BOOK 9505PG512

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IDENTIF. & REFERENCE

94 OCT 31 AM 10:13

REGISTER
DAVIDSON COUNTY, TN.

LAST WILL AND TESTAMENT OF

F. W. BARKER

PICK-UP

I, FORREST WILLIAMSON BARKER, of Davidson County, Tennessee, hereby revoke my previous wills and declare this to be my last will.

ITEM I

2716 10/31 0101 01CASH 20.00

I direct that all my just debts, including my funeral expenses and the costs of administration, be paid out of my general estate by my personal representative as soon as practicable after my death. To this end I authorize my personal representative to sell any of my property (real, personal or mixed) and to execute all conveyances necessary to effectuate such sale. I direct that my personal representative pay all estate, inheritance, succession, and other death taxes which may be payable by, or chargeable against, my estate, or any of the beneficiaries thereof, out of my general estate as an expense of administration without apportionment or proration among the beneficiary and contingent beneficiaries.

ITEM II

I expect to leave a substantial sum of cash money in the Sears, Robeuck & Company Pension and Profit-Sharing Fund and from the proceeds of such Fund I make the following specific bequests:

(a) I give and bequeath the sum of FIVE THOUSAND DOLLARS ($5,000.00) cash to my mother, Mattie Rainey Barker, provided she shall survive me, for her use for the remainder of her life, with full power to use, consume and dispose of same for her needs or desires in her sole and absolute discretion; at the death of my said mother, I give and bequeath any remainder of this said bequest which has not been so used, consumed or disposed of by my said mother to the legatee mentioned in Item III of this my will.

(b) I give and bequeath the sum of FIVE THOUSAND DOLLARS ($5,000.00) cash to my son, Charles Moody Barker, provided he shall survive me.

ITEM III

It is my will that my wife, Olive Moody Barker, if she survive me by six (6) or more months, have the use for the remainder of her life of all the remainder of the property (real, personal and mixed) owned by me at my death, with full power to sell, mortgage, use, consume and dispose of such property for her needs or desires in her sole and absolute discretion; at the death of my said wife, I give, devise and bequeath all the remainder of said property that has not been so used or disposed of by my said wife to my son, Charles Moody Barker.

If my said wife predeceases me or if my said wife does not survive me as long as six (6) months, or if she dies as the result of a common disaster resulting in my death and also resulting in her death within six (6) months after my death, then I direct that she shall be deemed to have predeceased me and that the provisions of my will shall be construed upon that assumption. During the portion of such six (6) months as my wife shall actually survive me she shall have the right to the use and enjoyment as life tenant of the real and personal property devised and bequeathed to her herein; and in such event, all the remaining property is given, devised and bequeathed to my son, Charles Moody Barker.

ITEM IV

I hereby nominate and constitute my wife, Olive Moody Barker, as executrix of this my last will and testament. In the event my said wife predeceases me or shall fail to qualify, die, resign or cease to act for any reason on or after June 4, 1962, I appoint my son, Charles M. Barker, as executor in the place of my said wife. I direct that no bond or other security shall be required of my executrix or executor for the faithful performance of his or her duties as such, and that she or he shall not be required to file any inventory of my estate.

I authorize and empower my personal representative to sell and dispose of any or all of my real estate and personal property in

accordance with the terms of this will, at public or private sale, at such times and on such terms and conditions as my personal representative shall deem proper, and to execute, acknowledge and deliver all paper writings, deeds of conveyance and transfers thereof.

I give to my personal representative power and authority to file joint income or gift tax returns with my wife for the periods prior to my death; and to pay any part or all of the taxes, interest, or penalties for such periods and for periods for which joint returns were filed prior to my death.

IN WITNESS WHEREOF I have hereunto set my hand to this my last will and testament in Davidson County, Tennessee, this 19th day of December, 1961.

F. W. Barker
(F. W. BARKER)

Signed, sealed, published and declared by the testator, Forrest Williamson Barker, to be his last will and testament in the presence of all of us at one and at the same time, and at his request and in his presence and in the presence of each other we have hereunto subscribed our names as witnesses and affixed our present mailing addresses, and we do hereby attest to the sound and disposing mind of said testator and to the performance of the aforesaid act of execution at the place and on the date hereinabove set out.

	(MAILING ADDRESSES)
1. W. A. Stone	949 Laughon Ave. Nashville, Tenn.
2. Josephine Pitcock	3533 Crestridge Drive Nashville 4, Tennessee
3. Ufred D. Saunders	3605 Rainbow Place Nashville 4, Tenn

CONT'D NEXT PAGE

Metropolitan Government of Nashville and Davidson County

Bill Boner, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

APR 5 1990

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

LOCAL REGISTRAR

BOOK 9505 PG 515

9001508

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT: For use by physician or institution

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): OLIVE MOODY BARKER
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): March 22, 1990
4. SOCIAL SECURITY NUMBER (of Decedent): [redacted]-1331
5a. AGE – LAST BIRTHDAY (Years): 88
5b. UNDER 1 YEAR – MOS / DAYS
5c. UNDER 1 DAY – HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): Nov. 21, 1901
7. BIRTHPLACE (City and State or Foreign Country): Dinwiddie Co., Virginia
8. WAS DECEDENT EVER IN US ARMED FORCES? 1 [ ] Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [X] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): McKendree Village Health Care
9c. CITY, TOWN, OR LOCATION OF DEATH: Hermitage
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Forrest W. Barker
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Domestic
13a. RESIDENCE – STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Hermitage
13d. STREET AND NUMBER OR RURAL LOCATION: 4347 Lebanon Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37076
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): 12; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): William Newman Moody
18. MOTHER'S NAME (First, Middle, Maiden Surname): Emmie Belle White

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Charles Moody Barker
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4100 Toney Circle, Huntsville, AL 35802

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: Jeffrey L. Murphy
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3862
21c. SIGNATURE OF EMBALMER: Rodger B. King
21d. LICENSE NUMBER OF EMBALMER: 3923
22a. NAME AND ADDRESS OF FUNERAL HOME: Woodlawn Funeral Home, 660 Thompson Ln., Nashville, TN 37204
22b. LICENSE NUMBER OF FUNERAL HOME: 731

REGISTRAR

23. REGISTRAR'S SIGNATURE: Marsha H. Jones
24. DATE FILED (Month, Day, Year): April 5, 1990

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 [X] SIGNATURE AND TITLE OF PHYSICIAN: Deborah Montgomery
25b. LICENSE NUMBER: MD 41151
25c. DATE SIGNED (Month, Day, Year): 3/27/90
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 EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Deborah Montgomery, M.D.

CAUSE OF DEATH

28. PART I. Enter the diseases, 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. Approximate Interval Between Onset and Death.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Aspiration Pneumonia
DUE TO (OR AS A CONSEQUENCE OF): b. cerebral vascular accident & Dementia
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: 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: CVA, Dementia, [illegible], osteoarthritis, Hypothyroidism.
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 [ ] 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: M
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)

202-06-002 (Rev. 10/89)

RESOLUTION MAY BE TOO FOR PRINTING IN LEGIBILITY OF [illegible] MAY BE UNSATISFACTORY WHEN RECEIVED THIS DOCUMENT

BOOK 9505 PG 515-A

Metropolitan Government of Nashville and Davidson County

Philip Bredesen, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

JUN 28 1994

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

9403258

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE / PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT For use by physician or institution

DECEDENT

1 DECEDENT'S NAME (First, Middle, Last): FORREST WILLIAMSON BARKER
2 SEX: MALE
3 DATE OF DEATH (Month, Day, Year): June 15, 1994
4 SOCIAL SECURITY NUMBER (of Deceased): [redacted]-8056
5a AGE – LAST BIRTHDAY (Years): 86
5b UNDER 1 YEAR: MOS / DAYS
5c UNDER 1 DAY: HOURS / MIN
6 DATE OF BIRTH (Month, Day, Year): May 28, 1908
7 BIRTHPLACE (City and State or Foreign Country): RICHMOND, VIRGINIA
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 No
9a PLACE OF DEATH (Check only one): HOSPITAL 1 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): BAPTIST HOSPITAL
9c CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
9d COUNTY OF DEATH: DAVIDSON
10 MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): WIDOWED
11 SURVIVING SPOUSE (If wife, give maiden name):
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): SALES MANAGER
12b KIND OF BUSINESS/INDUSTRY: FURNITURE STORE
13a RESIDENCE – STATE: TN
13b COUNTY: DAVIDSON
13c CITY, TOWN OR LOCATION: NASHVILLE
13d STREET AND NUMBER OR RURAL LOCATION: 3608 RAINBOW PLACE
CENSUS TRACT
13e INSIDE CITY LIMITS? 1 Yes 2 No
13f ZIP CODE: 37204
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes 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): 12; College (1-4 or 5+):

PARENTS

17 FATHER'S NAME (First, Middle, Last): CHARLES O. BARKER
18 MOTHER'S NAME (First, Middle, Maiden Surname): MATTIE RAINEY

INFORMANT

19a INFORMANT'S NAME (Type/Print): MR. CHARLES BARKER
19b RELATIONSHIP TO DECEASED: SON
19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4100 TONEY CIRCLE, HUNTSVILLE, AL 35802

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

FUNERAL DIRECTOR

21a SIGNATURE OF FUNERAL DIRECTOR: DAVID BALDWIN
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 3169
21c SIGNATURE OF EMBALMER: GEORGE DOBBS
21d LICENSE NUMBER OF EMBALMER: 4337
22a NAME AND ADDRESS OF FUNERAL HOME: WOODLAWN FUNERAL HOME 660 THOMPSON LANE, NASHVILLE, TN 37204
22b LICENSE NUMBER OF FUNERAL HOME: 933

REGISTRAR

23 REGISTRAR'S SIGNATURE: Patricia Squire
24 DATE FILED (Month, Day, Year): June 28, 1994

PHYSICIAN

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 [X] SIGNATURE AND TITLE OF PHYSICIAN: David Caldwell
25b LICENSE NUMBER: 6793
25c DATE SIGNED (Month, Day, Year): 6/26/94
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 EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

CAUSE OF DEATH

28 PART I. Enter the diseases, 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. Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. NON-HODGKINS LYMPHOMA — DUE TO (OR AS A CONSEQUENCE OF): — 3 yr

SEE INSTRUCTIONS ON OTHER SIDE

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

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: ASHD. Hypothyroidism. Chronic Anemia.

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 Natural 6 Pending investigation 2 Accident 3 Suicide 6 Could not be Determined 4 Homicide
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY: M
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

PH-1659
REV 1/89

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