Karen Johnson Davidson County
Batch# 1046298 WILL
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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 10TH day of AUGUST, 2023, in Docket Number 23P1142, IN RE: ROBERT W FITTS, 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 246 year of American Independence.

JOSEPH P. DAY, Clerk

By: A. Turner
Deputy Clerk

[SEAL] JOSEPH P. DAY CIRCUIT COURT CLERK

23P 1142

LAST WILL AND TESTAMENT OF ROBERT W. FITTS

FILED
AUG 10 2023
JOSEPH P. DAY Clerk
By Deputy

I, Robert W. Fitts, of Nashville, Tennessee, revoke my former Wills and Codicils and declare this to be my Last Will and Testament.

ARTICLE I
IDENTIFICATION OF FAMILY

The name of my child is Alice Elizabeth Hawkins. All references in this Will to "my children" are references to the above-named child.

ARTICLE II
PAYMENT OF DEBTS AND EXPENSES

I direct that my just debts, funeral expenses and expenses of last illness be first paid from my estate.

ARTICLE III
DISPOSITION OF PROPERTY

A. Specific Bequests. I direct that the following specific bequests be made from my estate.

Dining Room Set (table, chairs, corner hutch) shall be distributed to Tracey Reed- Armbrister. If this beneficiary does not survive me, this bequest shall be distributed with my residuary estate.

Fitts family desk shall be distributed to Patricia Fitts Reed. If this beneficiary does not survive me, this bequest shall be distributed with my residuary estate.

Antique grandfather clock shall be distributed to William Milton. If this beneficiary does not survive me, this bequest shall be distributed with my residuary estate.

Liquor cabinet and all liquor shall be distributed to JD Reed. If this beneficiary does not survive me, this bequest shall be distributed with my residuary estate.

Antique microwave shall be distributed to Brian Reed. If this beneficiary does not survive me, this bequest shall be distributed with my residuary estate.

Western Psychological Services royalty shares shall be distributed to Patricia Fitts Reed. If this beneficiary does not survive me, this bequest shall be distributed with my residuary estate.

Unnamed Milton/Fitts artifacts shall be distributed to Patsy Fitts Reed. If this beneficiary does not survive me, this bequest shall be distributed with my residuary estate.

Unnamed Baldwin/Lockwood artifacts shall be distributed to Alice Elizabeth Hawkins. If this beneficiary does not survive me, this bequest shall be distributed with my residuary estate.

Oilwell shares shall be distributed to Patricia Fitts Reed. If this beneficiary does not survive me, this bequest shall be distributed with my residuary estate.

Sunlife Life Insurance and Jackson Life Insurance be distributed equally between Tracey Reed-Armbrister and Brian Reed. If either beneficiary does not survive me, this bequest shall be distributed alternate beneficiary.

My portion of shared residential property (2110 Sharondale Drive, Nashville, TN 37215-1212) shall be distributed to Alice Elizabeth Hawkins. If this beneficiary does not survive me, this bequest shall be distributed to Aaron Thomas Hawkins.

All 401k monetary assets shall be equally distributed between Patsy Fitts Reed and Alice Elizabeth Hawkins.

All community accounts shall be distributed to the shared account holder.

B. Residuary Estate. I direct that my residuary estate be distributed to the following beneficiaries in the percentages as shown:

50% - Alice Elizabeth Hawkins. If this person does not survive me, this share shall be distributed to Aaron Thomas Hawkins.

50% - Patricia Reed Fitts. If this person does not survive me, this share shall be distributed proportionately to Tracey Reed- Armbrister and Brian Reed.

100% - *Percent Total*

ARTICLE IV
NOMINATION OF INDEPENDENT EXECUTOR

I nominate Alice Elizabeth Hawkins, of Seattle, Washington, as my Independent Executor, to serve without bond, surety, or other security. If such person or entity does not serve for any reason, I nominate Patricia Fitts Reed, of Marion, Virginia, to serve as my Independent Executor, to serve without bond, surety, or other security.

ARTICLE V
EXECUTOR POWERS

A. Power to Administer Estate. My Independent Executor, with respect to my estate, in addition to other powers and authority granted by law or necessary or appropriate for proper administration, shall have the following rights, powers, and authority without order of court and without notice to anyone: to identify, gather, value, secure, manage and distribute assets, to maintain records, to settle and wind up business affairs, to pay just debts, to file necessary tax returns, to redirect mail, to cancel services, to establish trusts, and to carry out my wishes as set forth in this Will.

B. Independent Administration. My Independent Executor shall have the right to administer my estate using "informal", "unsupervised", or "independent" probate or equivalent legislation designed to operate without unnecessary intervention by the probate court.

ARTICLE VI
MISCELLANEOUS PROVISIONS

A. Paragraph Titles and Gender. The titles given to the paragraphs of this Will are inserted for reference purposes only and are not to be considered as forming a part of this Will in interpreting its provisions. All words used in this Will in any gender shall extend to and include all genders, and any singular words shall include the plural expression, and vice versa, specifically including "child" and "children", when the context or facts so require, and any pronouns shall be taken to refer to the person or persons intended regardless of gender or number.

B. Thirty Day Survival Requirement. For the purposes of determining the appropriate distributions under this Will, no person shall be deemed to have survived me unless such person is also surviving on the thirtieth day after the date of my death.

C. Common Disaster. If my spouse and I die under circumstances such that there is no clear or convincing evidence as to the order of our deaths, or if it is difficult or impractical to determine which person survived the death of the other person, it shall, for the purpose of distribution of my life insurance, property passing under any trust or other contracts, if any, and property passing under this Will, be conclusively presumed that I survived the death of my spouse.

D. Liability of Fiduciary. No fiduciary who is a natural person shall, in the absence of fraudulent conduct or bad faith, be liable individually to any beneficiary of my estate, and my estate shall indemnify such natural person from any and all claims or expenses in connection with or arising out of that fiduciary's good faith actions or nonactions of the fiduciary, except for such actions or nonactions which constitute fraudulent conduct or bad faith. No successor trustee shall be obliged to inquire into or be in any way accountable for the previous administration of the trust property.

E. Compensation. The Executor is entitled to receive reasonable compensation for their services under this Will and be exonerated from and to pay all reasonable expenses and charges of the estate and trust.

F. Beneficiary Disputes. If any bequest requires that the bequest be distributed between or among two or more beneficiaries, the specific items of property comprising the respective shares shall be determined by such beneficiaries if they can agree, and if not, by my Independent Executor.

IN WITNESS WHEREOF, I have subscribed my name below, this 12th day of August, 2016.

Testator Signature: _____
Robert W. Pitts

We, the undersigned, hereby certify that the above instrument, which consists of 4 pages, including the page(s) which contain the witness signatures, was signed in our sight and presence by Robert W. Fitts (the "Testator"), who declared this instrument to be his/her Last Will and Testament and we, at the Testator's request and in the Testator's sight and presence, and in the sight and presence of each other, do hereby subscribe our names as witnesses on the date shown above.

Witness Signature: Tracy Umeda
Name: Tracy Umeda
Address: 2917 West End Ave #130
City: Nashville
State: TN
Phone Number: 501-366-4028
Email: tracyumeda@gmail.com

Witness Signature:
Name: Adam Davis
Address: 2917 west end Ave
City: Nashville
State: Tennessee
Phone Number: 615-327-0407
Email: lonewarrior23@aol.com

Witness Signature: Katelyn Baucom
Name: Katelyn Baucom
Address: 8175 Stewart's Ferry Parkway
City: Nashville
State: TN
Phone Number: 615-327-0407
Email: lightmoon78~~5~~@gmail.com

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Subscribed, sworn to and acknowledged before me by Robert W. Fitts, the Testator; and subscribed and sworn to before me by Tracy Umedy and Adam Davis and Katelyn Baucom witnesses, this 12th day of August, 2014.

Notary public, or other officer
authorized to take and certify
acknowledgments and administer oaths

Exp- 08 20 2019

OMARI JACKSON
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

AFFIDAVIT

I, Robert W. Fitts, the Testator, sign my name to this Will this 12th day of August, 2016, and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my Will and that I sign it willingly, in the presence of the undersigned witnesses, that I execute it as my free and voluntary act for the purposes expressed in the Will, and that I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.

Testator Signature: _____
Robert W. Fitts

We, Tracy Umeda and Adam Davis and Katelyn Baucom, the witnesses, sign our names to this Will, being first duly sworn, and do hereby declare to the undersigned authority that the Testator signs and executes this instrument as the Testator's will and that the Testator signs it willingly in our presence, and that the Testator executes it as the Testator's free and voluntary act for the purposes expressed in the Will, and that each of us, in the presence and hearing of the Testator, at the Testator's request, and in the presence of each other, hereby signs this Will, on the date of the instrument, as witness to the Testator's signing, and that to the best of our knowledge the Testator is eighteen years of age or older, of sound mind and memory, and under no constraint or undue influence, and that we the witnesses are of adult age and otherwise competent to be witnesses.

Witness Signature: _____
Name: Tracy Umeda
Address: 3817 West End Ave #13K
City: Nashville
State: TN
Phone Number: 501-366-4038
Email: tracyumeda@gmail.com

Witness Signature: _____
Name: Adam Davis
Address: 3817 West End Ave #13K
City: Nashville
State: TN
Phone Number: 615-337-0407
Email: lonewarrior336@aol.com

Witness Signature: _____
Name: Katelyn Baucom
Address: 8175 Stewart's Ferry Parkway
City: Nashville
State: TN
Phone Number: 615-327-0407
Email: lightmoon15@aol.com