LAST WILL AND TESTAMENT

OF

THOMAS E. NEELY

2009 AUG 21 AM 10:45
03P-1189
RICHARD R. ROOKER, CLERK
D.C.

I, THOMAS E. NEELY, domiciled in Davidson County, Tennessee, being of sound mind and disposing memory of the natural objects of my bounty, do make, publish and declare this to be my Last Will and Testament hereby revoking all Wills and Codicils heretofore made by me.

ARTICLE I.

I direct that all my just debts, my funeral expenses, all estate, inheritance, succession, and other taxes assessed by reason of my death, and the cost of administration of my estate be paid as soon as practical after my death.

ARTICLE II

I bequeath to my dear Wife, LOLA MAUREEN NEELY, in fee, all my clothing, household goods, personal effects, automobiles, jewelry, and all other tangible and intangible personal property not otherwise specfically bequeathed, including cash on hand or on deposit, owned by me at the time of my death. If my said Wife shall predecease me, I bequeath said property as set forth in my residuary estate contained in Paragraph III below.

ARTICLE III.

All the rest, residue and remainder of the property which I may own at the time of my death, real, personal, tangible, intangible of whatsoever nature and wheresoever situated including all lapsed legacies and devises and all life insurance payable to my estate, I bequeath and devise in fee unto my dear Wife, LOLA MAUREEN NEELY. If my said Wife shall not survive me, then I bequeath and devise the above mentioned property as follows:

Thomas E Neely



ACOBS, HOLT & MASTEN
ATTORNEYS AT LAW
311 WHITE BRIDGE ROAD
NASHVILLE, TN. 37209

Davidson County WILL
Recvd: 03/07/06 13:21 7 pgs
Fees:37.00 Taxes:0.00
20060307-0026357

(a) I bequeath all motor vehicles titled in my name, all real estate titled in my name wheresoever situated, and all of my mechanic's or other Craftsman's tools to my Son, THOMAS E. NEELY, JR.

(b) All other property not specifically bequeathed above, including but not limited to all cash, stocks and bonds, all life insurance policies, and all household furnishings and contents are to be equally divided between THOMAS E. NEELY, JR. and VICTORIA MAI (CARTER) MORROW. If said beneficiaries are unable to agree to a division of said property within six (6) months from the date of my death, said property shall be sold and the proceeds divided equally between the beneficiaries.

If either of the above named beneficiaries shall predecease me, then in that event the deceased beneficiary's share shall vest in the surviving beneficiary.

If both of the above named beneficiaries shall predecease me, then in that event all of my Estate shall vest in NICOLE ELAM.

ARTICLE IV

If my Wife, LOLA MAUREEN NEELY, and I shall die under such circumstances that there is not sufficient evidence to determine the order of our deaths, it shall be presumed that she survived me; and my estate shall be administered and distributed, in all respects in accordance with such provision.

ARTICLE V.

I appoint my Son, THOMAS E. NEELY, JR., to be the Executor of this my Last Will and Testament and direct that no bond be required for the faithful performance of his duties. If he shall predecease me or is otherwise unable to serve, I nominate and appoint VICTORIA MAI (CARTER) MORROW, of Nashville, Tennessee, as alternate Executrix to also serve without bond. I give my

Thomas E. Neely

Executrix or Executor, as the case may be, all the powers set forth in Tennessee Code Annotated, Section 35-50-110, which are incorporated herein by reference to this Will. A successor Executrix has the duty, right and power given to the Executor originally appointed. Any successor Executrix may accept the account rendered and assets delivered to it by its predcessor as a complete discharge to the predecessor Executor. I further direct that if I own any realty at the time of my death I vest my said Executrix or Executor with full power to sell without the joinder of any party and any purchaser shall not be required to look to the application of the proceeds. I further excuse my Executrix or Executor or successor Executors from filing an inventory and making reports to the Court having jurisdiction over my estate.

IN WITNESS WHEREOF, I have hereunto subscribed my name to this my Last Will and Testament, said Will this and two (2) preceding typewritten pages, and for the purpose of identification, I have signed each such page, all in the presence of persons witnessing it at my request on this 14 day of May, 1991, at Nashville, Tennessee.

Thomas E Neely
THOMAS E. NEELY

Thomas E Neely

The foregoing instrument, consisting of this and three (3) preceding typewritten pages, was signed, sealed, published and declared by THOMAS E. NEELY in our presence, and we at his request and in his presence and in the presence of each other, have hereunto subscribed our names as witnesses, this 14th day of May, 1991, at Nashville, Tennessee.

WITNESS

311 White Bridge Rd
ADDRESS

Nashville, TN 37209

WITNESS

311 White Bridge Rd
ADDRESS

Nashville TN 37209

AFFIDAVIT OF WITNESSES TO PROVE WILL

We, the undersigned, after being duly sworn according to law depose and say:

1. That we are adult citizens of Davidson County, Tennessee.

2. That we witnessed the execution of the Last Will and Testament of THOMAS E. NEELY, dated May 14, 1991, to which this AFFIDAVIT is attached, and that this Affidavit is being made at the request of the Testator, and in accordance with TENNESSEE CODE ANNOTATED, Section 32-2-110.

3. That our signatures are affixed to said Last Will and Testament, that we signed or affixed the same at the instance and at the request of the Testator and in his 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 Testator signed said paperwriting as and for his Last Will and Testament in our sight and presence.

5. That at the time we witnessed said Will, the Testator was, in our opinion, of sound mind.

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Subscribed and sworn to before me this 14th day of May, 1991.

NOTARY PUBLIC

My Commission Expires:

May 22, 1993

**STATE OF TENNESSEE**

I, **RICHARD R. ROOKER,** Clerk of the Circuit Court for Davidson County, in the State aforesaid, do hereby certify that the foregoing is a true and correct copy of the Last Will and Testament heretofore entered in the SEVENTH Circuit Court for Davidson County, Tennessee, on the 21 day of AUGUST , 2003 , in the Case Number 03P1189 NEELY, THOMAS EUGENE deceased,
as same remains of record in Vol. 5475 , Page 1225091 of the Minutes of said Court.

**IN TESTIMONY WHEREOF,** I hereunto subscribe my name and affix the seal of said Court, at office, in Nashville, the 13 day of FEBRUARY 2006

**RICHARD R. ROOKER,** Clerk,

By _____ Deputy Clerk

SEAL



# METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
## Office of Vital Records

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER: 030009

TENNESSEE DEPARTMENT OF HEALTH
**CERTIFICATE OF DEATH**

**DECEDENT**

1. DECEDENT'S NAME (First, Middle, Last): Lola Maureen Neely
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): 01-05-2003
4. SOCIAL SECURITY NUMBER: [redacted]-0108
5a. AGE-LAST BIRTHDAY (Years): 67
5b. UNDER 1 YEAR MOS. / DAYS
5c. UNDER 1 DAY HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): 07-16-1935
7. BIRTHPLACE (City and State or Foreign Country): Davidson County, 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): Lakeshore Wedgewood
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
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.): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Domestic
13a. RESIDENCE STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 6510 Firestone Court
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37209
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] 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): 12 — College (1-4 or 5+):
NAME OF DECEDENT (For use by physician or Medical Examiner)

**PARENTS**

17. FATHER'S NAME (First, Middle, Last): John Bass
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mary D. McGee

**INFORMANT**

19a. INFORMANT'S NAME (Type/Print): Vickie Morrow
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 244 Brittsville Shores Georgetown, TN 37336

**DISPOSITION**

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [X] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): West Harpeth Crematory
20c. LOCATION (City or Town, State): Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Michael P. Lohre
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5352
21c. SIGNATURE OF EMBALMER: ▶ No Embalming
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: WEST HARPETH FUNERAL HOME & CREMATORY 6962 Charlotte Pike Nashville, TN 37209
22b. LICENSE NUMBER OF FUNERAL HOME: 1016

**REGISTRAR**

23. REGISTRAR'S SIGNATURE: ▶ Mchen A Bowen
24. DATE FILED (Month, Day, Year): January 6, 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: ▶ Robert Quinn
25b. LICENSE NUMBER: 10455
25c. DATE SIGNED (Month, Day, Year): 1/6/03
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): Dr. Robert Quinn 2400 Patterson St. Suite 500 Nashville, TN 37203

**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. CVA
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 [✓] 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

JAN 8 2003
Date Issued