Karen Johnson Davidson County
Batch# 1037137 WILL
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20230810-0062198

STATE OF TENNESSEE

I, JOSEPH P. DAY, Clerk of the Circuit Court for Davidson County, do hereby certify that the foregoing is a true and complete copy of the LAST WILL AND TESTAMENT heretofore filed in the Seventh Circuit Court (Probate Division) for Davidson County, Tennessee, on the 9TH day of AUGUST, 2023, in Docket Number 23P1247, IN RE: JAMES EDWARD SWING, 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 10TH day of AUGUST in the year 2023 and in the 247 year of American Independence.

JOSEPH P. DAY, Clerk

By: _____
Deputy Clerk

JOSEPH P. DAY
SEAL
CIRCUIT COURT CLERK

EFILED 08/09/23 12 14 PM CASE NO. 23P1247 Joseph P. Day, Clerk 23P1247

FILED
AUG 09 2023
By JOSEPH P. DAY Clerk Deputy

LAST WILL AND TESTAMENT OF

JAMES EDWARD SWING
[Name of Testator]

I, JAMES EDWARD SWING [Name of Testator], a resident of LOUDON CO., Tennessee, being of sound and disposing mind and memory and over the age of eighteen (18) years or lawfully married or having been lawfully married or a member of the armed forces of the United States or a member of an auxiliary of the armed forces of the United States or a member of the maritime service of the United States, and not being actuated by any duress, menace, fraud, mistake, or undue influence, do make, publish, and declare this to be my last Will, hereby expressly revoking all Wills and Codicils previously made by me.

I. MARRIAGE AND CHILDREN: I am married to LUZ MARIA SWING, and all references in this Will to my WIFE [husband or wife] are references to her [him or her]. I have the following children

Name STEPHANIE E. OGBURN Date of Birth. 05/01/1983
Name. MICHELLE L. SWING Date of Birth 08/23/1991
Name _____ Date of Birth _____
Name _____ Date of Birth: _____

II. EXECUTOR: I appoint LUZ MARIA SWING as Executor of this my Last Will and Testament and provide if this Executor is unable or unwilling to serve then I appoint MICHELLE L. SWING (daughter) as alternate Executor My Executor shall be authorized to carry out all provisions of this Will and pay my just debts, obligations and funeral expenses.

III. SIMULTANEOUS DEATH OF SPOUSE. In the event that my WIFE [wife or husband] shall die simultaneously with me or there is no direct evidence to establish that my WIFE [wife or husband] and I died other than simultaneously, I direct that I shall be deemed to have survived my WIFE [wife or husband], notwithstanding any provision of law to the contrary, and that the provisions of my Will shall be construed on such presumption.

IV. SIMULTANEOUS DEATH OF BENEFICIARY If any beneficiary of this Will, including any beneficiary of any trust established by this Will, other than my _____ [wife or husband], shall die within 30 days of my death or prior to the distribution of my estate, I hereby declare that I shall be deemed to have survived such person.

V. BEQUESTS
I will, give, and bequeath unto the persons named below, if he or she survives me, the Property described below:

Name: LUZ MARIA SWING
Address. 135 WESTCHESTER CT., LENOIR CITY, TN 37772
Relationship. WIFE
Property. HOME SF & LAND
135 WESTCHESTER CT.
LENOIR CITY, TN 37772

Name LUZ MARIA SWING
Address 135 WESTCHESTER CT, LENOIR CITY, TN 37772
Relationship: WIFE
Property. LAND
3993 - 3997 DICKERSON RD
NASHVILLE, TN

Testator's Initials | Witness's Initials | Witness's Initials | Witness's Initials

EFILED 08/09/23 12 14 PM CASE NO 23P1247 Joseph P Day, Clerk

Name: _____
Address: _____
Relationship: _____
Property: _____
_____
_____

Name: _____
Address: _____
Relationship: _____
Property: _____
_____
_____

If a named beneficiary to this Will predeceases me, the bequest to such person shall lapse, and the property shall pass under the other provisions of this Will. If I do not possess or own any property listed above on the date of my death, the bequest of that property shall lapse.

VI. ALL REMAINING PROPERTY; RESIDUARY CLAUSE. I give, devise, and bequeath all of the rest, residue, and remainder of my estate, of whatever kind and character, and wherever located, to my WIFE [wife or husband], provided that my WIFE [wife or husband] survives me. I make no provision for my children, knowing that, as their parent, my WIFE [wife or husband] will continue to be mindful of their needs and requirements. If my WIFE [wife or husband] does not survive me, then I give, devise, and bequeath all of the rest, residue, and remainder of my estate, of whatever kind and character, and wherever located, to my children per share, but if any child predeceases me, then his or her share will pass, per share, to his or her lineal descendants, natural or adopted, if any, who survive me; but if there are none, then his or her share will lapse and pass equally as part of the shares of my other named children; but if none of my named children survives me or leaves a lineal descendant who survives me, then according to the order of intestate succession in the State of Tennessee. (SEE VI ATTACHED).

VII. ADDITIONAL POWERS OF THE EXECUTOR: My Executor shall have the following additional powers with respect to my estate, to be exercised from time to time at my Executor's discretion without further license or order of any court.

SEE VII ATTACHED

VIII. WAIVER OF BOND, INVENTORY, ACCOUNTING, REPORTING AND APPROVAL: My Executor and alternate Executor shall serve without any bond, and I hereby waive the necessity of preparing or filing any inventory, accounting, appraisal, reporting, approvals or final appraisement of my estate. I direct that no expert appraisal be made of my estate unless required by law.

IX. OPTIONAL PROVISIONS: I have placed my initials next to the provisions below that I adopt as part of this Will. Any unmarked provision is not adopted by me and is not a part of this Will.

_____ If any beneficiary to this Will is indebted to me at the time of my death, and the beneficiary evidences this debt by a valid Promissory Note payable to me, then such person's portion of my estate shall be diminished by the amount of such debt.

_____ Any and all debts of my estate shall first be paid from my residuary estate. Any debts on any real property bequeathed in this Will shall be assumed by the person to receive such real property and not paid by my Executor.

Testator's Initials Witness's Initials Witness's Initials Witness's Initials

EFILED 08/09/23 12:14 PM CASE NO. 23P1247 Joseph P Day, Clerk

J I direct that my remains be cremated and that the ashes be disposed of according to the wishes of my Executor.

____ I direct that my remains be cremated and that the ashes be disposed of in the following manner:

_____

_____

_____

____ I desire to be buried in the _____ cemetery in _____ County, _____.

X. CONSTRUCTION: The term "testator" as used in this Will is deemed to include me as Testator or Testatrix. The pronouns used in this Will shall include, where appropriate, either gender or both, singular and plural.

XI. SEVERABILITY AND SURVIVAL: If any part of this Will is declared invalid, illegal, or inoperative for any reason, it is my intent that the remaining parts shall be effective and fully operative, and that any Court so interpreting this Will and any provision in it construe in favor of survival.

IN WITNESS WHEREOF, I, JAMES EDWARD SWING [Name of Testator], hereby set my hand to this last Will, on each page of which I have placed my initials, on this 6th day of JULY, 20 15 at KNOXVILLE, State of Tennessee.

James E. Swing [Signature]
JAMES E. SWING [Printed or typed name of Testator]
135 WESTCHESTER CT [Address of Testator, Line 1]
LENOIR CITY, TN 37772 ~~[Address of Testator, Line 2]~~

WITNESSES

The foregoing instrument, consisting of 7 pages, including this page, was signed in our presence by JAMES E. SWING [name of Testator] and declared by HIM [him or her] to be HIS [his or her] last Will. We, at the request and in the presence of HIM [him or her] and in the presence of each other, have subscribed our names below as witnesses. We declare that we are of sound mind and of the proper age to witness a will, that to the best of our knowledge the testator is of the age of majority, or is otherwise legally competent to make a will, and appears of sound mind and under no undue influence or constraint. Under penalty of perjury, we declare these statements are true and correct on this 6th day of JULY, 20 15 at _____, State of Tennessee.

Laura Biscoute [Signature of Witness #1]
LAURA BISCOUTE [Printed or typed name of Witness #1]
UT Hospital [Address of Witness #1, Line 1]
_____ [Address of Witness #1, Line 2]

Renee Warren [Signature of Witness #2]
Renee Warren [Printed or typed name of Witness #2]

~~Testator's Initials~~ Witness's Initials RW Witness's Initials Witness's Initials

EFILED 08/09/23 12 14 PM CASE NO. 23P1247 Joseph P Day, Clerk

UT Hospital [Address of Witness #2, Line 1]
[Address of Witness #2, Line 2]

[Signature of Witness #3]
Terry Pickle [Printed or typed name of Witness #3]
UT Hosp [Address of Witness #3, Line 1]
[Address of Witness #3, Line 2]

Testator's Initials Witness's Initials Witness's Initials Witness's Initials

EFILED 08/09/23 12 14 PM CASE NO. 23P1247 Joseph P. Day, Clerk

SELF-PROVING AFFIDAVIT

State of Tennessee
County of Knox

We, JAMES E. SWING,
Laura Bisconte,
Renee Warren, and
Terry Pickle, the testator and the witnesses respectively, whose names are signed to the attached instrument in those capacities, personally appearing before the undersigned authority and first being duly sworn, do hereby declare to the undersigned authority under penalty of perjury that the testator declared, signed, and executed the instrument as his/her last will, he/she signed it willingly or willingly directed another to sign for him/her, he/she executed it as his/her free and voluntary act for the purposes therein expressed, and each of the witnesses, at the request of the testator, in his or her hearing and presence, and in the presence of each other, signed the will as witness and that to the best of his or her knowledge the testator was at that time eighteen (18) years of age or older, of sound mind and under no constraint or undue influence.

James E. Swing [Signature of Testator]
JAMES E. SWING [Printed or typed name of Testator]
135 WESTCHESTER CT [Address of Testator, Line 1]
LENOIR CITY, TN [~~Address of Testator, Line 2~~]
37772

Laura Bisconte [Signature of Witness #1]
LAURA BISCONTE [Printed or typed name of Witness #1]
UT Hospital [Address of Witness #1, Line 1]
[Address of Witness #1, Line 2]

Renee Warren [Signature of Witness #2]
Renee Warren [Printed or typed name of Witness #2]
UT Hospital [Address of Witness #2, Line 1]
[Address of Witness #2, Line 2]

Terry Pickle [Signature of Witness #3]
Terry Pickle [Printed or typed name of Witness #3]
UT Hosp [Address of Witness #3, Line 1]
[Address of Witness #3, Line 2]

Subscribed, sworn, and acknowledged before me,
Rebecca L. Crisp, a notary public, by
James E. Swing, the testator, and by
Laura Bisconte,
Renee Warren,
Terry Pickle, and the witnesses, this 6th day of
July, 2015

[NOTARIAL SEAL]

REBECCA L CRISP
NOTARY PUBLIC
TENNESSEE
KNOX COUNTY

Rebecca L Crisp
Notary Public's Signature

My Commission Expires
6-3-19