PICK

Davidson County WILL
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Fees:14.00 Taxes:0.00
20010321-0027048

THE LAST WILL AND TESTAMENT OF

JOHN TERRY FARRELL, SR.

I, John Terry Farrell, Sr., of 810 Winthorne Court, Nashville, Tennessee 37217, do hereby make, publish and declare this to be my Last Will and Testament, hereby revoking all wills and codicils heretofore made by me.

ARTICLE I.

My Executor is directed to pay all my just debts, including funeral expenses, and all proper charges against my estate as soon as convenient after my death. My Executor is directed also to pay all federal and state estate, inheritance and other transfer taxes assessed against my estate or against my beneficiary, including estate and inheritance taxes assessed on account of life insurance proceeds or any other property which shall be included in my gross estate for purposes of such taxes, whether or not included in my probate estate, out of my residuary estate.

ARTICLE II.

All of my property of every nature wherever situated, real, personal, and mixed, and property over which I may have any power of appointment, I hereby give, devise, bequeath and appoint to my two sons, equally, John Terry Farrell, Jr., and Anthony Wayne Farrell, if they survive me by at least thirty (30) days.

ARTICLE III.

In the event that my sons, John Terry Farrell, Jr., and Anthony Wayne Farrell, shall fail to survive me by at least thirty days, then and in that event only, I hereby give, devise and appoint all of my residuary estate, including my real property to my son, William Todd Rachels. In the event that one of my sons, John Terry Farrell, Jr., or Anthony Wayne Farrell, should not survive me by at least thirty days, then that portion of my estate would automatically revert to the surviving son.

John T. Farrell Sr
TESTATOR

ARTICLE IV.

I hereby appoint Fred Randall Conatser of 2723 Anderson Road, Nashville, Tennessee 37217 as Executor of this, my Last Will and Testament. If, however, he should predecease me or should fail to qualify, or having qualified should die, resign, become incapacitated, or fail to serve during the period of administration of my estate, I hereby appoint Johnnie B. Conatser as his successor and direct that my Executor shall not be required to give bond, and that if notwithstanding this request, any bond is required by any law, statute, or rule of court, no sureties be required thereof. My Executor shall have all powers provided for by law and specifically all powers contained in Section 35-618 of the Tennessee Code Annotated, including those powers in said Section not by their nature exercisable by the Trustee, as well as all others granted by law. All powers granted my Executor in this, my Will, are to be exercised without court order.

IN WITNESS WHEREOF, I, JOHN TERRY FARRELL, SR., have executed this my Last Will and Testament at Nashville, Tennessee, this 15 day of December 1979.

John Terry Farrell Sr.
TESTATOR

The foregoing instrument, consisting of two pages, including this page, each page being typewritten only on one side, was on this 15 day of December 1979, subscribed on each page and at the end thereof by JOHN TERRY FARRELL, SR., the above named testator and by him signed, published, and declared to be his Last Will and Testament in the presence of us and each of us, who thereupon, at his request, in his presence, and in the presence of each other, have hereunto subscribed our names as attesting witnesses thereto.

C. G. Gillem, Sr. Residing at 728 Winthorne Drive Nashville

Christine E. Wright Residing at Baker Grove Rd Hermitage

Donna M. Johnson Residing at 2914 Dunmore Dr. Nashville

Notary Public

My Commission Expires Aug. 2, 1980

John Terry Farrell Sr.
TESTATOR

Metropolitan Government of Nashville and Davidson County

Bill Purcell, Mayor

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

SEP 7 2000

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.

0004769

John P Flora

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): JOHN T. FARRELL, SR.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): September 6, 2000
4. SOCIAL SECURITY NUMBER (of Deceased): 409-58-2736
5a. AGE-LAST BIRTHDAY (Years): 60
5b. UNDER 1 YEAR: MONTHS / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): 12/06/1939
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] 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): Vanderbilt Univ.Medical Ctr.
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Divorced
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
12b. KIND OF BUSINESS/INDUSTRY: Construction
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 810 Winthorne Ct.
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37217
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): ; College (1-4 or 5+): 2

PARENTS

17. FATHER'S NAME (First, Middle, Last): Clyde Farrell
18. MOTHER'S NAME (First, Middle, Maiden Surname): Johnnie Evans

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Tony W. Farrell
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 810 Winthorne Ct. Nashville, TN. 37217

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [ ] Burial 2 [X] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Crawford Mortuary and Crematory
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: Neal B. Crawford
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4114
21c. SIGNATURE OF EMBALMER:
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: Crawford Mortuary and Crematory 2714 Grandview Avenue Nashville, TN. 37211
22b. LICENSE NUMBER OF FUNERAL HOME: #713

REGISTRAR

23. REGISTRAR'S SIGNATURE: Ann L. Brown
24. DATE FILED (Month, Day, Year): September 7, 2000

PHYSICIAN

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1 [X] SIGNATURE AND TITLE OF PHYSICIAN:
25b. LICENSE NUMBER: 024306
25c. DATE SIGNED (Month, Day, Year): 9/7/00
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date 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):
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print):

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

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.

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Respiratory Arrest — DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b. COPD — DUE TO (OR AS A CONSEQUENCE OF):
c. — DUE TO (OR AS A CONSEQUENCE OF):
d.
Approximate Interval Between Onset and Death:

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 [✓] 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):

PH-1659 (REV. 6/99)

BIRTH NO.

RDA 1399