MAP 02612-0 01000

Davidson County WILL
Recvd: 10/18/07 14:39 4 pgs
Fees:22.00 Taxes:0.00
20071018-0123806

# LAST WILL AND TESTAMENT

# OF

# FRANCES LORAINE COTTEN

I, FRANCES LORAINE COTTEN, a resident of Davidson County, Tennessee, being of sound mind and disposing memory, declare this to be my last will and testament, revoking any and all wills and codicils previously made by me.

## ITEM I

I direct that all my just debts, including my funeral expenses, be paid by my executor as soon after my death as is practicable.

## ITEM II

I give, devise and bequeath to my husband, JAMES EDWARD COTTEN, all the balance and residue of my estate.

## ITEM III

In the event my husband and I die in a common disaster or that it is impossible to determine which of us died first, then and in that event, I give, devise and bequeath all my property, real, personal and mixed, to my son, DANNY WADE COTTEN.

## ITEM IV

I name and appoint my husband, JAMES EDWARD COTTEN, as the executor of this my last will and testament if he survives

Frances Loraine Cotten

me. If not, then I name and appoint my son, DANNY WADE COTTEN, to be the executor of this my last will and testament, and direct that neither my husband nor my son be required to make bond.

IN WITNESS WHEREOF, I hereunto set my hand on this 30 day of Oct, 1978, to this will consisting of two typewritten pages, each of which bears my signature.

Frances Loraine Cotten
FRANCES LORAINE COTTEN

FRANCES LORAINE COTTEN signed the foregoing instrument in our presence, publishing and declaring it to be her last will, and as witnesses whereof, we do now at her request, in her presence and in the presence of each other, hereto subscribe our names on the date above mentioned, this attestation clause having been read by us and we having noted that the events herein enumerated took place as stated.

John A. Eldridge Jr. Residing at McKellar TN

Mrs Kate Thomas Residing at 1020 Chickamauga Ave

# A F F I D A V I T

We, the undersigned, being the attesting witnesses to the foregoing will of Frances Loraine Cotten and being first duly sworn, make oath that she signed the foregoing will consisting of two (2) pages, this page not included, on the 20 day of Oct, 1978, in our joint sight and presence and declared the same to be her last will and testament; and that we in her sight and presence and in the sight and presence of each other, at her request, signed our names thereto as attesting witnesses; that we believed the said Frances Loraine Cotten to be, at that time, of sound mind and disposing memory; and that this affidavit is being made at the request of the said testatrix.

Witness our signatures on this the 20 day of Oct, 1978.

John A. Gillespie III
Witness

710 Gallatin Rd
Address

Mrs Kate Thomas
Witness

1832 Sycamore Ave
Address

STATE OF TENNESSEE ) Tenn

COUNTY OF DAVIDSON ) Davidson

Sworn to and subscribed before me, this 20 day of Oct, 1978.

Nancy E. Tarr
Notary Public

My Commission Expires:

NOTARY PUBLIC MACON COUNTY TENNESSEE

State of Tennessee, Macon County
I, Gwen Linville, Clerk and Master of said county, do hereby certify that the foregoing is a full, complete and perfect copy as appears of record in my office. Given under my hand in office in Lafayette, TN, Macon County
THIS 18 DAY OF October 20 07
Gwen Linville
GWEN LINVILLE, CLERK & MASTER

# STATE OF TENNESSEE
## Office of Vital Records

**TENNESSEE DEPARTMENT OF HEALTH**
**CERTIFICATE OF DEATH**

STATE FILE NUMBER 2004 049451

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

**DECEDENT**

1. DECEDENT'S NAME (First Middle Last): James Edward Cotten
2. SEX: Male
3. DATE OF DEATH (Month Day Year): November 13,2004
4. SOCIAL SECURITY NUMBER: -1678
5. AGE LAST BIRTHDAY (Years): 80
6. DATE OF BIRTH (Month Day Yrs): April 11,1924
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [X] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution give street and number): Macon County General Hospital 152
9c. CITY TOWN OR LOCATION OF DEATH: Lafayette
9d. COUNTY OF DEATH: Macon
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
11. SURVIVING SPOUSE (If wife give maiden name): Frances Deckard
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Production Worker
12b. KIND OF BUSINESS/INDUSTRY: AVCO
13a. RESIDENCE STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY TOWN OR LOCATION: Madison
13d. STREET AND NUMBER OR RURAL LOCATION: 102 Cumberland Hills Dr
CENSUS TRACT
13a. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37115
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
15. RACE (American Indian, Black, White, etc.) (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 10; College (1-4 or 5+):
NAME OF DECEDENT (If no, by whom was this information supplied)

**PARENTS**

17. FATHER'S NAME (First Middle Last): Fred William Cotten
18. MOTHER'S NAME (First Middle Maiden Surname): Alma Grimm

**INFORMANT**

19a. INFORMANT'S NAME (Type/Print): Frances Loraine Cotten
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code): 102 Cumberland Hills Dr Madison, TN 37115

**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): Spring Hill Cemetery
20c. LOCATION City or Town State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Jeffery Murphy
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3862
21c. SIGNATURE OF EMBALMER: ▶ Rick Smith
21d. LICENSE NUMBER OF EMBALMER: 5195
22a. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill 5110 Gallatin Rd Nashville, TN 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 1046

**REGISTRAR**

23. REGISTRAR'S SIGNATURE: ▶ Elsie Dickens Dep Reg
24. DATE FILED (Month Day Year): 12-7-2004

**PHYSICIAN**

25a. 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: ▶ Phil W Hunt MD
25b. LICENSE NUMBER: MD 25613
25c. DATE SIGNED (Month Day Year): 11-30-04
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): Phil W HUNT, MD

**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. Pulmonary Embolus
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. Multiple Decubitus Left Lower Extremity
DUE TO (OR AS A CONSEQUENCE OF)
c. Cellulitis Left Lower Extremity
DUE TO (OR AS A CONSEQUENCE OF)
d. Hydrocephalus with Paraplegia

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

28. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [✓] No
29. 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):

PH 1059 (REV 6/99)
BIRTH NO
RDA 1398

2659712

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 Oct-17-2007

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

## CERTIFICATION OF VITAL RECORD