Davidson County WILL
Recvd: 01/16/02 16:04 7pgs
Fees:37.00 Taxes:0.00
20020116-0006811

Last Will and Testament

Map 33-06-0
Par. 011.00

OF

OPIE L. OSBORNE

I, **OPIE L. OSBORNE**, of Goodlettsville, Davidson County, Tennessee, do make, publish and declare this to be my Last Will and Testament, hereby revoking all other wills or codicils heretofore made by me.

I.

I appoint **STEVEN OSBORNE** to be the Executor of this my Last Will and Testament and direct that no bond be required of him for the faithful performance of his duties. I vest my said Executor with full power and authority to sell, transfer and convey any property, real or personal, which I may own at the time of my death at such price and upon such terms and conditions (including credit) as he may determine and to do every other act and thing necessary or appropriate to complete the administration of this my Last Will and Testament.

II.

I further direct that all of my just debts that constitute enforceable claims against my estate (except debts secured by mortgages or other security instruments, which may be paid or retained in the discretion of my Executor, the expenses of my last illness, unpaid charitable pledges (whether or not the same are enforceable obligations of my estate) and the cost of administration of my estate be paid as soon as practicable after my death. My Executor in his sole and absolute discretion, may pay from my domiciliary estate all of any portion of the cost of ancillary administration and similar proceedings in other jurisdictions. I further direct my Executor to pay as an expense

of administration any and all estate, inheritance, succession, and other taxes (together with interest and penalty, if any, thereon) assessed by reason of my death with respect to my property (whether such property passes under this Will or otherwise) and to charge such payment against my residuary estate.

III.

I hereby give, devise and bequeath to my beloved son, **STEVEN OSBORNE**, all tools, lawn tractor, Korean War Commemorative M1 Carbine Rifle, U. S. Flag presented at Landon's funeral, Korean War marble plaque, Korean War marble paperweight.

IV.

I hereby give, devise and bequeath to my beloved daughter-in-law, **VERONICA OSBORNE**, my Opal necklace and Silver Dollar necklace, the marble top table, wall clock, the picture in the living room with the antique frame, the gold framed picture located in the den, the set of Haviland China, the king size bed, and other household items of her choice not otherwise bequeathed herein.

V.

I hereby give, devise and bequeath to my beloved granddaughter, **SHEA OSBORNE**, my white gold diamond wedding band, the set of World Book Encyclopedias (to be shared with her sister), my Double Wedding Ring quilt made by Granny Robins, and any blanket or afghan of her choice.

VI.

I hereby give, devise and bequeath to my beloved granddaughter, **KAYLA OSBORNE**, my emerald and diamond birthstone ring, the set of World Book Encyclopedias (to be shared with her sister), my Flower Garden quilt made by Granny Robins, and any blanket or afghan of her choice.

VII.

I hereby give, devise and bequeath to my beloved "adopted" granddaughter, **MADISON BAUSELL,** my Five Dollar ($5.00) Gold piece necklace and the flannel quilt made by my mother.

VIII.

I hereby give, devise and bequeath to my beloved friend, **DEBBIE STEWART,** my loveseat covered in pink velvet and my three strand pearl necklace.

IX.

If there are sufficient funds after everything has been paid, I hereby give, devise and bequeath to my beloved sister, **EDITH DUCKWORTH,**and my beloved sister-in-law **CLEO OSBORNE,** the sum of Five Thousand Dollars ($5,000.00) each, or if funds are insufficient, each to receive such equal sums of a lesser amount from available funds.

X.

I give, devise and bequeath all the rest and residue of my estate, both real and personal, to my beloved son, **STEVEN OSBORNE.**

IN WITNESS WHEREOF, I have hereunto subscribed my name to this my Last Will and Testament, consisting of four (4) pages, and for the purpose of identification, I have initialed each such page, all in the presence of the persons witnessing this my Last Will and Testament at my request on this the 4th day of December, 1997.

Opie L. Osborne
OPIE L. OSBORNE

AFFIDAVIT OF WITNESSES TO PROVE WILL

Linda A. Donoho and James L. Price, Jr., after being duly sworn according to law, depose and say:

1. That they are adult citizens of Mt. Juliet, Wilson County, Tennessee and Nashville, Davidson County, Tennessee.

2. That they witnessed the execution of the Last Will and Testament of , dated the 4th day of December, 1997, to which this affidavit is attached, and that this affidavit is being made at the request of the Testatrix, and in accordance with Tennessee Code Annotated §32-2-110.

3. That his/her signature is affixed to said Last Will and Testament, he/she signed or affixed the same at the instance and at the request of the Testatrix and in her presence, and in the presence of each other, at the place and on the date recited in said Last Will and Testament.

4. That the Testatrix signed said paper writing as and for her Last Will and Testament in their sight and presence.

5. That at the time they witnessed said will, the Testatrix was, in their opinion, of sound mind.

Linda A. Donoho

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

SWORN to and subscribed before me this 4th day of December, 1997.

NOTARY PUBLIC

My Commission Expires: 7-24-99

WILLS\osborne.LWT

The foregoing instrument was signed, published and declared by the said **OPIE L. OSBORNE, TESTATRIX,** as and for her Last Will and Testament on the day and year written in our presence and in the presence of each of us who, at her request, and in her presence, and in the presence of each other, have subscribed our names as witnesses this the 4th day of December, 1997.

WITNESSES:

Linda H. Doucho

ADDRESSES:

504 Clearwater Court
Mt. Juliet, Tn 37122

1730 1st Ave. N. Nashville Tn

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.

JAN 6 1997

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

Osborne, Landon

9606759

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT (For use by physician or institution)

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): LANDON B. OSBORNE
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): 12-28-96
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-7129
5. AGE-LAST BIRTHDAY: 68
6. UNDER 1 YEAR: Months / Days
7. UNDER 1 DAY: Hours / Min.
8. DATE OF BIRTH (Month, Day, Year): 09/27/28
9. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
10. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 1034 Fontaine Drive
9c. CITY, TOWN, OR LOCATION OF DEATH: Goodlettsville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Opie Blackwell
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Salesman
12b. KIND OF BUSINESS/INDUSTRY: Auto Parts
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Goodlettsville
13d. STREET AND NUMBER OR RURAL LOCATION: 1034 Fontaine Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37072
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): 12th; College (1-4 or 5+): 2

PARENTS

17. FATHER'S NAME (First, Middle, Last): Ernest S. Osborne
18. MOTHER'S NAME (First, Middle, Maiden Surname): Thelma Robins

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Opie Osborne
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1034 Fontaine Drive Goodlettsville, TN 37072

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): MIDDLE TENNESSEE VETERANS CEMETERY
20c. LOCATION-City or Town, State: NASHVILLE, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Tommy North
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: #4635
21c. SIGNATURE OF EMBALMER: TOMMY NORTH
21d. LICENSE NUMBER OF EMBALMER: 4636
22a. NAME AND ADDRESS OF FUNERAL HOME: Harpeth Hills , Nashville, TN 37221
22b. LICENSE NUMBER OF FUNERAL HOME: # 849

REGISTRAR

23. REGISTRAR'S SIGNATURE: Marsha H Jones
24. DATE FILED (Month, Day, Year): January 6, 1997

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 [ ] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER
25c. DATE SIGNED (Month, Day, Year)
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 [X] SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER: 21962
26c. DATE SIGNED (Month, Day, Year): 12-31-96

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): MILES J. JONES, M.D. 84 HERMITAGE AVE. NASHVILLE, TN 37210-2110 MEC96-1034

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

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	MYOCARDIAL ISCHEMIA	MINUTES
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.	THROMBOSIS CORONARY ARTERY	HOURS
DUE TO (OR AS A CONSEQUENCE OF):		
c.	CORONARY ARTERY ATHEROSCLEROSIS	YEARS
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

29a. WAS AN AUTOPSY PERFORMED? 1 [X] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [X] 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)

BIRTH NO.

PH-1659
(REV 2-93)

RDA 1399

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0106506

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Opie Louise Osborne
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): November 25, 2001
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-8200
5a. AGE-LAST BIRTHDAY (Years): 73
5b. UNDER 1 YEAR MOS. / DAYS
5c. UNDER 1 DAY HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): May 18, 1928
7. BIRTHPLACE (City and State or Foreign Country): Roan Mountain, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] 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): Skyline
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.): Accountant
12b. KIND OF BUSINESS/INDUSTRY: Nashville Schools
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Goodlettsville
13d. STREET AND NUMBER OR RURAL LOCATION: 1034 Fontaine Drive
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37072
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes O [X] No
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+): 2

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): Henry Corman Blackwell
18. MOTHER'S NAME (First, Middle, Maiden Surname): Destie Johnson

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Steven Osborne
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1034 Fontaine Drive Goodlettsville, TN 37072

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): Middle Tennessee Veterans Cemetery
20c. LOCATION-City or Town, State: Nashville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Heather Brasier
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5055
21c. SIGNATURE OF EMBALMER: ▶ Michael Illobre
21d. LICENSE NUMBER OF EMBALMER: 5353
22a. NAME AND ADDRESS OF FUNERAL HOME: Harpeth Hills Funeral Home 9090 Highway 100, Nashville, TN 37221
22b. LICENSE NUMBER OF FUNERAL HOME: 849

REGISTRAR

23. REGISTRAR'S SIGNATURE: [signature]
24. DATE FILED (Month, Day, Year): November 29, 2001

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 [ ] SIGNATURE AND TITLE OF PHYSICIAN ▶ [signature] M
25b. LICENSE NUMBER: 19128
25c. DATE SIGNED (Month, Day, Year): 11/29/01
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): William Faith, 300 Steam Plant Road, Gallatin, TN 37066 230-8070

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)

SEE INSTRUCTIONS ON OTHER SIDE

Immediate Cause (Final disease or condition resulting in death): → a. Acute Myocardial Infarction
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.
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.

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
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. 2-93

RDA 1399

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

John P. Dunn
John P. Dunn
Local Registrar

NOV 29 2001
Date Issued

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

METROPOLITAN GOVERNMENT NASHVILLE AND DAVIDSON COUNTY TENNESSEE

CERTIFICATION OF VITAL RECORD