Davidson County AFFIDAVIT
Recvd: 05/28/15 09:18 9 pgs
Fees:47.00 Taxes:0.00
20150528-0048940

This Instrument Prepared By:
Rebecca T. Garland, Esq.
85 White Bridge Road, Suite 100-B
Nashville, Tennessee 37205
(615) 829-5190

#32379

AFFIDAVIT

STATE OF TENNESSEE)
) SS:
COUNTY OF DAVIDSON)

HORACE E. WILLIAMS, first duly sworn according to law, states that he is a person of lawful age, that he is a resident of Davidson County, Tennessee, and that he further deposes and states as follows:

1. That he is the son of Horace W. Williams and Agnes V. Williams and that he served as executor of his mother's estate after her death March 21, 1997. A copy of her death certificate is attached as Exhibit A.

2. That Agnes V. Williams was a widow at her death, her husband, Horace W. Williams having died in 1986 and she never remarried.

3. That Horace W, Williams and Agnes V. Williams had three children, Horace E. Williams, Joseph Williams and Mary Elizabeth Williams.

4. That Mary Elizabeth Williams received the house located at 1903 Lombardy as her sole property under the terms of the Last Will and Testament of Agnes V. Williams ("Will") and a copy of said Will was recorded. A copy of the recorded Will is attached as Exhibit B.

5. That I, as executor fully administered the Estate of Agnes V. Williams, ("Estate"), including notifications to all creditors, heirs at law and beneficiaries under the Will, and that releases were signed as a part of that administration from all distributees and the personal representative, A copy of the Order closing the Estate affirming that the Estate has been fully administered and proper releases had been filed is attached as Exhibit C,

6. That my sister, Mary Elizabeth Williams is not married.

7. That I have no interest or claim on the property located at 1903 Lombardy either personally or in my role as Executor and that my brother, Joseph made no objection to the bequest under the Will to our sister , Mary Elizabeth Williams and he signed a release as a distributee under the Will.

Further Affiant saith not.

Horace E. Williams

HORACE E. WILLIAMS,
Affiant

Sworn to and subscribed to before me
this 20 day of May, 2015.

Rebecca T. Garland

Notary Public
My Commission Expires: 5/8/17

REBECCA T. GARLAND
NOTARY PUBLIC
STATE OF TENNESSEE
DAVIDSON COUNTY, TENN.

STATE OF TENNESSEE
COUNTY OF Davidson

Before me, the undersigned, a Notary Public of the State and County aforesaid, personally appeared **Horace E. Williams,** with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, and who, upon oath, acknowledged that she executed the foregoing for the purposes therein intended.

Witness my hand and seal this 20 day of May, 2015

Rebecca T. Garland

NOTARY PUBLIC

My Commission Expires: 5/8/17

REBECCA T. GARLAND
NOTARY PUBLIC
STATE OF TENNESSEE
DAVIDSON COUNTY, TENN.

EXHIBIT #1

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

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.

9701556

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): AGNES V. WILLIAMS
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): MARCH 21, 1997
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]6582
5a. AGE-LAST BIRTHDAY (Years): 99
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): 10-4-1897
7. BIRTHPLACE (City and State or Foreign Country): WHITEHAVEN, TENNESSEE
8. EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [XX] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 1903 LOMBARDY AVENUE
9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): WIDOWED
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.): HOMEMAKER
12b. KIND OF BUSINESS/INDUSTRY: HOME
13a. RESIDENCE-STATE: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: NASHVILLE
13d. STREET AND NUMBER OR RURAL LOCATION: 1903 LOMBARDY AVENUE
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [XX] Yes 2 [ ] No
13f. ZIP CODE: 37215
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [XX] No — Specify, if yes.
15. RACE-American Indian, Black, White, etc. (Specify): WHITE
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): ; College (1-4 or 5+): 3

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): ALGERNON LEVI VAUGHAN
18. MOTHER'S NAME (First, Middle, Maiden Surname): ANNIE E. GOWDY

INFORMANT

19a. INFORMANT'S NAME (Type/Print): HORACE W. WILLIAMS
19b. RELATIONSHIP TO DECEASED: SON
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4309 WALLACE ROAD NASHVILLE, TENNESSEE 37215

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [XX] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): WOODLAWN MEMROAIL PARK
20c. LOCATION-City or Town, State: NASHVILLE, TENNESSEE
21a. SIGNATURE OF FUNERAL DIRECTOR: ▸ RODNEY WELLS
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3883
21c. SIGNATURE OF EMBALMER: ▸ DALE SHELTON
21d. LICENSE NUMBER OF EMBALMER: 3700
22a. NAME AND ADDRESS OF FUNERAL HOME: WOODLAWN FUNERAL HOME 660 THOMPSON LANE NASHVILLE, TENNESSEE 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▸ Dr. Drew A. Bowen
24. DATE FILED (Month, Day, Year): March 26, 1997

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
1 [ ] SIGNATURE AND TITLE OF PHYSICIAN ▸ Dixon, MD
25b. LICENSE NUMBER: MD0160016
25c. DATE SIGNED (Month, Day, Year): 3, 27, 97
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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): BRYCE DIXON 300 20th AVENUE NORTH NASHVILLE, TENNESSEE 37204

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. ventricular fibrillation	
	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.

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

30. MANNER OF DEATH: 1 [ ] 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: M
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)

SEE INSTRUCTIONS ON OTHER SIDE

BIRTH NO. _____

PH-1659
REV. 2-93

RDA 1399

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
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(615) 862-5900

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9c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): WIDOWED
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.): HOMEMAKER
12b. KIND OF BUSINESS/INDUSTRY: HOME
13a. RESIDENCE-STATE: TENNESSEE
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NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): ALGERNON LEVI VAUGHAN
18. MOTHER'S NAME (First, Middle, Maiden Surname): ANNIE E. GOWDY

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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)

BIRTH NO. _____

PH-1659
REV. 2-93

RDA 1399

Exhibit B

MAP 117-07
PAR 038.00

LAST WILL AND TESTAMENT
OF
AGNES V. WILLIAMS

BOOK 10456 PG 686

I, AGNES V. WILLIAMS, domiciled in and a resident of Davidson County, Tennessee, make, publish and declare this to be my Last Will and Testament. I revoke all wills and codicils previously made by me.

ITEM I: Appointment of Executor. I appoint HORACE E. WILLIAMS as Executor of this my Last Will and Testament and direct that no bond be required of him in this capacity. If HORACE E. WILLIAMS should not survive me, or be for any reason unable or unwilling to qualify as Executor, or, having so qualified, should become incapacitated, die or resign, then MARY ELIZABETH WILLIAMS shall serve as successor Executrix, without bond.

ITEM II: Payment of Debts, Expenses of Administration and Taxes. I direct that all of my legally enforceable debts, any unpaid charitable pledges (regardless of whether these pledges may be enforceable obligations of my estate), my funeral expenses, and the costs of administration of my estate be paid as soon as practicable after my death; provided, however, my Executor shall not be required to pay any obligation in advance of its maturity. I further direct that there shall be paid out of my estate, without apportionment, all estate, inheritance, succession and other taxes, (together with any interest or penalty thereon) assessed by reason of my death. It is my intent that any part of my gross estate for tax purposes that qualifies for the estate or inheritance tax charitable deduction shall not be charged for the payment of any such taxes. My Executor, in his sole discretion, may pay from my domiciliary estate all or any portion of the costs of ancillary administration and similar proceedings in other jurisdictions.

ITEM III: Bequests of Tangible Personal Property. I give all of my clothing, jewelry, automobiles, and all other tangible personal property (except cash on hand or on deposit) owned by me at the time of my death to my children, in equal shares, to be divided among them as they shall agree, or if they shall fail to agree within six (6) months from the date of my death, then as my Executor shall determine. Any property not so distributed, in the sole discretion of my Executor, may be retained and distributed at a later time or may be sold. In the event of sale, the proceeds shall be added to my Residuary Estate. If in the discretion of my Executor any of my tangible personal property is not suitable for delivery, my Executor may retain such property in safekeeping for future delivery. My Executor shall pay expenses associated with safeguarding, insuring, packing, storing, delivering, and distributing the tangible personal property, and such expenses shall be deemed to be a proper part of the expenses of administering my estate.

ITEM IV: Administration of Real Property. I give to my Executor all real property which I may own at the time of my death and direct my Executor to hold, administer and distribute my real property as a part of my probate estate. It is my intention that my Executor have possession and control of my real property during the period of administration, including the power to sell, lease, encumber, and otherwise convey all or any portions of such real property or interest therein without the joinder of any beneficiary of my estate or the approval of any court.

ITEM V: Devise of Residence. I devise all of my right title and interest in my home, located at 1903 Lombardy Avenue, Davidson County, Nashville, Tennessee 37215, to my daughter, MARY ELIZABETH WILLIAMS, if she survives me.

ITEM VI: Disposition of Residuary Estate. I devise and bequeath all the rest and residue of the property that I may own at the time of my death, of whatever kind and wherever located (my Residuary Estate) to my children, in equal shares, per stirpes. If my daughter, MARY ELIZABETH WILLIAMS, should not survive me, then her share of my estate shall be divided between my other children who do survive me, per stirpes.

ITEM VII: Statutory Powers Granted to Fiduciaries. I authorize my Executor (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, to exercise any or all the powers set forth in Section 35-50-110, Tennessee Code Annotated, 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.

ITEM VIII: Definitions and Miscellaneous Provisions.

A. Definition of Children. In this Will, the terms "child" and "children" refer to my children who are now living, MARY ELIZABETH WILLIAMS, HORACE E. WILLIAMS and JOSEPH M. WILLIAMS.

B. Accountings And Bond. I hereby expressly excuse my Executor from filing any inventory, interim accountings, and final accounting which might otherwise be required pursuant to applicable law, unless such reports are specifically requested by any beneficiary of my residuary estate.

C. Fiduciary Designations. References to Executors shall always refer to the party then acting in that capacity, whether originally appointed or serving as successor.

D. Headings and Gender Designation. Paragraph headings are for convenience only; the content of the paragraph controls over the heading. Any reference to any party herein in whatever gender shall be deemed to mean the appropriate gender.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name to this my Last Will and Testament, consisting of this and one preceding typewritten page, and for the purpose of identification I have initialed each such page, all in the presence of the persons witnessing it at my request on this 13th day of February, 1997, at Nashville, Tennessee.

Agnes V. Williams
AGNES V. WILLIAMS

The foregoing instrument was signed, published and declared by the said AGNES V. WILLIAMS as and for her Last Will and Testament on the day and year written above, in our presence and in the presence of each of us who, at her request, in her presence and in the presence of each other, have subscribed our names as witnesses this 13TH day of FEBRUARY, 1997, at Nashville, Tennessee.

B. Michael Jones residing at Nashville, Tn.

Elizabeth A. Comstock residing at Nashville, TN.

PAGE 2 OF MY WILL: A.V.W.

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

BOOK 10456 PG 688

AFFIDAVIT BY WITNESSES TO WILL

Each of the aforesaid witnesses, being G. Michael Hopp and Elizabeth A. Carnahan deposes and says that said witnesses subscribed to the foregoing Will of AGNES V. WILLIAMS, executed on the 13th day of February, 1997, having been requested by the Testatrix to make and sign this Affidavit, and having first been duly sworn before the Notary Public whose name appears below, hereby states that the said AGNES V. WILLIAMS was over eighteen (18) years of age, was of sound mind, declared the foregoing instrument to be her Last Will and Testament, published and executed it freely, without undue influence or coercion, by initialing each page and signing the final page in the presence of all of the witnesses who were all present at the same time, and that said witnesses, in her presence, at her request, and in the presence of each other, subscribed their names as witnesses on the 13th day of February, 1997.

G. Michael Hopp

Elizabeth A. Carnahan

Sworn to and subscribed before me this the 13th day of FEBRUARY, 1997.

Jan O'Brien
Notary Public

My Commission Expires: 7-26-97

1860 05/16 0101 03CHECK 12.00

0305690
IDENTIF. & REFERENCE

97 MAY 16 AM 11:11
FELIX Z. WILSON III REGISTER
DAVIDSON COUNTY, TN.

MAIL ENV.

STATE OF TENNESSEE, DAVIDSON COUNTY

I Richard R. Rooker, Clerk of the Probate Court of Davidson County, State aforesaid, do certify that the foregoing is a full, true and complete copy of the original on file in my office. Will Book 212, Page 501

Given under my hand and official seal, at office in Nashville, this 16th of May, 1997.

RICHARD R. ROOKER, CLERK

By: Deputy Clerk

CIRCUIT COURT

190872.1 1/21/97

Exh. 67C

IN THE PROBATE COURT FOR DAVIDSON COUNTY, TENNESSEE

98 JUN 24 AM 9:56

RICHARD ... CLERK

IN THE ESTATE OF:

Agnes V. Williams, Deceased. No. 97P511

ORDER TO CLOSE WITHOUT DETAILED ACCOUNTING

IT APPEARING to this Court that the personal representative of this estate was granted Letters by this Court for the administration of this estate, it is the opinion of this Court as follows:

1. that this estate is declared to be solvent;

2. that all claims filed against this estate have been paid, released or adjudicated;

3. that the certificate of taxation issued by the Tennessee Department of Revenue is properly filed with the Clerk;

4. that, if applicable, all receipts for specific bequests under the Will have been properly filed with the Clerk;

5. that a personal representative statement has been filed with the Clerk detailing the completed and proper performance of his or her duties pertaining to the administration of this estate, as required by statute;

6. that, if applicable, distributee statements have been filed by each residual distributee confirming their satisfaction regarding the performance of the personal representative, waiving their right to a detailed accounting of the estate and their acknowledgement that they have received their proper distribution from the personal representative and release the personal representative from any further liability in connection with this estate, as well as the surety, if any;

7. that the Probate Code of the State of Tennessee has been complied with;

8. that all administrative costs involved in this estate have been paid in full;

IT IS, THEREFORE, ORDERED, ADJUDGED AND DECREED, that it is the opinion of this Court that this estate should be declared closed.

ENTER, this 24th day of June, 1998.

Robert High Bradshaw, Jr.
Probate Master

True Copy Certification

I, KELLY E. COX, do hereby make oath that I am a licensed attorney and/or the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

KELLY E. COX

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, GEORGE E. MUDTER, JR., a notary public for this county and state, KELLY E. COX, who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

Notary's Signature
My Commission Expires: _____
Notary Seal:



My Commission Expires MAY 3, 2016