LAST WILL AND TESTAMENT OF
ELIZABETH BEAVERS COSBY.

50-445-CP

I, Elizabeth Beavers Cosby, of the City of Anna Maria, County of Manatee and State of Florida, being of sound mind and memory, do hereby make, publish and declare this to be my last will and testament, hereby revoking all former wills, codicils, bequests and devises by me heretofore made.

First: I hereby direct my executrix hereinafter named to pay all of my just debts and funeral expenses as soon after my decease as may be practicable.

Second: After the payment of my debts and funeral expenses, I give, devise and bequeath to my daughter, Betty Cosby, my Steif Rose Silver.

Third: I give, devise and bequeath to my daughter Sallie Cosby Thayer, all of the paintings which I have done.

Fourth: I give, devise and bequeath to my daughter, Janet Cosby Scott, my Apple Blossom China.

Fifth: All of the rest, residue and remainder of my estate, real, personal and mixed property, of every kind and nature whatsoever and wheresoever situated, I give, devise and bequeath to my three daughters, Betty Cosby, Sallie Cosby Thayer and Janet cosby Scott, in equal parts, share and share alike. In the event either of said daughters predecease me, then and in that event the share of such daughter predeceasing me shall be divided equally among her lineal decendants per stirpes. In the further event any of my said daughters shall predecease me, leaving no lineal descendants surviving, then and in that event such share shall revert to and become a part of my residuary estate and shall be divided among my other named residuary legatees.

Sixth: I nominate and appoint my daughter, Janet Cosby Scott, executrix of this my last will and testament, and desire that no bond be required of her as such executrix, bond being specificly waived.

Seventh: I hereby authorize my executrix to sell any and all property, real, personal or mixed, at such time, and for such

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CLERK CIRCUIT COURT
ALACHUA COUNTY, FLA.

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ALACHUA COUNTY, FLA.

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SALTER, FEIBER & YENSER
POST OFFICE DRAWER 1589
GAINESVILLE, FLORIDA 32602

prices and upon terms as she my deem for the best interest of my estate, and I empower and direct her to make, execute and deliver to the purchaser or purchasers, good and sufficient contracts, conveyances and all other necessary instruments in writing for the sale and transfer of said property.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal, at Bradenton, Florida, this 25th day of January, 1971.

[redacted] (SEAL)

Signed and sealed by said testatrix, Elizabeth Beavers Cosby, and by her declared to be her last will and testament in the presence of us the undersigned witnesses, who at her request and in her presence and in the presence of each other have hereunto subscribed our names as witnesses.

[redacted] Bradenton, Florida
Address

[redacted] Bradenton, Florida
Address

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STATE OF FLORIDA
COUNTY OF ALACHUA

IN RE: Elizabeth B. Cosby

I, A. CURTIS POWERS, Clerk of the Circuit Court, Eighth Judical Circuit of Florida, in and for Alachua County, do hereby certify that the above and foregoing is a true and correct copy of the Original as the same appears of record in OR 1304 80, Book/[redacted] Page one of the Public Records my Office.

WITNESS my hand and the Official Seal of said Circuit Court, at Gainesville, Florida, this 7, day of Jan, 1982

OFFICIAL SEAL A. Curtis Powers
CLERK CIRCUIT COURT
BY Carol Denny
Deputy Clerk

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STATE [redacted] LORIDA

[redacted]

[redacted]

Bob Graham, Governor

DEPARTMENT OF
Health & Rehabilitative Services

District Three
816 S.W. FOURTH AVENUE

Alachua County Health Department
GAINESVILLE, FLORIDA 32601

80-445-CP

CERTIFICATE OF DEATH
FLORIDA

TYPE OR PRINT IN PERMANENT BLACK INK
1199

LOCAL FILE NO. | STATE FILE NO.

DECEDENT—NAME: 1. FIRST ELIZABETH | MIDDLE BEAVERS | LAST COSBY
2. SEX: Female
3. DATE OF DEATH (Mo., Day, Yr.): Sept. 13, 1980

4. RACE—e.g., White, Black, Am. Indian, etc.) (Specify): White
5a. AGE—Last Birthday: 76
5b. UNDER 1 YEAR: MOS. | DAYS
5c. UNDER 1 DAY: HOURS | MINS
6. DATE OF BIRTH (Mo., Day, Yr.): Oct. 18, 1903
7a. COUNTY OF DEATH: Alachua

7b. CITY, TOWN OR LOCATION OF DEATH: Gainesville
7c. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number): No. Florida Regional Hospital
7d. If HOSP. OR INST. (Indicate DOA/Emer. Rm., Inpatient (Specify)): Inpatient

1. DECEDENT

USUAL RESIDENCE WHERE DECEASED LIVED. (IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.)

8. STATE OF BIRTH (If not in U.S.A., name country): Alabama
9. CITIZEN OF WHAT COUNTRY: U. S. A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Daniel M. Cosby
12. SOCIAL SECURITY NUMBER: [redacted]-B
13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
13b. KIND OF BUSINESS/INDUSTRY: Own Home
14a. RESIDENCE—STATE: Florida
14b. COUNTY: Alachua
14c. CITY, TOWN OR LOCATION: Gainesville
14d. STREET AND NUMBER: 517 N.W. 34th Terrace
14e. INSIDE CITY LIMITS (Specify Yes or No): Yes

2. PARENTS

15. FATHER—NAME FIRST: John | MIDDLE: R. | LAST: Beavers
16. MOTHER—MAIDEN NAME FIRST: Sarah | MIDDLE: | LAST: Wallace

17a. INFORMANT—NAME (Type or Print): RECORDS: Johnson-Hayes F. H.
17b. MAILING ADDRESS (STREET OR R.F.D. NO, CITY OR TOWN, STATE): 311 South Main Street, Gainesville, Florida, 32602

3. DISPOSITION

18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Removal
18b. CEMETERY OR CREMATORY—NAME: Elmwood Cemetery
18c. LOCATION—CITY OR TOWN, STATE: Birmingham, Alabama
19a. FUNERAL DIRECTOR—(Signature): Geo. Hayes
19b. FUNERAL HOME ADDRESS: Johnson-Hayes Funeral Home, Gainesville, Florida 3260[illegible]

4. CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only

20a. To the best of my [illegible] death occurred at the time, date and place and due to the cause(s) stated
(Signature and Title): [signature]
20b. DATE SIGNED (Mo., Day, Yr.): 9-19-80
20c. HOUR OF DEATH: 4:15 PM
20d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print): Melvin C. DACE, M.D

To be Completed by MEDICAL EXAMINER

21a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated.
(Signature and Title)
21b. DATE SIGNED (Mo., Day, Yr.)
21c. HOUR OF DEATH
21d. PRONOUNCED DEAD (Mo., Day, Yr.) ON
21e. PRONOUNCED DEAD (Hour) AT

22. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or print): 1130 N.W. 64th. Terr, Gainesville FL. 32605

REGISTRAR
23a. (Signature): Myrtle Trowell, Dep.
23b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): Sept. 19, 1980

5. CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST

24. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
PART I (a) Pneumonia
DUE TO, OR AS A CONSEQUENCE OF:
(b) Cerebral thrombosis
DUE TO, OR AS A CONSEQUENCE OF:
(c)
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

Interval between onset and death

25. AUTOPSY (Specify Yes or No): No
26. WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No): No

27a. (Probable) ACCIDENT, SUICIDE or HOMICIDE, or UNDETERMINED (Specify)
27b. DATE OF INJURY (Mo., Day, Yr.)
27c. HOUR OF INJURY
27d. DESCRIBE HOW INJURY OCCURRED
27e. INJURY AT WORK (Specify Yes or No)
27f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
27g. LOCATION—STREET OR R.F.D. No., CITY OR TOWN

HRS Form 512, Jan. 1979 (Replaces OPCVS Form VS/E612)

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I hereby certify the above to be a true and exact copy of the death certificate filed in this office.

9/19/80
Date

Myrtle T. Trowell
MYRTLE T. TROWELL, Deputy Registrar

A. Curtis Powers, Clerk Circuit Court, Eighth Judicial Circuit of Florida, in and for Alachua County, the same being a Court of record do hereby certify that the above and foregoing is a true and correct copy of what it purports to be from the face of the original as presented to me. This Jan 2 A. D. 1982

CURTIS POWERS, Clerk Circuit Court

By [signature] D. C.

IN THE CIRCUIT COURT FOR

ALACHUA COUNTY, FLORIDA

PROBATE DIVISION

IN RE: ESTATE OF

ELIZABETH B. COSBY,

Deceased

File Number 80-445-CP

Division "C"

FILED
80 NOV 12 PM 2:27
ALACHUA COUNTY, FLA.
CLERK CIRCUIT COURT

ORDER ADMITTING WILL TO PROBATE
AND APPOINTING PERSONAL REPRESENTATIVE

The instrument presented to this court as the last will of ELIZABETH B. COSBY, deceased, having been established by the testimony of SHIRLEY OVERSTREET, a subscribing and attesting witness, as being the last will of the decedent, and no objection having been made to its probate, and the court finding that the decedent died on September 13, 19 80, it is

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ADJUDGED that the will bearing date January 25, 19 71, and attested by JOHN F. VANDERIGE and SHIRLEY OVERSTREET as subscribing and attesting witnesses is admitted to probate according to law, as and for the last will of the decedent, and it is further

ADJUDGED that JANET COSBY SCOTT is appointed personal representative of the estate of the decedent, and that upon taking the prescribed oath, filing designation of resident agent and acceptance, and entering into bond in the sum of $ -0-, letters of administration shall be issued.

ORDERED this 4th day of November, 19 80.

Circuit Judge

A. Curtis Powers, Clerk Circuit Court, Eighth Judicial Circuit of Florida, in and for Alachua County, the same being a Court of record do hereby certify that the above and foregoing is a true and correct copy of what it purports to be from the face of the original as presented to me. This Jan. 2 A. D. 1982

A. CURTIS POWERS, Clerk Circuit Court

By Carol Denny D. C.

Form No. P-28

IN THE CIRCUIT COURT FOR

ALACHUA COUNTY, FLORIDA

PROBATE DIVISION

IN RE: ESTATE OF

ELIZABETH B. COSBY,

Deceased

File Number 80-445-CP

Division "C"

FILED
1980 NOV -6 AM 9:10
CLERK CIRCUIT COURT
ALACHUA COUNTY, FL.

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GORDON CLERK CIRCUIT COURT
ALACHUA COUNTY, FLA.

Letters of Administration

TO ALL WHOM IT MAY CONCERN

WHEREAS, ELIZABETH B. COSBY, a resident of Alachua County, Florida, died on September 13, 1980 owning assets in the State of Florida, and

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WHEREAS, JANET COSBY SCOTT has been appointed personal representative of the estate of the decedent and has performed all acts prerequisite to issuance of letters of administration in the estate,

NOW, THEREFORE, I, the undersigned circuit judge, declare JANET COSBY SCOTT to be duly qualified under the laws of the State of Florida to act as personal representative of the estate of ELIZABETH B. COSBY, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

WITNESS my hand and the seal of this court this 4th day of Nov., 1980.

John Crews
Circuit Judge

STATE OF FLORIDA
COUNTY OF ALACHUA

IN RE: Elizabeth B. Cosby

I, A. CURTIS POWERS, Clerk of the Circuit Court, Eighth Judical Circuit of Florida, in and for Alachua County, do hereby certify that the above and foregoing is a true and correct copy of the Original as the same appears of record in OR 1311 Book [redacted] Page 519,

one of the Public Records my Office.

WITNESS my hand and the Official Seal of said Circuit Court, at Gainesville, Florida, this 7th day of Jan., 19 82

OFFICIAL SEAL

A. Curtis Powers
CLERK CIRCUIT COURT

BY Carol Denny
Deputy Clerk

FILED
1982 JAN 18 AM 9:02

Rec 7.50
Ind 1.00
8.50

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PF 1034
MIDSTATE LEGAL SUPPLY CO., INC.

O.R. BOOK 1311 PAGE 519