Last Will and Testament
Of
Aubrey Finley Walker

Karen Y Johnson Davidson County
Batch# 152751 WILL
10/19/2018 11:42:44 AM 8 pgs
Fees: $42.00 Taxes: $0.00
20181019-0103923

I. STATUS/REVOCATION

A. I, Aubrey Finley Walker, being of sound mind and disposing memory, do hereby make, publish, and declare this to be my Last Will and Testament, hereby revoking all prior Wills and Codicils made by me. I currently reside in Davidson County, Tennessee, at: 4701 Greystone Street, Antioch, Tennessee 37013. I am widowed and have one biological child, Aubrey Eugene Walker of Antioch, Tennessee, U.S.A.

II. EXECUTOR

A. **Executor appointment:** I hereby appoint my son, Aubrey Eugene Walker, to be executor of my Will. If he is either unable or unwilling to serve as executor, then I allow the court to appoint an alternate.

B. **Executor Powers:** The executor's powers should encompass those enumerated in T.C.A. §35-50-110, without judicial permission.

C. **Executor Bond/Inventory:** I waive any bond, inventory, or accounting requirement. The executor is to earn no fee.

III. EXPENSES/PAYMENT OF DEBTS/TAXES

A. I hereby direct my executor to pay out of my Residuary estate, the following debts or expenses of my estate: the costs of administration of my estate, medical expenses, taxes, and any lawful debts owed at the time of my death.

IV. SPECIFIC BEQUESTS

A. **Real Property:** At the time of this Will, I own (mortgage free) one piece of real property: 4701 Greystone Street. Antioch, Tennessee. I hereby give and bequeath this

AKW Initial

property (or any real property I own at my death), including fixtures, furniture, window coverings, household goods, and household appliances, to my son Aubrey Eugene Walker.

B. **Personal Property:** All of my remaining personal property I bequeath to my son, Aubrey Eugene Walker.

C. **Cemetary Plot:** At the time of this will, I also own a burial plot at the Woodlawn Cemetery in Nashville, Tennessee. I hereby bequeath this property to my son, Aubrey Eugene Walker.

D. **Bank Accounts**: At the time of this Will, I own a checking and savings account located at First Tennessee Bank. I hereby give and bequeath this account to my son, Aubrey Eugene Walker.

E. **Costs:** It will be the burden of the recipient of any gift to bear any costs affiliated with the shipping, storing, and receiving of such gift.

V. GENERAL/DEMONSTRATIVE BEQUESTS

A. I make no general bequests.

B. I make no demonstrative bequests.

VI. INSURANCE POLICIES

A. At the time of this Will, I currently own a Burial Policy with Ellis Funeral Home. This policy is a non-probate asset that will pass outside this Will. However, it is my wish that this policy, or any policy owned by me, be used to pay for my funeral and burial expenses.

ANTI-LAPSE/DISCLAIMER/ADVANCE/ADEMPTION CLAUSE

A. If my son, Audrey Eugene Walker predecease me, his gifts should lapse, and become part of my residuary estate, distributed under the laws of intestacy.

AFW Initial

B. If any beneficiary should refuse or disclaim the gift, the gift shall become part of my residuary estate.

C. If any beneficiary was advanced a gift, the advance shall diminish the beneficiary's share accordingly.

D. If any gift mentioned in this Will no longer exists at that time of my death, it shall be adeemed.

VII. EXCLUSIONS

I intentionally make no provision for my step-children, John, Patricia, and Steve. They were the children of my wife, and not related to me by blood.

VIII. RESIDUE

The rest, residue, and remainder of my estate, after distribution and payments of my debts in Section III (A), shall contain any assets which were not provided for otherwise, and shall be distributed as per Section VII of this Will.

IX. SIMULTANEOUS DEATH CLAUSE

If any beneficiary and I die under such circumstances that the order of our deaths cannot be readily ascertained, the beneficiary shall be deemed to have predeceased me.

X. IN TERRERUM CLAUSE

If any beneficiary under this Will challenges this Will in any aspect, the beneficiary shall forfeit the gifts.

ATW Initial

XI. PROTECTIVE CLAUSE

If a court deems that any clause or provision of this Will is illegal, unethical, contrary to public policy, or not in accordance with the provisions of the laws of the State of Tennessee, the remaining clauses shall still have full force and effect.

I have read this Will, and below is my signature and the date upon which I executed this, my Last Will & Testament.

Aubrey Kinsley Walker
TESTATOR

Date: 9/6/16

AKW Initial

XII. ATTESTATION CLAUSE

On the date written above, **AUBREY FINLEY WALKER**, known to us, or who provided to us satisfactory identification, and whose signature appears at the end of this Will, declared to us, the undersigned, that this instrument, consisting of six (6) pages, including the page on which we have signed as witnesses and the affidavit, was his Will. He then signed the Will in our presence, and at his request, in his presence and in the presence of each other, we now sign our names as witnesses.

Witness #1

Michael Landis
Printed Name

Address: 6001 Jackson Sq. Blvd Ste. 500

Lavergne, TN 37086
City, State, Zip Code

Witness #2

Loyd Wiltfong
Printed Name

Address: 6001 Jackson Sq Blvd Ste 500

Lavergne, TN 37086
City, State, Zip Code

AFW
Initial

AFFIDAVIT

State of Tennessee)
)
County of Rutherford)

Personally appeared Rodney Wiltfong and Michael Landis each of whom being duly sworn says:

On this date, AUBREY FINLEY WALKER, the Testator, known to me, or who provided to me satisfactory identification, declared this to be his Last Will and Testament, and signed his name thereto in the sight and presence of each of us, the subscribing witnesses, and at his request, each of us, in the sight and presence of the Testator and of each other, signed our name as subscribing witness. The Testator was more than 18 years of age and appeared to be of sound mind and memory.

This affidavit was made and signed at the request of the Testator for the purpose of proving this Will as provided in T.C.A. §32-2-110, and was attached to said Will prior to our signing it. This 6 day of September, 2018.

Witness #1
Name (printed): Michael Landis

Address: 6001 Jackson Sq. Blvd., Ste 500, Lavergne, TN 37086

Witness #2
Name (printed): Rod Wiltfong

Address: 6001 Jackson Sq Blvd. Ste 500, Lavergne, TN 37086

Subscribed and sworn to before me by the two persons whose signatures are affixed hereto this 6 day of September, 2018.

Notary Public My commission expires: 10/5/18

LINDA NICKLOS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Initial

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 055256

DECEDENT

TYPE/PRINT IN PERMANENT BLACK INK

NAME OF DECEDENT (For use by Funeral Home)

1. DECEDENT'S LEGAL NAME: AUBREY FINNELY WALKER
2. SEX: MALE
3. DATE OF DEATH: 09/30/2018
4. TIME OF DEAT... (Approx.): 02:55 PM
5a. AGE: 93
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH: 01/01/1925
7. BIRTHPLACE: COLUMBIA, TN
8a. PLACE OF DEATH: DECEDENT'S HOME
8b. FACILITY NAME: 4701 GREYSTONE STREET
8c. CITY OR TOWN: ANTIOCH
8d. COUNTY OF DEATH: DAVIDSON
9. MARITAL STATUS: WIDOWED
10. SURVIVING SPOUSE (name prior to first marriage):
11a. DECEDENT'S USUAL OCCUPATION: SUPERINTENDENT
11b. KIND OF BUSINESS/INDUSTRY: CONSTRUCTION
12. SOCIAL SECURITY NUMBER: 4639
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY OR TOWN: ANTIOCH
13d. STREET AND NUMBER: 4701 GREYSTONE STREET
13e. INSIDE CITY LIMITS?: YES
13f. ZIP CODE: 37013
14. WAS DECEDENT EVER IN US ARMED FORCES?: YES
15. DECEDENT'S EDUCATION: 9TH - 12TH GRADE, NO DIPLOMA
16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO
17. DECEDENT'S RACE: WHITE

PARENTS

18. FATHER'S NAME: WILLIE T WALKER
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: MARGARET CHESTNUT

20a. INFORMANT'S NAME: AUBREY E WALKER
20b. RELATIONSHIP TO DECEDENT: SON
20c. MAILING ADDRESS: 4768 GREYSTONE STREET, ANTIOCH, TN 37013

DISPOSITION

21a. METHOD OF DISPOSITION: BURIAL
21b. PLACE OF DISPOSITION: WOODLAWN CEMETERY
21c. LOCATION: NASHVILLE, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: /s/ ROBERT H WHITLEY
22b. LICENSE NUMBER: 3618
22c. SIGNATURE OF EMBALMER: /s/ Ronnie H Read
22d. LICENSE NUMBER: 3964
23a. NAME AND ADDRESS OF FUNERAL HOME: ELLIS FUNERAL HOME AND CREMATION SERVICE, 2627 NOLENSVILLE PIKE, NASHVILLE, TN 37211-2216
23b. LICENSE NUMBER: 775

REGISTRAR

24. REGISTRAR'S SIGNATURE: /s/ EDWARD G BISHOP III
25. DATE FILED: 10/08/2018

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

26. CERTIFIER
26a. ☒ PHYSICIAN – TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, 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, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.
27a. CERTIFIER: /s/ SUMATHI K MISRA
27b. LICENSE NUMBER: 034916
27c. DATE SIGNED: 10/06/2018
27d. NAME AND ADDRESS: SUMATHI K MISRA 3400 LEBANON ROAD, MURFREESBORO, TN 37129

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.

		Approximate Interval: Onset to Death
Immediate Cause (Final disease or condition resulting in death) →	a. LARYNGEAL MASS WITH CANCER	2 YEARS
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 A CONSEQUENCE OF) b.	
	DUE TO (OR A CONSEQUENCE OF) c.	
	DUE TO (OR 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?: NO
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?

30. MANNER OF DEATH: NATURAL
31. DID TOBACCO USE CONTRIBUTE TO DEATH?: UNKNOWN
32. IF FEMALE: N/A
33. IF TRANSPORTATION INJURY, SPECIFY:
34a. DATE OF INJURY
34b. TIME OF INJURY
34c. INJURY AT WORK?
34d. PLACE OF INJURY
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY

TH-1659 (Rev. 8/2017)

RDA 10112

10484636

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.

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

Edward G. Bishop III
State Registrar

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

1 0 4 8 4 6 3 6

Date Issued: OCT 09 2018

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

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): Bonnie Elizabeth Walker
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): May 29, 2006
4. SOCIAL SECURITY NUMBER (of Deceased): 409-
5a. AGE - LAST BIRTHDAY (Years): 69
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): Aug 10, 1936
7. BIRTHPLACE (City and State or Foreign Country): Erin, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [X] 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): Stonecrest Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Smyrna
9d. COUNTY OF DEATH: Rutherford
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Aubrey Walker
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Home Maker
12b. KIND OF BUSINESS/INDUSTRY: Self
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Antioch
13d. STREET AND NUMBER OR RURAL LOCATION: 4701 Greystone St.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 No
13f. ZIP CODE: 37013-
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes 0 [X] 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): 9; College (1-4 or 5+)

NAME OF DECEDENT (For use by physician or institution)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Willie Finch
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mary Flick

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Aubrey Walker
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4701 Greystone St. Antioch, Tennessee 3701

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: ▶ Robert Whitley
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3618
21c. SIGNATURE OF EMBALMER: ▶ Steve Murphy
21d. LICENSE NUMBER OF EMBALMER: 4169
22a. NAME AND ADDRESS OF FUNERAL HOME: Ellis Funeral Home, 2627 Nolensville Road, Nashville, Tennessee 37211-
22b. LICENSE NUMBER OF FUNERAL HOME: 775

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▶ Lisa Kilgore
24. DATE FILED (Month, Day, Year): June 1, 2006

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: ▶ Rentals NITIN CHITALE, MD
25b. LICENSE NUMBER: 38096
25c. DATE SIGNED (Month, Day, Year): 5/29/06
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 TO COMPLETE CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): NITIN CHITALE, MD 1127 Dow St, M'BORO, TN 37130

CAUSE OF DEATH

28. PART I. Enter the disease, 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.
Immediate Cause (Final disease or condition resulting in death): a. CARDIAC ARREST (VENTRICULAR FIBRILLATION) DUE TO (OR AS A CONSEQUENCE OF): — Approximate Interval Between Onset and Death: 30 MIN
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: b. RESPIRATORY FAILURE DUE TO (OR AS A CONSEQUENCE OF): — 5 MIN
c. ACUTE MYOCARDIAL INFARCTION DUE TO (OR AS A CONSEQUENCE OF): — FEW HOURS
d.
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)

BIRTH NO

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.

Lisa Kilgore
Local Registrar
Rutherford County Health Department

JUN 01 2006
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