Davidson County WILL
Recvd: 03/03/08 14:26 6 pgs
Fees:32.00 Taxes:0.00
20080303-0021017

LAST WILL AND TESTAMENT
of
JENNIE SUE RAGLAND

08-P-305

I, Jennie Sue Ragland, of 3224 Hummingbird Drive, Nashville, 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.

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

SECOND: I give, devise and bequeath to my husband, Lester Ragland, if he survives me, all the property, real, personal or mixed and wherever located, of which I die seized and possessed.

In the event my husband does not survive me, or if he and I die at the same time, or in a common disaster, I give, devise and bequeath all my property, real, personal or mixed to my daughter, Judy Paulette Hannah.

THIRD: I hereby nominate, constitute and appoint my husband, Lester Ragland, executor, of this my Last Will and Testament. In the event my said husband shall not survive me, or shall fail to qualify, die, resign, or cease to act for any reason as my executor, I appoint my daughter, Judy Paulette Hannah, executrix in place of my said husband. I direct that no bond or other security shall be required of my said executor, or alternate and that they shall not be required to file any inventory of my estate.

IN WITNESS WHEREOF, I have hereunto signed my name, this 26th day of April, 1999, at Madison, Tennessee.

Jennie Sue Ragland
JENNIE SUE RAGLAND

J. S. R.

Signed, sealed, published and declared by the Testatrix, 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 in the presence of each other, have hereunto subscribed our names as witnesses, and we do hereby attest to the sound and disposing mind of said Testatrix and to the performance of the aforesaid act of execution at the place and on the date hereinabove set out.

WITNESSES:

NAMES	ADDRESS
Melody Spillers	6221 Eatons Creek Rd Joelton 37082
Mai Frances Smith	3140 Dove Place 37218

J.A.R.

A F F I D A V I T

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

The undersigned, after being first duly sworn according to law, depose and say:

1. That they are adult citizens of the State of Tennessee.

2. That they witnessed the execution of the Last Will and Testament of Jennie Sue Ragland dated the 26th day of April, 1999, to which this affidavit is attached, and that this affidavit is being made at the request of the Testatrix and in accordance with Tennessee Code Annotated §32-2-110.

3. That their signatures are affixed to said Last Will and Testament, that they signed or affixed the same at the instance and at the request of the Testatrix and in her 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 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 Last Will and Testament the Testatrix was, in their opinion, of sound mind.

Mai Frances Smith
WITNESS

Melody Spillers
WITNESS

Sworn to and subscribed before me this 26th of April, 1999.

Pamela Whitwell
NOTARY PUBLIC

WHITWELL NOTARY PUBLIC AT LARGE DAVIDSON COUNTY, TENN.

My commission expires:

My Commission Expires MAR. 23, 2002

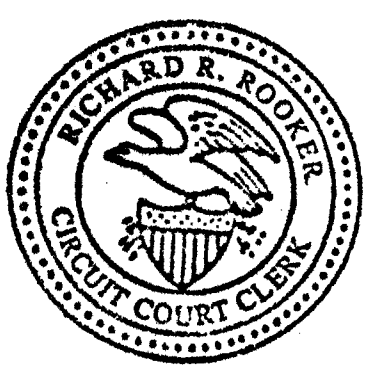
STATE OF TENNESSEE

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 FEBRUARY , 2008 , in Case Number 08P305 between HANNAH, JUDY PAULETTE Petitioner, and RAGLAND, JENNIE SUE 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 21 day of FEBRUARY 2008

RICHARD R. ROOKER, Clerk,

SEAL



By _____

Deputy Clerk

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0800513

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): Jennie Sue Ragland
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): January 29, 2008
4. SOCIAL SECURITY NUMBER (of Deceased): 415-20-2950
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): June 30, 1922
7. BIRTHPLACE (City and State or Foreign Country): Gallatin, Tennessee
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 [X] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Baptist Hospital
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: Tennessee
13b. COUNTY: Sumner
13c. CITY, TOWN OR LOCATION: Hendersonville
13d. STREET AND NUMBER OR RURAL LOCATION: 130 Cranwill Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37075
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 institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): John Allen Bruce
18. MOTHER'S NAME (First, Middle, Maiden Surname): Julie Norris Nunley

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Judy Hannah
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 130 Cranwill Drive Hendersonville, Tennessee 37075

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): Middle Tennessee Veteran's Cemetery
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: James Dudney
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3171
21c. SIGNATURE OF EMBALMER: Sara M. Bessling
21d. LICENSE NUMBER OF EMBALMER: 5008
22a. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill Funeral Home & Cemetery 5110 Gallatin Road Nashville, Tennessee 37216
22b. LICENSE NUMBER OF FUNERAL HOME: 1046

REGISTRAR

23. REGISTRAR'S SIGNATURE: Robert W. Rhoades JR
24. DATE FILED (Month, Day, Year): January 31 2008

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: Donna D. Scudder MD
25b. LICENSE NUMBER: MD-021956
25c. DATE SIGNED (Month, Day, Year): 1/31/2008
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. Donna Scudder 222 22nd Avenue North, Suite 100 Nashville, Tennessee 37203

CAUSE OF DEATH

SEE INSTRUCTIONS ON OTHER SIDE

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

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. congistive heart 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. Alzheimers disease
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. 6/89)

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

Tonya Y Foreman
Tonya Y Foreman
Local Registrar

Date Issued JAN 31 2008

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

CERTIFICATION OF VITAL RECORD

I, Dennis Wright, do hereby make oath that I am a licensed attorney and/or the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

Dennis Wright

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Personally appeared before me, Alisha L. Elder, a notary public for this county and state, Dennis Wright, who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Alisha L. Elder

ALISHA L. ELDER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

My commission expires: January 3, 2011

MY COMMISSION EXPIRES:
January 3, 2011