FILED

Last Will and Testament

2007 MAR -1 AM 11:17

RICHARD R ROOKER, CLERK

I, Mildred Erlene Bowman Knight, presently domiciled at Davidson County, Tennessee, being of sound and ~~disposing mind~~ and memory and not under constraint, hereby make, publish and declare this to be my last will and testament, and, at the same time, revoke any and all wills and codicils which have been heretofore made by me.

I. I desire that any cost of administration of my estate, any taxes assessed or subject at that time to assessment against my estate, any just indebtedness, and/or any funeral expenses, be paid first from the proceeds of any life insurance which is payable to my estate, second from any cash that I may have, including funds in any checking or savings accounts, and third from any other funds available from my personal assets, should the life insurance proceeds, cash or bank accounts be insufficient.

II. All of the rest, residue and remainder of my estate, including any property, real, personal, and mixed, tangible and intangible, not otherwise disposed of in this my will, including all property which I may acquire or become entitled to after the execution of this my will, I bequeath and devise in fee to my husband, Stanton Ellis Knight.

III. If my said husband should predecease me, then I will and devise all of my real estate to my daughter, Shirley F. Rich Brinegar. If my daughter, Shirley F. Brinegar shall also predecease me, then I will and devise my real estate equally among Peggy C. Dughman, Lila Rich (formerly Overholt), and Bert Rich.

M.K.

Davidson County WILL
Recvd: 03/16/07 08:34 9 pgs
Fees:42.00 Taxes:0.00
20070316-0031970

IV. I hereby will and bequeath all my certificates of deposit and any other funds with Third National Bank to my daughters in equal shares.

V. I hereby will and bequeath all my certificates of deposit and any other funds with NationsBank to my grandson, Bert Rich.

VI. I hereby will and devise all my furniture to my daughter, Shirley F. Rich Brinegar.

VII. I direct that Shirley F. Rich Brinegar shall keep and care for any dogs and all equipment associated with their care. Shirley F. Rich Brinegar shall keep all of the net proceeds from the sale of the dogs and equipment.

VIII. I hereby will and devise my Baretta shotgun and .38 caliber pistol to Bartley Dwayne Rich. I will and devise my Remington shotgun and .22 caliber pistol to Rex Allen Rich.

IX. I hereby will and devise all of my tools to Bert Rich.

X. I hereby bequeath my pickup truck to Shirley F. Rich Brinegar.

XI. All of the rest, residue and remainder of my estate, including any property, real, personal and mixed, tangible and intangible, not otherwise disposed of in this my will, including all property which I may acquire or become entitled to after the execution of this my will, I bequeath and devise in fee to my children in equal shares.

XII. I hereby appoint my daughter, Shirley F. Rich Brinegar, as Executrix of this my last will and testament and

M.R.

direct that no bond be required of my said Executrix for the faithful performance of his duties. I hereby grant to my said Executrix the continuing, absolute, discretionary power to deal with all property, real and personal, at any time forming part of my estate, and to exercise any and all powers set forth in TCA 35-50-110, to the extent applicable, all of which provisions and powers are incorporated herein by reference as fully as if copied herein verbatim, subject only to any restrictions or provisions in this my last will and testament. These powers as set out in said statute on the date of the execution of this will are granted, notwithstanding that said statute may be amended hereafter or repealed at the time of my death.

V. Although my husband and I are executing our wills at or about the same time, I desire to make it plain that there has been no contract between my husband and me to make a joint testamentary disposition of our property. It is my intention that no such contract shall be inferred from the execution of wills which are substanitally similar in content. It is my intention that, in the event my husband survives me, he shall have full power to execute codicils to his will and to revoke said will and execute a later will or wills, making such disposition of his estate as he may desire to his sole discretion, including all the property passing to him under the provisions of this will.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name to this my last will and testament, consisting of this and three (3) preceding typewritten pages, and for the purpose of identification I have initialed each such page, all in the presence of the persons witnessing it at my request on this the 22 day of May, 1992, at Goodlettsville Tennessee.

Mildred Erlene Bowman Knight
Mildred Erlene Bowman Knight

The foregoing instrument, consisting of this and three (3) preceding typewritten pages, was signed, sealed, published and declared by Mildred Erlene Bowman Knight, the testatrix, 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 witness, this 22nd day of May 1992, at Goodlettsville, Tennessee.

Name: [illegible] Residing at 113 Fawnwood Dr
Hendersonville, TN 37075

Name: Tina Theriot Residing at 127 Belinda Pkwy
Mt Juliet, TN 37122

MK

IN RE: THE LAST WILL AND TESTAMENT OF

MILDRED ERLENE BOWMAN KNIGHT

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Jimmie D Hawkins and TINA Theriot being first duly sworn do jointly and severally make oath to the following:

That the foregoing was signed, published, and declared by the above named Testatrix as and for her Last Will and Testament in our sight and presence who signified to us, the attesting witnesses, that the foregoing instrument is her Last Will and Testament and we have hereunto fixed our signatures as attesting witnesses at her request, in her sight and presence, and in the sight and presence of each other, and we further dispose that at the said place and time the Testatrix was of sound mind and disposing memory, and signed this Last Will and Testament as her free and voluntary act.

Jimmie D. Hawkins
Name
113 Fairway Dr.
Address
Hendersonville, TN

Tina Theriot
Name
127 Belinda Pkwy
Address
Mt. Juliet, TN 37122

Sworn to and subscribed before me this 22nd day of May, 1992.

D Ronald Ingram
NOTARY PUBLIC

My commission expires: 1-27-94

IN THE SEVENTH CIRCUIT COURT FOR DAVIDSON COUNTY, TENNESSEE
PROBATE DIVISION

IN RE:	)	
	)	
THE ESTATE OF MILDRED E. KNIGHT,	)	
	)	
Deceased.	)	
	)	**NO. 07P-165**
	)	
SHIRLEY BRINEGAR,	)	
	)	
Petitioner.	)	

AFFIDAVIT OF JIMMIE D. HAWKINS

Comes now Jimmie D. Hawkins and would state and show unto this Honorable Court as follows:

1. I am an adult over the age of eighteen (18) years of age, and I was over the age of eighteen (18) years on May 22, 1992;

2. On May 22, 1992, I was in the presence of Mildred Erlene Bowman Knight at the time she executed her Last Will & Testament. Also present before myself and Mildred Erlene Bowman Knight as Ms. Tina Theriot;

3. On May 22, 1992, the decedent, Mildred Erlene Bowman Knight, published and declared her intent to execute her Last Will & Testament within my presence, and within the presence of Ms. Tina Theriot;

4. On May 22, 1992, at the request of Mildred Erlene Bowman Knight, and within her presence, I affixed my signature as a witness on the Last Will & Testament of Mildred Erlene

Bowman Knight;

5. On May 22, 1992, I witnessed Ms. Tina Theriot, an adult over the age of eighteen (18) years, likewise execute her signature as a witness on the Last Will & Testment of Mildred Erlene Bowman Knight, with the presence of Mildred Erlene Bowman Knight; and

6. On May 22, 1992, the decedent, Mildred Erlene Bowman Knight, was over the age of eighteen (18) years of age; she was of sound physical and mental health; and she was free from any coercion or undue influence.

FURTHER YOUR AFFIANT SAYETH NOT.

STATE OF TENNESSEE)
COUNTY OF Sumner)

Personally appeared before me, the undersigned Notary Public in and for said County and State, the within named Affiant, with whom I am personally acquainted, and who made oath after being duly sworn according to law, that the statements contained herein are true and correct, to the best of his information, knowledge and belief.

Jimmie D. Hawkins
JIMMIE D. HAWKINS

Sworn to and subscribed before me this 27 day of Feb, 2007.

BETTY C. NOLEN NOTARY PUBLIC AT LARGE SUMNER COUNTY TENNESSEE

Betty C. Nolen
NOTARY PUBLIC

My Commission Expires: 10.30.2007

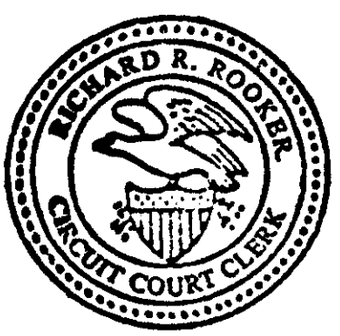
STATE OF TENNESSEE

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 01 day of MARCH , 2007 , in Case Number 07P165 between BRINEGAR, SHIRLEY Petitioner, and KNIGHT, MILDRED E. Respondent, as same remains in the records of said Court.

IN TESTIMONY WHEREOF, I hereunto subscribe my name and affix the seal of said Court, at office, in Nashville, the 02 day of MARCH 2007

RICHARD R. ROOKER, Clerk,

SEAL



By _____

Deputy Clerk

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER: 0305391

1. DECEDENT'S NAME (First, Middle, Last): Stanton Ellis Knight		2. SEX: Male	3. DATE OF DEATH (Month, Day, Year): September 2, 2003
4. SOCIAL SECURITY NUMBER (or Decedent): 408-48-4199	5a. AGE - LAST BIRTHDAY (Years): 86	6. DATE OF BIRTH (Month, Day, Year): Sept 18, 1916	7. BIRTHPLACE (City and State or Foreign Country): Red Boiling Springs, TN

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ Yes 2 ☒ No

9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA — OTHER: 4 ☐ Nursing Home 5 ☒ Residence 6 ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
800 Roosevelt	Madison	Davidson

10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)	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.)	12b. KIND OF BUSINESS/INDUSTRY
Married	Mildred Bowman	Carpenter	Carpenter-Farmer

13a. RESIDENCE-STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER OR RURAL LOCATION
Tennessee	Davidson	Madison	800 Roosevelt

CENSUS TRACT

13e. INSIDE CITY LIMITS? 1 ☒ Yes 2 ☐ No	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes 0 ☒ No. Specify, if yes:	15. RACE—American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12)	College (1-4 or 5+)
	37115		White	5	

NAME OF DECEDENT For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
Joe Ellis Knight	Fannie C Hutchins

INFORMANT

19a. INFORMANT'S NAME (Type/Print)	19b. RELATIONSHIP TO DECEASED	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Mildred Knight	Wife	800 Roosevelt Madison Tennessee 37115

DISPOSITION

20a. METHOD OF DISPOSITION: 1 ☒ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION—City or Town, State
	Forest Lawn Memorial Park	Goodlettsville Tennessee

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER OF FUNERAL DIRECTOR	21c. SIGNATURE OF EMBALMER	21d. LICENSE NUMBER OF EMBALMER
Jerry Hunt	2530	Ed Abercrombie	5387

22a. NAME AND ADDRESS OF FUNERAL HOME	22b. LICENSE NUMBER OF FUNERAL HOME
Madison Funeral Home 219 Old Hickory Blvd. East, Madison, Tennessee 37115-	690

REGISTRAR

23. REGISTRAR'S SIGNATURE	24. DATE FILED (Month, Day, Year)
Marsha L. Jones	September 29, 2003

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	25b. LICENSE NUMBER	25c. DATE SIGNED (Month, Day, Year)
John Jordan MD	23806	September 25, 2003

26a. MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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 C Jordan 1035 Old Hickory Blvd., Madison, TN 37115

CAUSE OF DEATH

28. PART I. Enter the disease, 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. Inanition	weeks
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Cancer of the Prostate	2 years
	c.	
	d.	

SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Diabetes Melitus Type 2

29a. WAS AN AUTOPSY PERFORMED?	29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No

30. MANNER OF DEATH	31a. DATE OF INJURY (Month, Day, Year)	31b. TIME OF INJURY	31c. INJURY AT WORK?	31d. DESCRIBE HOW INJURY OCCURRED
1 ☒ Natural 2 ☐ Accident 3 ☐ Suicide 4 ☐ Homicide 5 ☐ Pending Investigation 6 ☐ Could not be Determined		M	1 ☐ Yes 2 ☐ No	

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. 5/99)

BIRTH NO.

RDA 1398

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]

Marsha L. Ritter
Local Registrar

SEP 29 2003
Date Issued

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

METROPOLITAN GOVERNMENT NASHVILLE AND DAVIDSON COUNTY

CERTIFICATION OF VITAL RECORD