Last Will and Testament

Bill Garrett Davidson County
Batch# 121387 WILL
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FILED
AUG 23 2017
RICHARD R. ROOKER, Clerk
By _____ Deputy

OF

TERESA FOSTER BROOKS

I, **Teresa Foster Brooks**, a resident of Davidson County, Tennessee, being of sound and disposing mind and memory, and above the age of 18 years, do hereby make, publish and declare this to be my Last Will and Testament, hereby revoking any and all wills, or codicils to wills heretofore made by me.

I.

I name and appoint **Joan Marian Foster**, as personal representative of this, my Last Will and Testament, and request that she not be required to make bond for the faithful performance of her duties. Further, I waive the requirement that my personal representative file an inventory or make an annual accounting to the Court.

II.

I direct that all debts that shall be legally owing by me, my funeral expenses, and the expenses of the administration of my Estate be paid by my personal representative as soon as practicable except that as to any debt secured by real estate, whether by mortgage or any other security instrument, my personal representative may pay such debt or allow such real estate to pass subject to such debt. I further direct my personal representative to pay all estate, inheritance and death taxes that shall be imposed by reason of my death, including such taxes on proceeds of insurance on my life, whether or not the property, transfer or proceeds with respect to which said taxes are levied as a part of my Testamentary Estate at my death.

III.

SPECIFIC BEQUESTS

1. I give, devise and bequeath the real property I own, located at 1329 North 6th Street, Nashville, TN 37207, jointly to Joan Marian Foster and Joan Brooks McMurry, to create in them a joint tenancy with the right of survivorship. At the death of the survivor of them, I direct that this property shall be vested in Logan Elizabeth McMurry and Lauren Denice McMurry as joint tenants if they have attained the age of thirty (30). If they have not attained the age of 30, then this property shall become vested in the Teresa Foster Brooks Trust to be hereinafter established.

2. I give, devise and bequeath the property I own, located at 816 Joseph Avenue, Nashville, Tennessee 37207, and 1324 North 6th Street, Nashville, Tennessee 37207, to William Leon Foster and Joan Marion Foster, the

Foster and William Leon Foster. Each of them are to receive 25% of net proceeds from any such sale of the property(s). The other 50% of net proceeds are to be deposited in the Teresa Foster Brooks Trust as will hereinafter be established.

3. All funds and/or securities which I may own at the time of my death which are held by ~~UBS Financial Services~~ Region Bank, are to be placed in and become a part of the Teresa Foster Brooks Trust.

4. I give and devise my ~~1995 Ford Ranger~~ 2016 Frontier vehicle to William Leon Foster.

5. I give and devise my ~~2002 Avalon~~ 2015 RV 4 automobile to Joan Brooks McMurry.

6. I give and devise my power tools to William Leon Foster, as he may have first choice of said tools if he does not want all of them.

7. At the time of writing this will, I have funds in the ~~Metro Police Credit Union~~. I direct that these funds be handled by Joan Marion Foster for the use and benefit of Joan Brooks McMurry. I direct that Joan Marion Foster shall ~~have sole discretion in the use and handling of these funds~~.

8. Any other property, real and or personal, including funds and/or securities are to be deposited or transferred to the Teresa Foster Brooks Trust. Addendum enclosed

TERESA FOSTER BROOKS TRUST

a. Beneficiary. The beneficiaries of this trust shall be my twin granddaughters, Logan Elizabeth McMurry and Lauren Denice McMurry.

(b). Duration and terms. Until my said grandchildren have attained the age of thirty (30), this trust shall remain in full force and effect for their use and benefit under the following terms and conditions:

(1). Purpose. My primary concern in the establishment of this trust is that my granddaughters, the beneficiaries hereunder, be afforded educational and professional opportunities suited to their abilities and inclinations. I also direct the funds in this trust may be used for medical emergencies as they may affect the said beneficiaries. These funds may not be used for everyday usual living expenses, but the use thereof is to be limited for those purposes as stated in the first sentence of this paragraph.

(2). Encroachment. The Trustee may encroach upon the corpus of this trust if the Trustee deems such encroachment advisable for the medical needs or educational opportunities for the beneficiaries.

(3). Termination. This trust will terminate upon the beneficiaries hereof attaining the age of thirty (30) and the Trustee shall distribute the corpus if this trust to the beneficiaries in equal shares at that time

performance of her duties. I further appoint Sandra Medearias of Nashville, Tennessee as Alternate Trustee hereunder in the event Joan Marion Foster is unable or unwilling to serve as said Trustee.

IV.

The powers, duties, obligations, restrictions and conditions governing the Executrix of my Estate shall, where applicable, include but not be limited to those enumerated in Tennessee Code Annotated, Section 35-50-110, paragraphs (1) through (31), inclusive, which are hereby incorporated by reference into this instrument.

In TESTIMONY WHEREOF, I have hereunto set my signature on this 10 day of June, 2013.

Teresa Foster Brooks
TERESA FOSTER BROOKS

SIGNED by the said Teresa Foster Brooks, as and for her Last Will and Testament, in the presence of us, the undersigned, who at her request, and in our sight and presence, and in the sight and presence of each other, have subscribed our names as attesting witnesses on the day and date first above written.

Kimberly S Jarrett
Witness

Nashville, TN.
Address

Kendra J Rutherford
Witness

Nashville, Tn
Address

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Kimberly S. Jarratt and Wendie J. Rutherford being first duly sworn, make oath that the foregoing Last Will and Testament was signed by **Teresa Foster Brooks**, as and for her Last Will and Testament, and at that time acknowledged, published and declared by her to be her Last Will and Testament in the sight and presence of us, the undersigned, who at her request and in her sight and presence, and in the sight and presence of each other, subscribed our names as attesting witnesses on the ____day of June, 2013, in Davidson County, Tennessee, and we further make oath that the Testator was of sound mind and disposing memory on said date an did not appear to be under any undue influence and was more than eighteen (18) years of age; and that each of the witnesses was more than eighteen (18) years of age.

Kimberly S Jarratt
WITNESS

Wendie J Rutherford
WITNESS

SWORN TO and SUBSCRIBED before me this 10 day of May, 2013

ROBERT F. SPANN NOTARY PUBLIC STATE OF TENNESSEE DAVIDSON COUNTY

NOTARY PUBLIC

My Commission Expires: 5-20-14

I, Teresa Foster Brooks, a resident of Davidson County, Tennessee, do make, publish and declare this to be the First Codicil to the Last Will and Testament executed by me on May 10, 2013

Article I is amended by adding Priscilla L. Foster as Co-Personal representative.

Article III of my Last Will and Testament is hereby revoked and in lieu thereof substitute the following:

1. I give, devise and bequeath the real property I own, located at 1329 North 6th Street, Nashville, TN 37207, joint to Joan Marian Foster and Joan Brooks McMurry, to create in them a joint tenancy for life. At the death of the survivor of them, I direct that this property shall be vested in Logan Elizabeth McMurry and Lauren Denice McMurry as joint tenants if they attained the age of thirty (30). It they have not attained the age of thirty (30), then this property shall become vested in the Teresa Foster Brooks Trust to be hereinafter established.
2. I give, devise and bequeath the property I own, located at 816 Joseph Avenue, Nashville, TN 37207, and 1324 North 6th Street, Nashville, TN 37207, to William Leon Foster and Joan Marian Foster, an undivided fifty (50%) percent interest in the properties and each shall be entitled to fifty (50%) percent of the total net income from the properties. William Leon Foster and Joan Marian Foster shall have the right to sell either or both properties. Should they sell said property(s), the net proceeds there from is to be divided as follows: twenty-five (25%) percent of the net proceeds to Joan Marion Foster, twenty-five (25%) percent of the net proceeds to William Leon Foster. The other fifty (50%) percent of the proceeds to the Teresa Foster Brooks Trust as will hereinafter be established.
3. Paragraph three (3) of the Will remain the same without changes.
4. I give and devise my ~~1995 Ford Ranger~~ 2016 Frontier vehicle to William Leon Foster; if I should replace this vehicle then William Leon Foster shall receive the replacement vehicle.
5. I give and devise my 2015 RAV 4 automobile to Joan Brooks McMurry; if I should replace this vehicle then Joan Brooks McMurry shall receive the replacement vehicle.

6 Paragraph six (6) of the Will remain the same without changes

Joan Brooks McMurry. I direct that Joan Marian Foster shall have sole discretion in the use and handling of these funds.

(b) I bequeath to Priscilla L. Foster $50,000.00.

8. Any other property remaining, whether real or personal, including funds and/or securities are to be deposited or transferred to the Teresa Foster Brooks Trust.

In all other respects I ratify and confirm all of the provisions of my said Last Will and Testament dated May 10, 2013.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name to this the First Codicil to my Last Will and Testament, all in the presence of the persons witnessing it at my request on this the 31 day of March, 2015, at Nashville, Tennessee.

Teresa Foster Brooks
TERESA FOSTER BROOKS

The foregoing instrument was signed, sealed, published and declared by Teresa Foster Brooks, the Testatrix, to be the First Codicil to her Last Will and Testament. In our presence, and we at her request and in her presence and in the presence of each other have hereunto subscribed our names as witnesses this 31 day of March, 2015, at Nashville, Tennessee.

Ronald K. Nevin
Witness (Print)

Ronald K. Nevin
Signature

404 James Robertson Pt. Ste 1850
Street Address

Nashville, TN. 37219
City, State, Zip

Carmon B Presley
Witness (Print)

Carmon B Presley
Signature

404 James Robertson Pkwy, Suite 1850
Street Address

Nashville, TN 37215
City, State, Zip

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

We, the undersigned attesting witnesses to the foregoing Last Will and Testament of **TERESA FOSTER BROOKS**, at her request, do make and sign this Affidavit, stating:

That the foregoing First Codicil to the Last Will and Testament was signed, sealed, published, and declared by the testatrix to be her First Codicil to the Last Will and Testament, in the presence of all of us at one and the same time; and we, at her request and in her presence and in the presence of each other, subscribed our names thereto as witnesses; and we do hereby attest to the sound and disposing mind of the said testatrix and to the performance of the said act of execution at the place and on the date hereinbefore set out.

This Affidavit is made pursuant to the provisions of Tennessee Code Annotated § 32-2-110, for the purpose of attaching the same to the First Codicil to the Last Will and Testament of said testatrix, for proof as to the execution of this Codicil.

WITNESS

WITNESS

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named, _____ and _____, with whom I am personally acquainted, who makes oath that the facts and statements made in the foregoing Affidavit are true, and who acknowledged that they executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this 31 day of March, 2015.

NOTARY PUBLIC

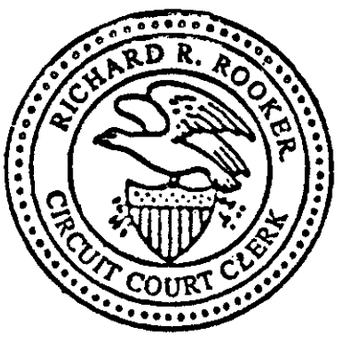
My Commission Expires:
1/11/2017

CONSTANCE ALEXANDER
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY, TENN.

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 filed in the SEVENTH Circuit Court for Davidson County, Tennessee, on the 23 day of AUGUST, 2017, in Docket Number 17P1370, IN RE: BROOKS, TERESA FOSTER, as same remains of record in the Minutes of said Court.

IN TESTIMONY WHEREOF, I hereunto subscribe my name and affix the seal of said Court, at office, in Nashville, the 28 day of MAY in the year 2018 and in the 241 year of American Independence.



[SEAL]

RICHARD R. ROOKER, Clerk,

By: _____

Deputy Clerk

17 P13 7a

State of Tennessee
Department of Finance and Administration
Bureau of TennCare
Third Party Liability Division
310 Great Circle Road, 4th Floor
Nashville, Tennessee 37243
Toll Free: 866-389-8444 • FAX: 615-413-19[illegible]

2018 MAY 30 AM 10: 02
RICHARD R. ROOKER, CLERK

Bill Haslam
Governor

Larry B. Martin
Commissioner

4/17/2018

MARTHA CHILD
LEGAL COUNSEL
392 HARDING PL., STE 215
NASHVILLE, TN 37211

RE: TERESA BROOKS
Last Four Of SSN 0939

Dear MARTHA CHILD:

The Division of TennCare releases its claim against the probate estate of the above decedent for the marked reason:

X T.C.A. §71-5-116(c) (2) - Based upon a review of the information you provided, we do not find long-term TennCare benefits paid by the State of Tennessee on behalf of the decedent

____ T.C.A. §71-5-116(c) - The decedent is survived by a spouse; therefore, the claim is deferred. TennCare reserves the right to assert a claim upon the death of the surviving spouse.

____ T.C.A. §71-5-116(c) - The decedent was under the age of fifty-five at the time of death; therefore, the estate recovery claim is waived.

If there are questions, you may contact the Estate Recovery Unit at (866) 389-8444.

Note this release only applies to decedent's probate estate and does not apply to trusts or any assets held in trust. For trust inquires, please contact us by phone for referral to TennCare's Office of the General Counsel.

Sincerely,

Angela J. Howard

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Teresa F. Brooks
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): May 13, 2017
4. TIME OF DEATH (24hr): 23:25
5a. AGE-Last Birthday (Years): 72
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): September 25, 1944
7. BIRTHPLACE (City and State or Foreign Country): Wilkes-Barre, PA

TYPE/PRINT IN PERMANENT BLACK INK

NAME OF DECEDENT (For use by Physician or Institution)

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 Residence @Alive Hospice
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

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: Frame Tech
11b. KIND OF BUSINESS/INDUSTRY: AT&T

12. SOCIAL SECURITY NUMBER: [redacted]
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 1329 North 6th Street
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37207
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's 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): Parran L. Foster
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Alice Porter

DISPOSITION

20a. INFORMANT'S NAME: Joan Brooks McMurry
20b. RELATIONSHIP TO DECEDENT: Daughter
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 5418 Pisano Street, Mt. Juliet, Tennessee 37122
21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Middle TN Cremation Center
21c. LOCATION - City or Town and State: Mt. Juliet, Tennessee
22a. SIGNATURE OF FUNERAL DIRECTOR: Tonya Scales Haynes
22b. LICENSE NUMBER: 5681
22c. SIGNATURE OF EMBALMER:
22d. LICENSE NUMBER:
22e. NAME AND ADDRESS OF FUNERAL HOME: New Generation Funeral Home, 2930 Murfreesboro Pike, Antioch, Tennessee 37013
22f. LICENSE NUMBER OF FUNERAL HOME: 1217

REGISTRAR

24. REGISTRAR'S SIGNATURE: Deanna Chumley DR
25. DATE FILED (Month, Day, Year): 5/18/17

CERTIFIER

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:
27b. LICENSE NUMBER: 48498
27c. DATE SIGNED (Month, Day, Year): 5/18/17
27d. NAME AND ADDRESS: Karen Mauze MD 1718 Patterson Street, Nashville, TN 37203

MEDICAL CERTIFICATION

28. PART I. Enter the chain of events (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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Pancreatic Cancer — Approximate Interval: Onset to death
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:
Due to (or as a consequence of): 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? ☐ 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)

TN-7589 (Rev. 10/2011) RDA 1389

09228859

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

MAY 18 2017

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977

Lori B. Ferranti, PhD, MSN, MBA, RN — State Registrar/Asst. Commissioner
John J. Dreyzehner, MD, MPH, FACOEM — COMMISSIONER

0 9 5 2 2 8 8 5 5 — Date Issued

CERTIFICATION OF VITAL RECORD