Davidson County WILL
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Fees:37.00 Taxes:0.00
20090126-0006447

LAST WILL AND TESTAMENT
OF
STANLEY COHEN

I, STANLEY COHEN, a resident of Davidson County, Tennessee, do make, publish, and declare this to be my Last Will and Testament, hereby revoking all wills and codicils heretofore made by me.

ITEM ONE: I hereby nominate and appoint my son, ALAN GARY COHEN, and my daughter, LINDA COHEN POUNDS, as Co-Executors of my estate and direct that no bond be required of them for so serving. If either of them does not survive me, or is unable or unwilling to serve in this capacity, the remaining son or daughter may serve as sole Executor or Executrix, exempt from the requirement of bond.

ITEM TWO: I authorize my Co-Executors or sole Executor or Executrix (including any substitute or successor personal representative) in the exercise of a reasonable discretion with respect to all property, real and personal, at any time forming part of my estate or any trust, to exercise any or all the powers set forth in Section 38, Chapter 110, of the Public Acts of the Tennessee General Assembly of 1963, T.C.A. § 35-50-110, to the extent applicable, all of which provisions and powers are incorporated herein by reference as fully as if copied 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on the date of the execution of this Will) are granted, notwithstanding that said statute may be amended hereafter or repealed at the time of my death.

ITEM THREE: I direct my Co-Executors or sole Executor or Executrix, as soon as may be practicable after my death, to pay all of my just debts, including any expenses of my last illness and funeral expenses and the expenses of the

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administration of my estate, out of any funds coming into their hands as such Co-Executors, Executor, or Executrix. All estate and inheritance taxes, including any assessment of such taxes against the proceeds of any insurance on my life, shall be paid out of my residuary estate and no devisee or legatee shall be charged with any inheritance or estate tax so paid. Proceeds of any insurance on my life payable to my estate may be used for the payment of my debts, taxes, or the expenses of the administration of my estate.

ITEM FOUR: I specifically authorize my Co-Executors, Executor, or Executrix, in addition to all of the customary powers of an Executor or Co-Executors, when dividing and distributing my estate, to make such division and distribution in money or in kind or partly in money and partly in kind, and such division shall not be questioned by the beneficiaries of this instrument.

ITEM FIVE: I give, devise, and bequeath to my wife, FANNYE OAST COHEN, all of my property, whether real, personal, or mixed, to be hers absolutely, if she survives me. For all purposes of this will, including this bequest, my wife shall be deemed not to have survived me if she and I die under such circumstances that there is not sufficient evidence to determine the order of our deaths, or if she shall die within a period of six months from the date of my death.

ITEM SIX: If my wife does not survive me, or is deemed not to have survived me under the terms of this will, then in either of those events I give and bequeath all of my interests in real estate I may own at my death to my son, MICHAEL EDWARD COHEN. At the present time this consists of my interest as a tenant by the entirety with my wife, FANNYE OAST COHEN, in our residence at 971 Todd Preis Drive, Nashville, Tennessee, but this bequest is intended to also include any real property interest or interests I may acquire hereafter by inheri-

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tance, gift, purchase, or as a surviving spouse.

ITEM SEVEN: If my wife does not survive me, or is deemed not to have survived me under the terms of this will, then in either of those events all the rest and residue of my property, of whatever kind and wherever situated, other than the interests in real estate bequeathed specifically to my son, MICHAEL EDWARD COHEN, in ITEM SIX above, I give and bequeath in four equal shares, with a one-fourth share to be divided equally between the children of my son, ALAN GARY COHEN, who are my grandchildren, ALISON COHEN POOLE and STEPHANIE ELISE COHEN; a one-fourth share to go to my daughter, CAROL ELIZABETH COHEN; a one-fourth share to go to my daughter, LINDA COHEN POUNDS; and a one-fourth share to go to my son, MICHAEL EDWARD COHEN. Because of his financial condition, it is my judgment that my son ALAN would prefer the share I would otherwise leave to him be left to his children.

ITEM EIGHT: A will, the provisions of which are agreeable to me, is being executed by my spouse simultaneously with this will, and provisions in this will, and my bequests to my spouse in this will are made partly in consideration of my spouse making the provisions contained in her will. If there is any breach of this contractual obligation, my spouse will not forfeit her legacies in this will, such legacies not being intended to be terminable or conditional. However, our contractual obligation to each other not to alter our wills, and in no way to attempt to defeat the intent of the testator as therein expressed, may be specifically enforced by anyone else who may be prejudiced by such a breach of contract, and such person or persons may also obtain damages, at his or her election, if such a breach of contract occurs. If, because of the identical provisions in our wills and

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the circumstances of our deaths, administration of our estates can be carried out by probating my will or my spouse's will only, then our children will have the option of choosing to probate only this will, or my wife's will, or both wills, for a joint administration of our estates.

IN WITNESS WHEREOF, I have hereunto set my hand this 26 day of June 2003.

Stanley Cohen

STANLEY COHEN, Testator

The foregoing instrument, consisting of five typewritten pages, was signed, published, and declared by the said STANLEY COHEN to be his Last Will and Testament, in the presence of us, who at his request and in his presence and in the presence of each other hereby subscribe our names as attesting witnesses, and we do hereby attest to the sound and disposing mind of said Testator and to the performance of the aforesaid act of execution on the date hereinabove set out.

Valerie K Rogers	Nashville TN
Jackie E Dawson	Nashville Tn
Michelle Sterling	Nashville, TN

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AFFIDAVIT BY WITNESSES TO WILL

Each of the aforesaid witnesses, being Valerie K Rogers, Jackie E Dawson, and Michelle Starling, subscribed to the foregoing Last Will and Testament of STANLEY COHEN, executed on the 26th day of June 2003, having been requested by the Testator to make and sign this Affidavit, and having first been duly sworn before the Notary Public whose name appears below, hereby state that the said STANLEY COHEN was over eighteen (18) years of age, was of sound mind, declared the foregoing instrument to be his Last Will and Testament, published and executed it freely, without undue influence or coercion, by signing each page in the presence of all of us who were all present at the same time, and we, in his presence at his request and in the presence of each other, subscribed our names as witnesses on the said 26th day of June 2003.

Sworn to and subscribed before me this 26th day of June 2003.

Jane Anne W. Keeler
Notary Public

My commission expires: 5/29/05

 Stanley Cohen

STATE OF TENNESSEE

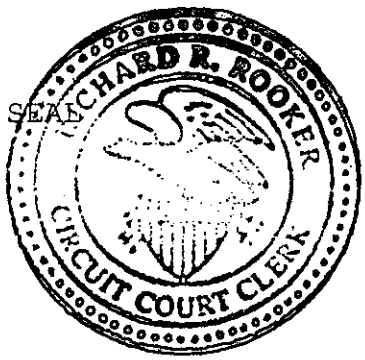
I, **RICHARD R. ROOKER,** Clerk of the Circuit Court for Davidson County, in the State aforesaid, do hereby certify that the foregoing is a true and correct copy of the LAST WILL AND TESTAMENT heretofore entered in the SEVENTH Circuit Court for Davidson County, Tennessee, on the 05 day of JUNE , 2008 , in Case Number 08P920 between COHEN, ALAN GARY ET.AL Petitioner, and COHEN, STANLEY 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 16 day of JANUARY 2009

RICHARD R. ROOKER, Clerk,

By _____
Deputy Clerk

SEAL



RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING IN THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0500670

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): FANNYE OAST COHEN
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): February 10, 2005
4. SOCIAL SECURITY NUMBER (for Deceased): 413-74-3941
5a. AGE LAST BIRTHDAY (Years): 87
5b. UNDER 1 YEAR — Months
5c. UNDER 1 DAY — Hours
6. DATE OF BIRTH (Month, Day, Year): July 10, 1917
7. BIRTHPLACE (City and State or Foreign Country): SAVANNAH, GA
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
8a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
8b. FACILITY NAME (If not institution, give street and number): 971 TODD PREIS DR.
8c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
8d. COUNTY OF DEATH: DAVIDSON
9. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
10. SURVIVING SPOUSE (If wife, give maiden name): STANLEY COHEN
11a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): NURSE
11b. KIND OF BUSINESS/INDUSTRY: NURSING
12a. RESIDENCE STATE: TN
12b. COUNTY: DAVIDSON
12c. CITY, TOWN OR LOCATION: NASHVILLE
12d. STREET AND NUMBER OR RURAL LOCATION: 971 TODD PREIS DR.
CENSUS TRACT
12e. INSIDE CITY LIMITS? [X] Yes [ ] No
12f. ZIP CODE: 37221
13. WAS DECEDENT OF HISPANIC ORIGIN (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.): [ ] Yes 0 [X] No — Specify, if yes:
14. RACE American Indian, Black, White, etc. (Specify): White
15. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): — College (1-4 or 5+): 4

PARENTS

16. FATHER'S NAME (First, Middle, Last): SAMUEL OAST
17. MOTHER'S NAME (First, Middle, Maiden Surname): ANN GERTRUDE COOPER

INFORMANT

18a. INFORMANT'S NAME (Type/Print): DR. ALAN COHEN
18b. RELATIONSHIP TO DECEASED: Son
18c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2400 STERLING RD., NASHVILLE, TN 37215

DISPOSITION

19a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [X] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
19b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): WEST HARPETH CREMATORY
19c. LOCATION (City or Town, State): NASHVILLE, TN
20a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
20b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2153
20c. SIGNATURE OF EMBALMER
20d. LICENSE NUMBER OF EMBALMER
21a. NAME AND ADDRESS OF FUNERAL HOME: Marshall-Donnelly-Combs Funeral Home, 201 25th Ave., North, Nashville, TN 37203
21b. LICENSE NUMBER OF FUNERAL HOME: 40

REGISTRAR

22. REGISTRAR'S SIGNATURE: [signature]
23. DATE FILED (Month, Day, Year): February 10, 2005

CERTIFIER

24a. 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: Ruth Lawyer MD
24b. LICENSE NUMBER: MD020097
24c. DATE SIGNED (Month, Day, Year): 2/10/05
24d. 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
24e. LICENSE NUMBER
24f. DATE SIGNED (Month, Day, Year)

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 96 HOURS.

25. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): 4330 Harding Rd Nash TN 37205 Ste 707 East

CAUSE OF DEATH

26. 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. Mantle cell Non Hodgkins Lymphoma — Approximate Interval Between Onset and Death: 5 months
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. DUE TO (OR AS A CONSEQUENCE OF):
c. 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.
27a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No
27b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [X] No

28. MANNER OF DEATH: 1 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
29a. DATE OF INJURY (Month, Day, Year)
29b. TIME OF INJURY
29c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
29d. DESCRIBE HOW INJURY OCCURRED
29e. PLACE OF INJURY (At home, farm, street, factory, office building, etc. (Specify))
29f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

PH-1 (Rev. 6/99) — BIRTH NO. — FILE NO. — RDA (298)

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.

FEB 10 2005

Tonya Y Ruttlen
Tonya Y. Ruttlen, Local Registrar

Date Issued

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

CERTIFICATION OF VITAL RECORD