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BILL GARRETT, Davidson County
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# LAST WILL AND TESTAMENT
# OF
# JOSEPH ANTHONY BOYD

08P-492
RICHARD ... CIR. CLERK

I, **Joseph Anthony Boyd**, currently residing in Donelson, Davidson County, Tennessee, make and declare this document as my Will. I revoke all former wills and codicils.

## ITEM 1
## FAMILY

A. **Children**. References in this Will to child or children shall refer to my four children: **Joseph Anthony Boyd, Jr., Bettina Boyd Still, Melissa Boyd Averett**, and **James Michael Boyd.**

## ITEM 2
## TANGIBLE PERSONAL PROPERTY

I bequeath to my children, **Joseph Anthony Boyd, Jr., Bettina Boyd Still, Melissa Boyd Averett** and **James Michael Boyd** all of my clothing, jewelry, personal effects, automobiles, and all of my other tangible personal property to be divided between them in equal shares. If any of the above-mentioned children does not survive me, then that child's share shall be equally divided between all of my remaining children.

## ITEM 3
## RESIDUARY ESTATE

I bequeath all the rest of the property I own at my death to my children, **Joseph Anthony Boyd, Jr., Bettina Boyd Still, Melissa Boyd Averett** and **James Michael Boyd**. If any of the above-mentioned children does not survive me, then that child's share shall be equally divided between all of my remaining children.

## ITEM 4
## EXECUTOR

I appoint the following persons to serve as the Executor of this Will, with such persons to act successively, in the order named:

1. My son, **Joseph A. Boyd, Jr.**
2. My daughter, **Bettina Boyd Still**
3. My daughter, **Melissa Boyd Averett**
4. My son, **James Michael Boyd**

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To the extent permitted by applicable law, no Executor shall be required to furnish bond, file any inventory or file any accountings with respect to the performance of the Executor's duties.

## ITEM 5
## ADMINISTRATIVE PROVISIONS

**5.A. Payment of Debts, Administration Expenses, and Taxes.** All of my legally enforceable debts (except secured debts, which may be paid or retained in the discretion of the Executor), my funeral expenses and the expenses of administration of my estate, both domiciliary and ancillary, shall be paid by my Executor as soon as practicable after my death. My Executor shall pay out of my residuary estate all estate, inheritance and other death taxes which shall become payable by reason of my death, whether in respect of property passing under this Will or otherwise, as an expense of administration, without apportionment.

**5.B. Powers of Executor.** The Executor, in the exercise of a reasonable discretion with respect to all property, real and personal, at any time forming a part of my estate, may exercise any and all of the powers set forth in Tennessee Code Annotated 35-50-110, to the extent applicable, all of which provisions and powers are incorporated herein by reference (as set out in this statute on the date I sign this Will), even if this statute is amended or repealed hereafter and even if my estate is administered in a state other than Tennessee. I grant to my Executor the authority to appoint a resident Co-Executor if applicable law requires.

**5.C. Real Property.** Any real property I own at my death is to be part of my probate estate and treated as forming part of my personal estate for purposes of administration.

**5.D. Life Insurance.** The proceeds of any life insurance payable to my Executor or my estate are to be free from the claims of creditors, and are to be held and distributed as provided by the terms of this Will. My Executor may use (but shall not be required to use) any portion of such proceeds as my Executor deems advisable for the payment of debts, expenses and taxes, but only if my Executor deems such use of the proceeds to be in the best interest of my legatees hereunder.

**5.E. Casualty Insurance.** Each casualty insurance policy covering an item of property passing under this Will passes with such property. The recipient of such property is not to be charged for any unearned premium already paid. If any insured item of property passing under this Will has been destroyed or damaged, the insurance proceeds recovered or recoverable therefrom are to be paid to the recipient of such damaged or destroyed item in place of any destroyed item and in addition to any damaged item.

**5.F. References to Executor.** For convenience, every Executor named in this Will (including every alternate) is referred to in the singular person and masculine gender, regardless of the number of gender of those actually named herein.

**5.G. Captions.** The captions and headings of this Will are for convenience only and shall not define or limit the provisions contained herein.

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**IN WITNESS WHEREOF**, I sign this Will, consisting of five pages, and for the purposes of identification, I have initialed each page, all in the presence of the persons witnessing it, at my request, on this 29 day of February, 2008.

Joseph Anthony Boyd

**Joseph Anthony Boyd**

Copy

Signed and declared by **Joseph Anthony Boyd**, to be such person's Will in the presence of all of us, and we, at such person's request and in such person's presence, have subscribed our names as witnesses, and we do hereby attest to the sound and disposing mind of **Joseph Anthony Boyd**, and to the performance of the aforesaid act of execution at the place and on the date hereinabove set out.

**WITNESSES:**

Sharon Walden
Signature of Witness #1

SHARON WALDEN
Print Name of Witness #1

9006 SAWYER BROWN RD., NASHVILLE, TN 37221
Address of Witness #1

Sherri L. Goforth
Signature of Witness #2

Sherri L. Goforth
Print Name of Witness #2

2144 Aberdeen Circle, Hoggard TN 37130
Address of Witness #2

Copy

**AFFIDAVIT OF**

**ATTESTING WITNESSES**

STATE OF TENNESSEE )
COUNTY OF DAVIDSON )

We, the undersigned persons, after first being duly sworn according to law, depose and say:

1. We witnessed the execution of the Will of **Joseph Anthony Boyd** dated the 29th day of February, 2008, to which this Affidavit is attached, and this Affidavit is being made at the request of **Joseph Anthony Boyd** and in accordance with the provisions of Tennessee Code Annotated Section 32-2-110.

2. Our signatures are affixed to the Will of **Joseph Anthony Boyd.** We signed the Will at the request of **Joseph Anthony Boyd**, and in the presence of **Joseph Anthony Boyd**, at the place and on the date recited in said Will.

3. **Joseph Anthony Boyd** signed said paper writing as and for a Will in our sight and in our presence.

4. At the time we witnessed the Will, **Joseph Anthony Boyd** was, in our opinion, of sound mind and age eighteen (18) or older.

Sharon Walden
Signature of Witness #1

Signature of Witness #2

Sworn to and subscribed before me by the two (2) persons whose signatures are affixed hereto on this the 29th day of February, 2008.

Jo Carolyn Newman
Notary Public

JO CAROLYN NEWMAN
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

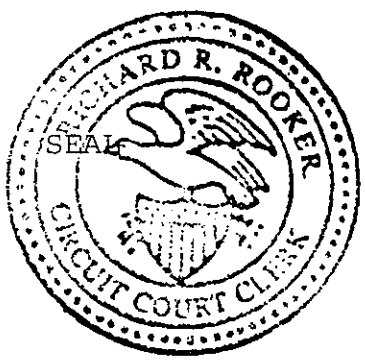
My Commission Expires: MY COMMISSION EXPIRES: March 20, 2010

**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 25 day of MARCH , 2008 , in Case Number 08P492 between BOYD JR., JOSEPH ANTHONY Petitioner, and BOYD, JOSEPH ANTHONY 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 25 day of NOVEMBER 2009

**RICHARD R. ROOKER,** Clerk,



SEAL

By _____
Deputy Clerk