as attesting witnesses, and that at the time of the making and execution of said Will, and at the time of the execution of this affidavit, the Testatrix was more than eighteen years of age, and was of sound mind and disposing memory, and we witnessed the said Last Will and Testament at her request and she was under no duress at the time of her execution thereof.

This the 21 day of December, 1989.

Charles Lindsley
WITNESS

Elizabeth Lindsley
WITNESS

Dortha W. West
DORTHA W. WEST

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Personally appeared before me, the undersigned, a Notary Public for the above County and State, the above named, DORTHA W. WEST, with whom I am personally acquainted, and who executed the foregoing document for the above described purposes, on this the 21st day of December, 1989.



NOTARY PUBLIC

My Commission Expires: 11/12/90

Page Three of Three Pages of my Last Will and Testament.

DORTHA W. WEST

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

63.8-108
63.8-110

0302268

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): Dortha West
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 12, 2003
4. SOCIAL SECURITY NUMBER (of Deceased): 411-34-6829
5a. AGE-LAST BIRTHDAY (Years): 98
5b. UNDER 1 YEAR (MOS / DAYS)
5c. UNDER 1 DAY (HOURS / MIN)
6. DATE OF BIRTH (Month, Day, Year): March 15, 1905
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tn
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [X] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Madison Health Care
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): None
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Domestic
12b. KIND OF BUSINESS/INDUSTRY: None
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Madison
13d. STREET AND NUMBER OR RURAL LOCATION: Larkins Spring Rd.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37203
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No
15. RACE-American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 6 yrs.; College (1-4 or 5+):

NAME OF DECEDENT For use by physician or certifier

PARENTS

17. FATHER'S NAME (First, Middle, Last): George Winters
18. MOTHER'S NAME (First, Middle, Maiden Surname): Unknown

INFORMANT

18a. INFORMANT'S NAME (Type/Print): Ozie B. Winters
19b. RELATIONSHIP TO DECEASED: Great-Nephew
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4025 Lafayette St. Old Hickory, Tn. 37128

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): Hopewell Cemetery
20c. LOCATION-City or Town, State: Old Hickory, Tn.
21a. SIGNATURE OF FUNERAL DIRECTOR: Wendy Hellum
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3548
21c. SIGNATURE OF EMBALMER: Reid Vanness
21d. LICENSE NUMBER OF EMBALMER: 4275
22a. NAME AND ADDRESS OF FUNERAL HOME: JC Hellum Funeral Home, 107 Stokes St. Lebanon, Tn. 37087
22b. LICENSE NUMBER OF FUNERAL HOME: 478

REGISTRAR

23. REGISTRAR'S SIGNATURE: Robert W. Rhodes
24. DATE FILED (Month, Day, Year): April 28, 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 [X] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: 35812
25c. DATE SIGNED (Month, Day, Year): 4/16/03
26a. MEDICAL EXAMINER - Give 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): 500 Hospital Dr. Suite 320 Madison TN 37115

SEE INSTRUCTIONS ON OTHER SIDE

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)

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. End Stage A/D DZ
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 [ ] 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]

Local Registrar

APR 28 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