Davidson County WILL
Recvd: 08/08/05 11:08 5 pgs
Fees:27.00 Taxes:0.00
20050808-0093192

LAST WILL AND TESTAMENT

OF

ESTELLE P. STOLP

I, Estelle P. Stolp. being a citizen and resident of Nashville, Davidson County, Tennessee, and being of sound and disposing mind and memory, hereby make and publish this as and for my Last Will and Testament, revoking Wills and Codicils heretofore executed by me.

I.

Provided she survives me, I give, devise and bequeath all of my property of whatsoever kind and nature and wheresoever situated to my daughter, Judith Stolp Rychen, to be here absolutely and in fee simple forever.

In the event my daughter predeceases me or we should both be killed in or as a result of a joint disaster, I hereby give, devise and bequeath all my property of whatsoever kind and nature and wheresoever situated to my grandchildren to share alike in fee simple forever.

II.

I hereby nominate and appoint Judith Stolp Rychen as Executrix of this my Last Will and Testament, she to serve without bond and without being required to give any inventory of my estate. In the event Judith Stolp Rychen shall predecease me or we should both die in or as a result of a joint disaster, I hereby nominate Debra Rychen Reed of Nashville, Tennessee as substitute executrix of this my Last Will and Testament and direct that she be excused from giving bond and that she not be required to file an inventory of my estate. I direct that my Executrix or substitute executrix have all the powers set forth in Tennessee Code Annotated #35-618 in the introductory paragraph and in the 32 numbered sub-paragraphs.

IN WITNESS WHEREOF, I have hereto set my hand to this my Last Will and Testament on this 27 day os Feb 1981.

Estelle P. Stolp
ESTELLE P. STOLP

We, the undersigned, do hereby certify and attest that the above named ESTELLE P. STOLP, appeared to us to be of sound and disposing mind and memory and that she acknowledged and published the foregoing as her Last Will and Testament and signed her name thereto, all in our presence, and we have signed the same as subscribing witnesses, at her request and in her presence, and in the presence of each other on this the ___ day of _____ 1981.

/s/ Mary E. Arnette
WITNESS

3021 West End Ave
ADDRESS

/s/ Martha Highfill

Nashville, Tn 37203

3021 West End Ave

Nashville, Tn 37203

Page Two and the Last Page of the Last Will and Testament of

ESTELLE P. STOLP

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, Estelle P. Stolp, with reference to our witnessing the execution of her Will.

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

4. The testatrix, Estelle P. Stolp, did personally sign said Last Will and Testament in our presence and we and each of us did sign said Will as her attesting withesses, at her request, and in her presence and in the presence of each other all on the 27 day of February 1981.

5. The testatrix, Estelle P. Stolp, idd 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 27 day of Feb 1981.

/s/ Mary E. Arnette
AFFIANT

/s/ Martha Highfill
AFFIANT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

SWORN to and subscribed before me on this the 27 day of February 1981.

/s/ Jean N. Raby
NOTARY PUBLIC

MY COMMISION EXPIRES:

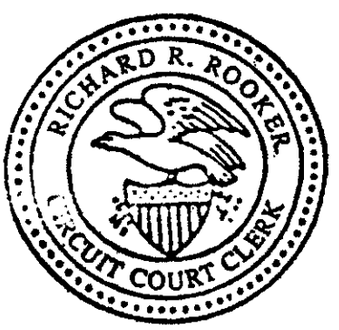
Janl. 18, 1982

STATE OF TENNESSEE, DAVIDSON COUNTY

I, Richard R. Rooker, Clerk of the Probate Court of Davidson County, State aforesaid, do certify that the foregoing is a full, true and complete copy, of the original on file in my office. Will Book 139 Page 576
Given under my hand and official seal, at office in Nashville, this 8th of August 20 05.

RICHARD R. ROOKER, CLERK

By Rita Dunthorne
Deputy Clerk



STATE OF TENNESSEE
Office of Vital Records

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

8201319

19094
25
19-094 BIRTH NO.

82 007287 STATE FILE NO.

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

DECEASED

1. DECEASED—NAME: Estelle Pate Stolp
2. DATE OF DEATH (MONTH, DAY, YEAR): March 29, 1982
3a. AGE—LAST BIRTHDAY (YEARS): 66
3b. UNDER 1 YEAR: YEARS / DAYS
3c. UNDER 1 DAY: HOURS / MIN.
4. DATE OF BIRTH (MONTH, DAY, YEAR): Jan. 24, 1916
5. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.): White 99
6. SEX: Female
7a. COUNTY OF DEATH: Davidson
7b. CITY, TOWN OR LOCATION: Nashville
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.): Baptist Hospital
7e. IF HOSP. OR INST., INDICATE WHETHER OUTPATIENT, INPATIENT, OR DOA: Inpatient
8a. STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY): Tennessee 43
8b. CITIZEN OF WHAT COUNTRY: USA
9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
10. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): -
11. SOCIAL SECURITY NUMBER: [redacted]-9056
12a. SERVICE IN ARMED FORCES (SPECIFY BRANCH OR DATES OF SERVICE):
12b.
13. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): RetiredInsuranceAgent
14. KIND OF BUSINESS OR INDUSTRY: Insurance Co.
15a. RESIDENCE—STATE: Tennessee
15b. COUNTY: Davidson
15c. CITY, TOWN OR LOCATION: Nashville
15d. STREET AND NUMBER: 1806Natchez Trace
15e. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
15f. CENSUS TRACT NO.:

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS AND INFORMANT

16. FATHER—NAME: Jonah Pate
17. MOTHER—MAIDEN NAME: Myrtle Harper
18. INFORMANT—NAME: Judith S. Rychen Franklin, Tn.
18a. MAILING ADDRESS:

DISPOSITION

REQUIRED PRIOR TO REMOVAL OF BODY BY COMMON CARRIER OR REMOVAL FROM STATE.

19a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial
19b. DATE (MONTH, DAY, YEAR): Mar. 30, 1982
19c. CEMETERY OR CREMATORY—NAME: Mt. Hope
19d. LOCATION (CITY OR TOWN, STATE): Franklin, Tn.
20a. FUNERAL DIRECTOR (SIGNATURE): [signature]
20b. LICENSE NO.: 3296
20c. EMBALMER (SIGNATURE): John W. Harper
20d. LICENSE NO.: 3415
20e. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): FranklinMemorialChapelFranklin,Tn.
21a. REGISTRAR—SIGNATURE: [signature]
21b. DATE ACCEPTED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): 4-8-82

CERTIFIER

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE. ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST

22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSES STATED—SIGNATURE: [signature] DEGREE: MD
22b. DATE SIGNED (MONTH, DAY, YEAR): 4-8-82
23a. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSES STATED—SIGNATURE: TITLE
23b. DATE SIGNED (MONTH, DAY, YEAR):
24a. CERTIFIER—NAME (TYPE OR PRINT): Dr. Frank M. Rembert
24b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 210 25th Ave. N. Nashville, Tn. 37203

0072871X1982

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 Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Sharon M. Leinbach
STATE REGISTRAR

Date Issued Aug-05-2005

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD