Prepared By and After Recording Return to:
Paul D. McClanahan, Atty.
BPR# 017475
113 Gallagher Drive
Franklin, TN 37064
Send Tax Statements to Grantee (Name and Address):
Carol McClanahan
1759 Saundersville Road
Hendersonville
Tennessee, 37075

BILL GARRETT, Davidson County
Trans:T20120085993 DEEDWARR
Recvd: 11/09/12 13:55 14 pgs
Fees:72.00 Taxes:0.00

20121109-0103823

--------Above This Line Reserved For Official Use Only------

FIDUCIARY DEED

MARY FRANCES FOREIT, died on April 12, 2012, leaving a Last Will and Testament dated November 16, 1971, as amended by a Codicil dated June 18, 2002. A copy of her death certificate, Last Will and Testament, and Codicil are attached to this Fiduciary Deed.

In accordance with provisions of the Last Will and Testament of **MARY FRANCES FOREIT, CAROL FRANCES MCCLANAHAN**, as **EXECUTRIX OF THE STATE OF MARY FRANCES FOREIT**, by the power conferred by the Tennessee Code, and every other power, for valuable consideration paid, grants with fiduciary covenants, unto **MARTHA JEAN COLE** and **CAROL FRANCES MCCLANAHAN**, individuals, as tenants in common, hereinafter "Grantee(s)", whether one or more, the following lands and property, together with all improvements located thereon, lying in the County of DAVIDSON, State of Tennessee, to-wit:

LAND in Davidson County, Tennessee, being Lot. No. 50 on the Plan of Dugger Heights, Section III, as of record in Book 1835, page 54, Register's Office for said County.

SAID Lot No. 50 fronts 146 feet on the southwesterly side of Airpark Drive as measured around a slight curve and runs back between lines 270.9 feet on the northwesterly line and 294.3 feet on the southeasterly line, to a dead line in the rear on which it measures 23 feet.

Map Parcel Number: MAP 84-1/ PARCEL 37.

Prior Title Information: This is the identical property conveyed by warranty deed of MRS. JENNIE M. FOREIT, Grantor to DAVID ANTHONY FOREIT and MARY FRANCES FOREIT, dated November 16, 1971, and recorded in the office of the Register of Deeds for Davidson County, Tennessee, in Deed Book 4554, at Page 989.

This also being the same property passing to MARY FRANCES FOREIT though Tenancy by the Entirety upon the death of DAVID ANTHONY FOREIT on November 12, 2008. A copy of his death certificate and Last Will and Testament are attached to this Fiduciary Deed.

In Witness Whereof, the said CAROL FRANCES MCCLANAHAN, as EXECUTRIX OF THE ESATE OF MARY FRANCES FOREIT, has hereunto set her hand this 23rd day of October, 2012.

Carol Frances McClanahan, Executrix
Carol Frances McClanahan

PICK-UP

STATE OF TENNESSEE

COUNTY OF Sumner

On this 23rd day of October, in the year of 2012, before me, Debra A. Kunkel, a Notary Public, personally appeared CAROL FRANCES MCCLANAHAN, known or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she/they executed the same as CAROL FRANCES MCCLANAHAN, as EXECUTRIX of the ESTATE OF MARY FRANCES FOREIT.



(Seal)

Debra A. Kunkel
Notary Public

My commission expires: 12-2-15

Debra A. Kunkel
Type or Print Name

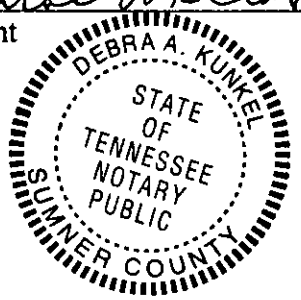
OATH OF VALUE

I/We hereby swear or affirm that the actual consideration for this transfer or the value of the property transferred, whichever is greater, is $ 0, which amount is equal to or greater than that which the property would command at a fair and voluntary sale.

Subscribed and sworn to before me
This 23rd day of October, 2012

Carol McClanahan
Affiant

Debra A. Kunkel
Notary Public



My Commission expires: 12-2-15

Grantor(s) Name, Address and phone:	**Grantee(s) Name, Address and Phone:**
Carol McClanahan	Carol McClanahan, 1759 Saundersville Rd.
1759 Saundersville Road	Hendersonville, TN 37075 – (615) 824-3268
Hendersonville, TN 37075	
(615) 824-3268	Martha Jean Cole, 3538 Betty Ford Road
	Murfreesboro, TN 37130 – (615) 896-0150

STATE OF TENNESSEE
Office of Vital Records

12 12281

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Mary Frances Foriet
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 14, 2012
4. TIME OF DEATH (Approx.): 8:00 am
5a. AGE-Last Birthday (Years): 97
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): August 13, 1914
7. BIRTHPLACE (City and State or Foreign Country): Greenbrier, Tennessee

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☒ Nursing home/Long term care facility ☐ Decedent's home ☐ Other residence ☐ Other (Specify) _____

8b. FACILITY NAME (If not institution, give street and number): The Windlands
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

NAME OF DECEDENT (For use by Physician or Institution)

9. MARITAL STATUS: ☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Homemaker
11b. KIND OF BUSINESS/INDUSTRY: Home
12. SOCIAL SECURITY NUMBER: [redacted]-4359
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 3800 Sam Boney Drive
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37211
14. WAS DECEDENT EVER IN US ARMED FORCES? ☐ Yes ☒ No

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
☐ 8th grade or less
☐ 9th – 12th grade, no diploma
☒ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
☐ Unknown

16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)
☒ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino (Specify) _____
☐ Unknown

17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
☒ White
☐ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (Specify) _____
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify) _____
☐ Other (Specify) _____
☐ Unknown

PARENTS

18. FATHER'S NAME (First, Middle, Last): James W. Warren
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Margaret E. Choate

DISPOSITION

20a. INFORMANT'S NAME: Carol McClanahan
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1759 Saundersville Rd. Hendersonville, TN 37075
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Mt. Olivet Cemetery
21c. LOCATION - City or Town and State: Nashville, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Michael R. Thomas
22b. LICENSE NUMBER: 5941
22c. SIGNATURE OF EMBALMER: ▶ Dawn Everett
22d. LICENSE NUMBER: 6024
23a. NAME AND ADDRESS OF FUNERAL HOME: Eastland Funeral Home & Cremation Service 904 Gallatin Rd Nashville, TN 37206
23b. LICENSE NUMBER OF FUNERAL HOME: 120

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ Linda K. Bowers, DR
25. DATE FILED (Month, Day, Year): April 20, 2012

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER (EXCEPT CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS)

26. CERTIFIER (Check only one)
26a. ☒ PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.
26b. ☐ 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 stated.
27a. SIGNATURE OF CERTIFIER: ▶ Thomas B. Miller MD
27b. LICENSE NUMBER: 159 TN
27c. DATE SIGNED (Month, Day, Year): 4/19/12
27d. NAME AND ADDRESS: Thomas B. Miller 166 East Main Street Hendersonville, TN 37075

MEDICAL CERTIFICATION

28. PART I. Enter the chain of event(s) (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.

		Approximate Interval Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	Congestive Heart Failure	5 Days
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST — b. Due to (or as a consequence of)	AFIB/A	
c. Due to (or as a consequence of)		
d. Due to (or as a consequence of)		

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
Dementia

29a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No

30. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown
32. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
33. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? ☐ Yes ☐ No
34d. PLACE OF INJURY – at home, farm, street, factory, office building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

PH-1859 (Rev. 10/2011) RDA 1399

3285213

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.

Teresa S. Hendricks
STATE REGISTRAR

Tonya Y. Eatman, Local Registrar
Davidson County, Tennessee

Date Issued

CERTIFICATION OF VITAL RECORD

Last Will and Testament

OF

MARY FRANCES FOREIT

I, MARY FRANCES FOREIT, a resident of Davidson County, Tennessee, being of sound mind and disposing memory, do make, publish and declare this to be my Last Will and Testament, hereby revoking any former Wills and Codicils thereto heretofore made by me.

ITEM ONE

I hereby direct that my Executor, hereinafter named, pay all of my just debts as soon as practicable after my death.

ITEM TWO

In the event that I should predecease my husband, DAVID ANTHONY FOREIT, I leave all of my property, real, personal and mixed to him in fee simple forever.

ITEM THREE

In the event that my husband, DAVID ANTHONY FOREIT, should predecease me, I then give, bequeath and devise all of my property, real, personal and mixed, to my two daughters, CAROL FRANCES McCLANAHAN and MARTHA JEAN COLE, share and share alike. In the event of the death of either of my two above named daughters, then their share is to go to their children, per stirpes.

ITEM FOUR

I hereby nominate and appoint my husband, DAVID ANTHONY FOREIT, as Executor of my estate and relieve him of making bond as

 MFF

such. In the event that he cannot serve in this capacity, for any reason, I then nominate and appoint my sister, MISS NELL WARREN, as alternate Executrix and also relieve her of making bond.

WITNESS MY HAND, this the 16 day of November, 1971.

Mary Frances Foreit
MARY FRANCES FOREIT, TESTATRIX

MARY FRANCES FOREIT signed the foregoing instrument in our presence, publishing and declaring it to be her Last Will and Testament, and as witnesses whereof, we do now, at her request and in her presence, and in the presence of each other, hereto subscribe our names on the date above mentioned, this attestation clause having been read by us and we having noted that the events herein enumerated took place as stated.

WITNESS:	ADDRESS:
[illegible]	705 Stratford Rd Nashville Tenn
Glenn Stewart	3515 Carter Ave Nashville Tenn

FIRST CODICIL
TO
LAST WILL AND TESTAMENT
OF
MARY FRANCES FOREIT

I, MARY FRANCES FOREIT, a resident of Davidson County, Tennessee, declare this to the First Codicil to my Last Will and Testament, executed by me on the 16th day of November, 1971, in the presence of Thomas E. Stewart and Glenn Stewart (my "Will").

ARTICLE I

I hereby amend my Will by deleting the paragraph in Item Four of my Will, and replacing it with the following paragraph:

I hereby nominate and appoint my daughter CAROL FRANCES MCCLANAHAN and my daughter MARTHA JEAN COLE as Co-Executrixes of my estate, and relieve them of making bond as such. In the event that either one of them cannot serve in this capacity, for any reason, then the other shall serve alone as the sole executrix of my estate without necessity of making bond for serving in the capacity as sole executrix. The Co-Executrixes or the sole executrix of my estate, as the case may be, shall be relieved from the requirement imposed under Tennessee law of making a formal accounting during the administration of my estate to the Court in order to close the administration of my estate and distribute my property, real and personal, to the beneficiaries of my estate as directed by my Will.

Mary Frances Foreit

ARTICLE II

I hereby affirm my Will, as executed by me on the 16th day of November 1971, in all other respects.

IN WITNESS WHEREOF, I have set my hand to this First Codicil to my Last Will and Testament, consisting of two (2) pages, each of which bears my initials or signature, at Nashville, Tennessee, this 18th day of June, 2002.

Mary Frances Foreit
MARY FRANCES FOREIT

Signed, published, and declared by MARY FRANCES FOREIT as and for the First Codicil to his Last Will and Testament, in the presence of us, the undersigned, who, at his request and in his sight and presence and in the sight and presence of each other, have hereunto signed our names as attesting witnesses on the day and date and at the place above written.

WITNESS

WITNESS

Mary Frances Foreit
FIRST CODICL, PAGE TWO

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Personally appeared before me, Joseph A. Spicer,

Notary Public in and for said state and county, _____,

and _____ to me known, who made oath as follows:

1. That they were requested by the Testator, MARY FRANCES FOREIT, to witness his signature to the attached instrument, which was purported to be the First Codicil to his Last Will and Testament, and they were further requested by the Testator to execute this Affidavit:

2. That the Testator signed said instrument and declared the same to be the First Codicil to his Last Will and Testament in the presence of each of the undersigned, on the date set forth herein;

3. That each of the undersigned in turn signed the said instrument on the same date, as attesting witnesses, in the sight and presence of the Testator and of each other;

4. That the Testator was at least eighteen (18) years of age and of apparent sound mind at the time of execution of said instrument, and legally capable of making a Will; and

5. That this affidavit is made pursuant to Tennessee Code Annotated, Section 32-2-110.

Jimmie Wyatt
WITNESS

Melody M Moss
WITNESS

Sworn and subscribed to before me this 18th day of June, 2002.

Joseph A. Spicer
NOTARY PUBLIC

My commission expires: my commission expires January 28, 2006

STATE OF TENNESSEE
Office of Vital Records

STATE FILE NUMBER: 116794

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last)		2. SEX	3. DATE OF DEATH (Month, Day, Year)
David Anthony Foreit		Male	November 12, 2008
4. SOCIAL SECURITY NUMBER (of Deceased)	5a. AGE-LAST BIRTHDAY (Years)	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
412-72-7717	95	December 28, 1912	Nashville, Tennessee

DECEDENT

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ Yes 2 ☒ No

8a. PLACE OF DEATH (Check only one) — HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA — OTHER: 4 ☒ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
Windlands East	Madison	Davidson

10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify)	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)	12b. KIND OF BUSINESS/INDUSTRY
Married	Mary Frances Warren	Letter Carrier	U. S. Post Office

13a. RESIDENCE-STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER OR RURAL LOCATION
Tennessee	Davidson	Madison	200 East Webster Street

CENSUS TRACT

13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15. RACE-American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed)
1 ☒ Yes 2 ☐ No	37115	☐ Yes ☒ No	White	Elementary/Secondary (0-12): 12 — College (1-4 or 5+):

NAME OF DECEDENT Pre-typed by typewriter or mechanically

PARENTS

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
Anthony Foreit	Jennie Maybelle Adler

INFORMANT

19a. INFORMANT'S NAME (Type/Print)	19b. RELATIONSHIP TO DECEASED	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Carol McClanahan	Daughter	1759 Saundersville Road Hendersonville, Tennessee 37075

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION-City or Town, State
1 ☒ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)	Mount Olivet Cemetery	Nashville, Tennessee

DISPOSITION

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER OF FUNERAL DIRECTOR	21c. SIGNATURE OF EMBALMER	21d. LICENSE NUMBER OF EMBALMER
▶ Ronnie M. Crabtree	5999	▶ Mary Katherine Moore	5995

22a. NAME AND ADDRESS OF FUNERAL HOME	22b. LICENSE NUMBER OF FUNERAL HOME
Eastland Funeral Home & Cremation Service 904 Gallatin Rd. Nashville, Tennessee 37206	120

REGISTRAR

23. REGISTRAR'S SIGNATURE	24. DATE FILED (Month, Day, Year)
▶ Linda R. Bowers, DR	November 25, 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	25b. LICENSE NUMBER	25c. DATE SIGNED (Month, Day, Year)
▶ Thomas B. Miller MD	7539	11/24/08

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)
Thomas B Miller MA 639 E. Main Suite 106 Hendersonville, TN 37075

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.

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Congestive Heart Failure	2 days
	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. AFCVA	
	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.

29a. WAS AN AUTOPSY PERFORMED?	29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
1 ☐ Yes 2 ☑ No	1 ☐ Yes 2 ☑ No

30. MANNER OF DEATH	31a. DATE OF INJURY (Month, Day, Year)	31b. TIME OF INJURY	31c. INJURY AT WORK?	31d. DESCRIBE HOW INJURY OCCURRED
1 ☑ Natural 5 ☐ Pending Investigation 2 ☐ Accident 3 ☐ Suicide 5 ☐ Could not be Determined 4 ☐ Homicide			1 ☐ Yes 2 ☐ No	

31e. PLACE OF INJURY (e.g. home, farm, street, factory, office building, etc.) (Specify)

31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

PH-1069 (REV. 6/09) — birth no. — RDA 1380

2747544

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

NOV 25 2008
Date Issued

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

Last Will and Testament

OF

DAVID ANTHONY FOREIT

I, DAVID ANTHONY FOREIT, a resident of Davidson County, Tennessee, being of sound mind and disposing memory, do make, declare and publish this to be my Last Will and Testament, hereby revoking any and all former Wills and Codicils thereto heretofore made by me.

ITEM ONE

I hereby direct that my Executrix, hereinafter named, pay all of my just debts as soon as practicable after my death.

ITEM TWO

In the event that I should predecease my wife, FRANCES FOREIT, I leave all of my property, real, personal and mixed to her in fee simple forever.

If my mother, MRS. JENNIE M. FOREIT, is still living at my death, it is my request that my wife take care of her for the rest of her life; however, I am not encumbering or entailing any of the property for this request.

ITEM THREE

In the event that my wife, FRANCES FOREIT, predeceases me and I predecease my mother, Mrs. Jennie M. Foreit, then I bequeath the real estate located and situated at 2602 Airpark Drive, Nashville, Tennessee, to my mother, Mrs. Jennie M. Foreit, and, all the balance and residue of my property I bequeath to my two children, CAROL FRANCES McCLANAHAN and MARTHA JEAN COLE, to share and share alike. In the event one of them predeceases me, it is my desire that their children take their parent's share, per stirpes.

 D.A.F.

In the event that my mother predeceases me, I leave everything to my two daughters above named, share and share alike.

ITEM FOUR

I hereby nominate and appoint my wife, FRANCES FOREIT, as Executrix of my estate, and relieve her of making bond as such. In the event that she cannot serve in this capacity, for any reason, I then nominate and appoint MISS NELL WARREN as alternate Executrix, and relieve her of making bond as such.

WITNESS MY HAND, this the 16th day of November, 1971.

David Anthony Foreit
DAVID ANTHONY FOREIT, TESTATOR

DAVID ANTHONY FOREIT signed the foregoing instrumentin our presence, publishing and declaring it to be his Last Will and Testament, and as witnesses whereof, we do now, at his request and in his presence and in the presence of each other, hereto subscribe our names on the date above mentioned, this attestation clause having been read by us and we having noted that the events herein enumerated took place as stated.

WITNESS: Thomas E Stewart — ADDRESS: 405 Harlan Rd Nashville Tenn

Glenn Stewart — 2515 Carter Ave Nashville Tenn

PAGE TWO AND FINAL PAGE OF
MY LAST WILL AND TESTAMENT

D.A.F.

FIRST CODICIL
TO
LAST WILL AND TESTAMENT
OF
DAVID ANTHONY FOREIT

I, DAVID ANTHONY FOREIT, a resident of Davidson County, Tennessee, declare this to the First Codicil to my Last Will and Testament, executed by me on the 16th day of November, 1971, in the presence of Thomas E. Stewart and Glenn Stewart (my "Will").

ARTICLE I

I hereby amend my Will by deleting the paragraph in Item Four of my Will, and replacing it with the following paragraph:

I hereby nominate and appoint my daughter CAROL FRANCES MCCLANAHAN and my daughter MARTHA JEAN COLE as Co-Executrixes of my estate, and relieve them of making bond as such. In the event that either one of them cannot serve in this capacity, for any reason, then the other shall serve alone as the sole executrix of my estate without necessity of making bond for serving in the capacity as sole executrix. The Co-Executrixes or the sole executrix of my estate, as the case may be, shall be relieved from the requirement imposed under Tennessee law of making a formal accounting during the administration of my estate to the Court in order to close the administration of my estate and distribute my property, real and personal, to the beneficiaries of my estate as directed by my Will.

David Anthony Foreit

ARTICLE II

I hereby affirm my Will, as executed by me on the 16th day of November 1971, in all other respects.

IN WITNESS WHEREOF, I have set my hand to this First Codicil to my Last Will and Testament, consisting of two (2) pages, each of which bears my initials or signature, at Nashville, Tennessee, this 18th day of June, 2002.

David Anthony Foreit
DAVID ANTHONY FOREIT

Signed, published, and declared by DAVID ANTHONY FOREIT as and for the First Codicil to his Last Will and Testament, in the presence of us, the undersigned, who, at his request and in his sight and presence and in the sight and presence of each other, have hereunto signed our names as attesting witnesses on the day and date and at the place above written.

WITNESS

WITNESS

David Anthony Foreit
FIRST CODICL, PAGE TWO

STATE OF TENNESSEE

COUNTY OF DAVIDSON

Personally appeared before me, Joseph A. Spicer,

Notary Public in and for said state and county, _____,

and _____ to me known, who made oath as follows:

1. That they were requested by the Testator, DAVID ANTHONY FOREIT, to witness his signature to the attached instrument, which was purported to be the First Codicil to his Last Will and Testament, and they were further requested by the Testator to execute this Affidavit:

2. That the Testator signed said instrument and declared the same to be the First Codicil to his Last Will and Testament in the presence of each of the undersigned, on the date set forth herein;

3. That each of the undersigned in turn signed the said instrument on the same date, as attesting witnesses, in the sight and presence of the Testator and of each other;

4. That the Testator was at least eighteen (18) years of age and of apparent sound mind at the time of execution of said instrument, and legally capable of making a Will; and

5. That this affidavit is made pursuant to Tennessee Code Annotated, Section 32-2-110.

Jimmie Wyatt
WITNESS

Melody M Ford
WITNESS

Sworn and subscribed to before me this 18th day of June, 2002.

Joseph A. Spicer
NOTARY PUBLIC

My commission expires: my commission expires January 28, 2006