BILL GARRETT, Davidson County
Trans:T20090086562 WILL
Recvd: 12/28/09 09:11 4 pgs
Fees:22.00 Taxes:0.00
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LAST WILL AND TESTAMENT

OF

RUBY C. McGOWN

I, RUBY C. McGOWN, being a citizen and resident of Nashville, Davidson County, Tennessee, and being of sound and disposing mind and memory do hereby make and publish this as and for my Last Will and Testament, hereby revoking any and all Wills or codicils heretofore made by me.

Provided he survives me, I hereby nominate and appoint my son, BEN C. McGOWN, JR., as executor of this my Last Will and Testament and do waive the requirement of a bond to be furnished by him and do direct that he not be required to file an inventory of my estate; however should the said BEN C. McGOWN, JR., predecease me or should we both die in or as a result of a joint disaster or should he cease to act as my executor after once qualifying as such and prior to the closing of my estate, then, in any of such events, I hereby nominate and appoint A. L. KNOX, of Nolensville, Tennessee, as substitute or successor executor of this my Last Will and Testament and do waive the requirement of a bond to be furnished by him and do direct that he not be required to file an inventory of my estate.

I hereby give unto my executor and to my substitute or successor executor all of the powers set forth and enumerated in the introductory paragraph and thirty-two numbered subparagraphs of Tennessee Code Annotated, Section 35-618 as it is in its present form together with any additional powers which may be added by the legislature of the State of Tennessee subsequent to the execution of this Will and prior to the date of my death.

I make the following specific bequest;

I hereby bequeath unto MARTHA JANE McGOWN the sum of Five Thousand Dollars ($5,000.00), provided she survives me.



R.C.M.

117

RICHARD R. ROOKER CIRCUIT COURT
I certify that this is a true copy of the document filed in my office
This 28 day of Dec 2009
RICHARD R. ROOKER, CLERK
By D.C.

Provided he survives me I hereby devise unto my son, BEN C. McGOWN, JR., the right to live in my home place at 2928 McGavock Pike during his lifetime with the power to sell the same if he so desires, however in event he sells the home place he shall receive 60% of the net proceeds (after the costs of the sale are deducted) from the sale of said home and 40% of said net proceeds I hereby give, devise and bequeath in equal shares unto PATRICIA ANN KNOX, PEGGY JANE EDWARDS and DONNA KAY BODILY and their heirs per stirpes. I further give, devise and bequeath unto PATRICIA ANN KNOX, PEGGY JANE EDWARDS and DONNA KAY BODILY and their heirs per stirpes the remainder interest in said home place at 2928 McGavock Pike in Nashville, Davidson County, Tennessee, after the life estate heretofore devised unto my son, BEN C. McGOWN, JR. Should the said BEN C. McGOWN, JR., predecease me or should we both die in or as a result of a joint disaster then, in either of such events, I hereby give, devise and bequeath my homeplace at 2928 McGavock Pike in equal shares to PATRICIA ANN KNOX, PEGGY JANE EDWARDS and DONNA KAY BODILY and their heris per stirpes.

I hereby give, devise and bequeath all of my household furnishings and furniture and other items of personalty, other than my bank accounts, in equal shares unto BEN C. McGOWN, JR., PATRICIA ANN KNOX, PEGGY JANE EDWARDS and DONNA KAY BODILY and their heirs per stirpes and do direct that they divide said items up among themselves with BEN C. McGOWN, JR., having the last word on any disputed items.

I hereby direct all my just debts, funeral expenses, and the costs of the administration of my estate and any federal or state inheritance or death taxes, be first paid out of any monies from my bank accounts and I then give, devise and bequeath all of the rest and remainder of my said bank accounts not necessary for the satisfaction of the aforesaid expenses, in equal



RCM

I hereby certify that this is a true and correct copy of original instrument filed in my office this 28th day of Dec A.D. 2010
RICHARD R. ROOKER CLERK
By Deputy Clerk
RICHARD R. ROOKER COURT CLERK

shares unto BEN C. McGOWN, JR., PATRICIA ANN KNOX, PEGGY JANE EDWARDS and DONNA KAY BODILY and their heirs per stirpes.

IN WITNESS WHEREOF I have hereunto set my hand to this my Last Will and Testament on this the 30th day of Aug 1984.

Ruby C. McGown
RUBY C. McGOWN

We, the undersigned, do certify and attest that the within named, RUBY C. McGOWN, did appear to us to be of sound and disposing mend and memory and did make, publish and acknowledge this instrument as and for her Last Will and Testament, and did sign the same in our presence and we have signed the same at her request and in her presence and in the presence of each other on this the 30 day of August, 1984.

Marie B. Lowe
WITNESS

138 Cumberland Terrace
ADDRESS
Nashville, Tn 37214

Lelyde Paul Holland
WITNESS

1024 Montclair Dr
ADDRESS
Nashville, Tn.

I hereby certify that this is a true and correct copy of original instrument filed in my office this 29th day of Oct 1984
RICHARD R. ROOKER, CLERK
By _____ Deputy Clerk

Page Three and the Last Page of the Last Will and Testament of RUBY C. McGOWN RCM

# STATE OF TENNESSEE
## Office of Vital Records

0005481

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): Benjamin Curtis McGown, Jr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): September 17, 2009
4. SOCIAL SECURITY NUMBER: [redacted]-4402
5a. AGE-LAST BIRTHDAY (Years): 87
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): June 19,1922
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [X] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Madison Health Care
9c. CITY, TOWN, OR LOCATION OF DEATH: Madison
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Eva Christine Binkley
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Excavating
12b. KIND OF BUSINESS/INDUSTRY: Construction
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 2928 McGavock Pike
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37214
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Specify, if yes: [ ] 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): 1; College (1-4 or 5+):

NAME OF DECEDENT: For use by physician or medical examiner

PARENTS

17. FATHER'S NAME (First, Middle, Last): Benjamin C. McGown, Sr.
18. MOTHER'S NAME (First, Middle, Maiden Surname): Ruby Cook

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Eva Christine McGown
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2928 McGavock Pike, Nashville, TN 37214

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): Woodlawn Memorial Park
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Brian S. Davidson
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5814
21c. SIGNATURE OF EMBALMER: ▶ James Ryan Padgett
21d. LICENSE NUMBER OF EMBALMER: 5535
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn-Roesch-Patton Funeral Home, 660 Thompson Lane, Nashville, TN 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Linda K. Bowers, DR
24. DATE FILED (Month, Day, Year): September 29, 2009

PHYSICIAN

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 [X] SIGNATURE AND TITLE OF PHYSICIAN: ▶
25b. LICENSE NUMBER: 35812
25c. DATE SIGNED (Month, Day, Year): 9/28/09

MEDICAL EXAMINER

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. Marcus Min, 607 Due West Ave., Suite 122, Madison, TN 37115

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 |
|---|---|---|
| IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. | CAD - Pilates | — |
| 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. | DUE TO (OR AS A CONSEQUENCE OF): | |

SEE INSTRUCTIONS ON OTHER SIDE

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 [X] 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-1859 (REV. 6/99)

BIRTH NO.

RDA 1399

3558913

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

Tonya Y. Foreman
Tonya Y. Foreman, Local Registrar
Davidson County Tennessee

SEP 2 9 2009
Date Issued

CERTIFICATION OF VITAL RECORD