Davidson County WILL
Recvd: 04/08/08 15:18 7 pgs
Fees:37.00 Taxes:0.00
20080408-0035625

LAST WILL AND TESTAMENT

OF

ELAINE P. RICHARDSON

RICHARDSON COUNTY CLERK

I, ELAINE P. RICHARDSON, a resident of Nashville, Davidson County, Tennessee, being of sound mind and disposing memory, aware of the uncertainty of life and sureness of death, and not acting under duress or undue influence of any person or persons whomsoever, do make, publish and declare this instrument as and to be my Last Will and Testament, hereby revoking and making void any and all other wills and codicils heretofore made by me.

ARTICLE I

I direct that all of my just debts, my funeral expenses, including the costs of a suitable monument at my grave, and the costs of administration of my estate, be paid as soon as practicable after my death.

ARTICLE II

I direct that there shall be paid out of my residuary estate, without apportionment, all estate, inheritance, succession, and other taxes together with any penalty thereon, assessed by reason of my death, imposed by the government of the United States, or any state or territory thereof, or by any foreign government or political subdivision thereof in respect of all property required to be included in my gross estate for estate or like tax purposes by any of such governments, whether the property passes under this will or otherwise, including property over which I have a taxable power of appointment, without contribution by any recipient of any such property.

EXHIBIT "B"

ARTICLE III

I bequeath to my husband, CLYDE G. RICHARDSON, in fee, all clothing, jewelry, household goods, personal effects, automobiles and all other tangible personal property, not otherwise specifically bequeathed, except cash on hand or on deposit, owned by me at the time of my death. I direct that any expenses incurred in safeguarding or delivering such property be paid from my estate as an administrative expense thereof. If my said husband shall not survive me, I bequeath all of the aforesaid property in equal shares to my two (2) children, NADINE RICHARDSON DUNAWAY, and LINDA RICHARDSON THERBER, the issue of a deceased child taking that parent's share per stirpes.

ARTICLE IV

I do hereby give, devise and bequeath all the rest, residue and remainder of the property which I may own at the time of my death, whether real, personal or mixed, tangible and intangible, of whatsoever nature and wheresoever situated, including all property which I may acquire or become entitled to after the execution of this will, including legacies and devisees and all life insurance payable to my estate, I bequeath and devise in fee, to my husband, CLYDE G. RICHARDSON. If my said husband, CLYDE G. RICHARDSON, shall not survive me, then I bequeath and devise the said property in fee and in equal shares, to my two (2) children, NADINE RICHARDSON DUNAWAY, and LINDA RICHARDSON THERBER, the issue of a deceased child taking that parent's share per stirpes.

ARTICLE V

I authorize any Executor, including any substitute or successor personal representative, in the exercise of a reasonable discretion with respect to all property, real and personal,

at anytime forming part of my estate or any trust, to exercise any and all of the powers set forth in Section III of Chapter 110 of the Tennessee General Assembly of 1963, T.C.A. §35-618, to the extent applicable, all of which provisions and powers are incorporated herein by reference as fully as if copied herein verbatim. 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.

I further grant to my Executor, including any substitute or personal representative, the continuing, absolute discretionary power to deal with any property, real or personal, held in my estate or any trust, as freely as I might in the handling of my own affairs. Such power may be exercised independently and without the prior or subsequent approval of any Court or judicial authority, and no person dealing with the Executor shall be required to inquire into the propriety of any of their actions.

ARTICLE VI

I appoint my husband, CLYDE G. RICHARDSON, 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; and I vest my said Executor with full power and authority to sell, transfer and convey any property, real or personal, which I may own at the time of my death, at such time and price and upon such terms and conditions, including credit, as he may determine and to do every other act and thing necessary or appropriate to the complete administration of this will.

If my husband, CLYDE G. RICHARDSON, shall predecease me or for any reason shall fail to qualify as Executor hereunder, or having qualified, shall die or resign then in such event, I nominate my two (2) daughters, NADINE RICHARDSON DUNAWAY, and LINDA RICHARDSON THERBER, to be the Co-Executrixs of this my Last Will and Testament; and in such capacity shall possess and exercise

all powers and authority herein conferred on the Executor.

IN WITNESS WHEREOF, I have hereunto set my hand to this my Last Will and Testament, consisting of four (4) typewritten pages, each page of which bears my signature, this the 29th day of June, 1982, at Nashville, Tennessee.

Elaine P. Richardson
ELAINE P. RICHARDSON

The foregoing instrument was signed, published and declared by the said ELAINE P. RICHARDSON, as and for her Last Will and Testament, in our sight and presence, as we, at her request, and in her sight and presence, and in the sight and presence of each other, have hereunto subscribed our names as witnesses, this the 29th day of June, 1982.

Gerald D. Richardson

ADDRESS: 333 Berkley Dr.
Nashville, Tenn 37211

James E. McKinsey

ADDRESS: 5650 Cleveland Dr
Brentwood Tennessee 37027

AFFIDAVIT OF WITNESSES TO PROVE WILL

Gerald D. Richardson and _____
Jane E. Richardson, after being duly sworn according to law, depose and say:

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

2. That they witnessed the execution of the Last Will and Testament of ELAINE P. RICHARDSON, dated June 29, 1982, 1982, 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 §32.211.

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 the Testatrix signed her Last Will and Testament, she did not appear to be acting under any duress or undue influence from any person or persons whomsoever.

Gerald D. Richardson

Jane E. Richardson

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Sworn to and subscribed before me
this the 29th day of June, 1982.

Mary Ruth Johnson
NOTARY PUBLIC

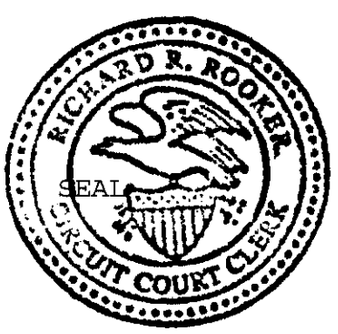
My Commission Expires: June 16, 1984

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 05 day of MARCH , 2008 , in Case Number 08P311 between THERBER, LINDA RICHARDSON ET.AL Petitioner, and RICHARDSON, ELAINE PEARSON 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 APRIL 2008

RICHARD R. ROOKER, Clerk,



SEAL

By _____

Deputy Clerk

Metropolitan Government of Nashville and Davidson County

Richard H. Fulton, Mayor

J. M. BISTOWISH, M.D., REGISTRAR
METROPOLITAN NASHVILLE
AND DAVIDSON COUNTY

SEP 13 1982

J. M. Bistowish M.D.

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

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CAUSE

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

BIRTH NO. _____ STATE FILE NO.

1. DECEASED—NAME (FIRST, MIDDLE, LAST): CLYDE GLEAVES RICHARDSON
2. DATE OF DEATH (MONTH, DAY, YEAR): Sept. 1, 1982
3a. AGE—LAST BIRTHDAY (YEARS): 69
3b. UNDER 1 YEAR: MOS. / DAYS
3c. UNDER 1 DAY: HOURS / MIN.
4. DATE OF BIRTH (MONTH, DAY, YEAR): Sept. 29, 1912
5. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY): White
5a. ORIGIN OR DESCENT (ITALIAN, MEXICAN, GERMAN, ETC.) (SPECIFY):
6. SEX: Male
7a. COUNTY OF DEATH: Davidson
7b. CITY, TOWN OR LOCATION: Nashville
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.): General Hospital
7e. IF HOSP. OR INST. INDICATE DOA, OP/Amer. Em. - Institute (Specify): DOA
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Tenn.
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Ethel Elaine Pearson
12a. SOCIAL SECURITY NUMBER (IF NONE, SPECIFY): [redacted]-9659
12b. SERVICE IN ARMED FORCES (SPECIFY ONLY LAST OR DATES OF SERVICE): 1934-1936
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Manager
13b. KIND OF BUSINESS OR INDUSTRY: Tire Retread Co.
14a. RESIDENCE—STATE: Tenn.
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Nashville
14d. STREET AND NUMBER: 213 Valeria St.
14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14f. CENSUS TRACT NO.:
15. FATHER—NAME: Joseph J. Richardson
16. MOTHER—MAIDEN NAME: Margaret Mae Hammonds
17. INFORMANT—NAME: Wife
17a. MAILING ADDRESS: Same
18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial
18b. DATE (MONTH, DAY, YEAR): 9-3-82
18c. CEMETERY OR CREMATORY—NAME: Old Orchard
18d. LOCATION (CITY OR TOWN, STATE): Petersburg, Tenn.
19a. FUNERAL DIRECTOR (SIGNATURE): Herman Potts
19b. LICENSE NO.: 1600
19c. EMBALMER (SIGNATURE): K.L. Sh. Hon
19d. LICENSE NO.: 3150
20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Woodbine Funeral Home Nashville, Tenn.
21. REGISTRAR—SIGNATURE: Esther D Gross
21a. DATE RECEIVED BY LOCAL REGISTRAR: 9-13-82
22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED — SIGNATURE / DEGREE / DATE SIGNED (MONTH, DAY, YEAR):
23a. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED — SIGNATURE / TITLE: T E Simpkins M D / DATE SIGNED: 9-10-82
24a. CERTIFIER—NAME (TYPE OR PRINT): T. E. Simpkins, M.D.
24b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 1120 Dickerson Road, Nashville, TN 37207
25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a): Metastatic Carcinoma
DUE TO, OR AS A CONSEQUENCE OF (b):
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: DUE TO, OR AS A CONSEQUENCE OF (b): Ca Lung
(c):
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a).
26. AUTOPSY (YES OR NO): No
27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
27b. DATE OF INJURY (MONTH, DAY, YEAR):
27c. HOUR: M.
27d. DESCRIBE HOW INJURY OCCURRED:
27e. INJURY AT WORK (SPECIFY YES OR NO):
27f. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC.) (SPECIFY):
27g. LOCATION — STREET OR R.F.D. NO. / CITY OR TOWN / STATE

08-018 (4/80)