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RICHARD R ROOKER, CLERK

D.C.

07P-472

Davidson County WILL
Recvd: 03/27/07 11:17 6 pgs
Fees:27.00 Taxes:0.00

20070327-0036524

LAST WILL AND TESTAMENT

OF

KATHERINE L. BREWER

****

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

I.

I desire and direct that all of my just debts (including unpaid charitable pledges whether or not the same are enforceable obligations of my estate) and my funeral expenses (including the cost of a suitable monument at my grave) and taxes be paid as soon as practicable after my death, except that any debts which are payable in installments or are not due until at least one year from the date of my death need not be paid during the administration of my estate but may, if the terms of such debts permit, be continued and paid according to their tenor. My Executor may, in his sole discretion, pay from my domiciliary estate, all or any portion of the costs of ancillary administration and similar proceedings in other jurisdictions.

II.

In the event that any property or interest in property passing under this Will, by operation of law, or otherwise by reason of my death, shall be encumbered by mortgage or lien, or shall be pledged to secure any obligation (whether the property or interest in property so encumbered or pledged shall be owned by me jointly or individually), it is my intention that such indebtedness shall not be charged to or paid from my estate, but that the devisee, legatee, joint owner taking by survivorship or beneficiary receiving such property or interest in property shall take it subject to all encumbrances existing at the time of my death.

III.

I bequeath to my daughter, Judith E. Graves, if she survives me, my diamond cluster dinner ring, if owned by me at the time of my death. If my said daughter shall not survive me, this bequest shall lapse and the same shall become part of my residuary estate hereinafter disposed of.

Prepared By:
DAVIS & HOOPER
ATTORNEYS AT LAW
101 SHEPHERD HILLS DR.
MADISON, TN 37115
(615) 851-6597
FAX (615) 859-7934

IV.

All the rest, residue and remainder of the property which I own at the time of my death, real, personal and mixed, tangible and intangible, of whatever nature and wheresoever situated, including all property which I may acquire or become entitled to after the execution the this Will, including all lapsed legacies and devises and all life insurance payable to my estate, I bequeath and devise in fee to my husband, Leslie E. Brewer, if he survives me.

V.

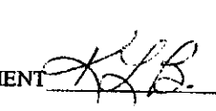
If I do not survive my husband, Leslie E. Brewer, by as long as six (6) months, or if I die as the result of a common disaster, resulting in his death, and also resulting in my death within six (6) months after his death, then I direct that I will be deemed to have predeceased him and the provisions of my Will shall be construed upon that assumption.

VI.

In the event my husband, Leslie E. Brewer, does not survive me, I give, devise and bequeath, equally share and share alike, all the rest residue and remainder of the property which I may own at the time of my death, real, personal and mixed, tangible and intangible, of whatsoever nature and wheresoever situated, including all property which I may acquire or become entitled to after the execution the this Will, including all lapsed legacies and devises and all life insurance payable to my estate to my children, Judith E. Graves and Ronald E. Brewer. In the event my children have predeceased me, leaving issue, I direct that said child's share of my estate be distributed to their decedents then living per stirpes.

VII.

I hereby nominate, constitute and appoint Leslie E. Brewer as Executor of this my Last Will and Testament. In the event said Executor shall not survive me or shall fail to qualify, die, resign or cease to act for any reason, I appoint Judith E. Graves and Ronald E. Brewer as Co-Executors in his place. I direct that no bond or other security shall be required of my Executor for the faithful performance of his duties as such, nor shall they be required to prepare or file an inventory of my estate.

VIII.

I incorporate by reference, as fully as if copied verbatim, all the provisions and powers, to the extent applicable, set forth in Tennessee Code Annotated § 35-50-110, which section enumerates the administrative powers that I hereby confer upon my Executor. 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.

IN WITNESS WHEREOF, I have hereunto set my hand to this my Last Will and Testament, at Nashville, Tennessee, this 30 day of June, 1998

Katherine L. Brewer
KATHERINE L. BREWER

Signed, sealed, published and declared by the Testatrix, Katherine L. Brewer , to be her Last Will and Testament, in the presence of all of us at one and the same time, and we at her request and in her presence and the presence of each other, have hereunto subscribed our names as witnesses, and we do hereby attest to the sound and disposing mind of the Testatrix and to the performance of the aforesaid act of execution at the place and on the date hereinabove set out.

Denise Baker OF 101 Shepherd Hills Dr Madison, TN 37115

Paul L. Estabrooks OF 101 Shepherd Hills Dr Madison, TN 37115

STATE OF TENNESSEE)
COUNTY OF _____)

AFFIDAVIT

Denise Baker and Charles E. Rhoten after being duly sworn according to law, depose and say:

1. That they are adult citizens of Nashville, Tennessee.

2. That they witnessed the execution of the Last Will and Testament of Katherine L. Brewer, dated June 30, 1998, to which this Affidavit is attached, and that this affidavit is being made at the request of the Testatrix, and in accordance with T.C.A. § 32-2-110.

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

4. That the Testatrix signed said paper writing as and for her 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.

Denise Baker

Charles E. Rhoten

Sworn to and subscribed before me
this 30th day of June, 1998.

Randall T. Hyer IV
NOTARY PUBLIC

My commission expires: 7-28-2001

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 20 day of MARCH , 2007 , in Case Number 07P472 between GRAVES, JUDIETH E BREWER ET.AL Petiticner, and BREWER, KATHERINE L 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 22 day of MARCH 2007

RICHARD R. ROOKER, Clerk,

SEAL

By _____

Deputy Clerk

STATE OF TENNESSEE
DEPARTMENT OF HEALTH

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): Leslie Edward Brewer
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 21, 2005
4. SOCIAL SECURITY NUMBER (for Decedent): 411-12-7682
5a. AGE-LAST BIRTHDAY (Years): 85
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): Apr 16, 1920
7. BIRTHPLACE (City and State or Foreign Country): Lewis County, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [X] 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): Memorial Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Chattanooga
9d. COUNTY OF DEATH: Hamilton
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Katharine Laverne Wilsdorf
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Machinist
12b. KIND OF BUSINESS/INDUSTRY: AVCO
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 373 Strasser Drive
CENSUS TRACT: NC
15a. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37211
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes O [X] 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+):

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Robert Hasan Brewer
18. MOTHER'S NAME (First, Middle, Maiden Surname): Sally Jane Jackson

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Mrs. Judy Graves
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1953 Dahlia Drive Nashville, Tennessee 37210

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): Palestine Cemetery
20c. LOCATION-City or Town, State: Hohenwald, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: William R. Appleton
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2700
21c. SIGNATURE OF EMBALMER: N / A
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Inc. 3620 Nolensville Rd., Nashville, Tennessee 37211-
22b. LICENSE NUMBER OF FUNERAL HOME: 396

REGISTRAR

23. REGISTRAR'S SIGNATURE: Reaver Barrett
24. DATE FILED (Month, Day, Year): May 27, 2005

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: Richard R Rose M.D.
25b. LICENSE NUMBER: MD 0000026763
25c. DATE SIGNED (Month, Day, Year): 05/26/05
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): RICHARD R. ROSE, M.D. 2525 DeSales Avenue, Chattanooga, TN 37404

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Respiration Failure — 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. Pneumonia — DUE TO (OR AS A CONSEQUENCE OF):
c. Fracture of hip — DUE TO (OR AS A CONSEQUENCE OF):
d.

Approximate Interval Between Onset and Death: a. None; b. day; c.

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

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: M
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):

I hereby certify the above to be a true and correct copy of the 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.

Reaver Barrett
Reaver Barrett
Local Registrar
Hamilton County Health Department

Date Issued
MAY 31 2005

GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD