Davidson County WILL
Recvd: 10/01/02 14:58 4pgs
Fees:22.00 Taxes:0.00
20021001-0119210

Last Will and Testament

OF

OPAL M. JARRETT

I, OPAL M. JARRETT, a resident of Davidson County, Tennessee, being of sound mind and disposing memory, do hereby make and declare this to be my Last Will and Testament, hereby revoking and cancelling any and all prior Wills and Testaments and any Codicils thereto.

ITEM ONE

I hereby direct my Executor, hereinafter named, to pay all of my just debts after my death as soon as practicable.

ITEM TWO

In the event that I predecease my husband, I give, bequeath and devise all of my property, real, personal and mixed, to my husband, John W. Jarrett, in fee simple forever.

ITEM THREE

If my husband, John W. Jarrett, does not survive me as long as six months, or if he dies as the result of a common disaster resulting in his death within six months after my death, then I direct that he shall be deemed to have predeceased me and that the provisions of my Will shall be construed upon that assumption. During the protion of such six months as my husband shall actually survive me he shall have the right to the use and enjoyment as life tenant of the real and personal property devised and bequeathed to him herein. In the event that my husband should predecease me, then I give, bequeath and devise all of my property, both real, personal and mixed, to my son, John Timothy Jarrett, Nashville, Tennessee.

ITEM FOUR

I hereby nominate and appoint my son, John Timothy Jarrett, Nashville, Tennessee, as Executor of my estate and having faith in his abilities, I hereby expressly relieve him of making bond.

In the event for some reason he cannot serve, I hereby nominate and appoint Bennie Harrell Pinckley, as Alternate Executor and, likewise, having faith in his ability, I expressly relieve him of making bond.

WITNESS my hand on this the 25th day of April 1973, at Nashville, Davidson County, Tennessee.

Opal M. Jarrett
Testatrix

This instrument consisting of two (2) typewritten pages, each bearing the signature of the above named Testatrix, was signed, sealed, declared and published by the said Testatrix as her Last Will and Testament, in the presence of us, at one and the same time, and we, at her request and in her presence and in the presence of each other, have hereunto subscribed our names as witnesses and we do hereby attest to the sound and disposing mind of said Testatrix and we hereunto subscribe our names as witnesses to the performance of the aforesaid act of execution at the place and on the date hereinabove set out.

WITNESS:

ADDRESS:

Page Two, my Last Will and Testament: Opal M. Jarrett
Opal M. Jarrett

METROPOLITAN GOVERNMENT OF
NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0205407

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): Opal Mae Jarrett
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): September 21, 2002
4. SOCIAL SECURITY NUMBER: [redacted]-6548
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 30, 1916
7. BIRTHPLACE (City and State or Foreign Country): Henderson Co., TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
8a. 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): Alive Hospice Facility
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.): Housewife
12b. KIND OF BUSINESS/INDUSTRY: Home
13a. RESIDENCE STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1136 Tuckahoe
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 No
13f. ZIP CODE: 37207
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes 0 [X] No
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): Unknown; College (1-4 or 5+):
NAME OF DECEDENT (To be filled in by physician or medical examiner)
PARENTS
17. FATHER'S NAME (First, Middle, Last): Oscar Altom
18. MOTHER'S NAME (First, Middle, Maiden Surname): Callie Roberts
INFORMANT
19a. INFORMANT'S NAME (Type/Print): John T. Jarrett
19b. RELATIONSHIP TO DECEASED: son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1038 Battery Lane Nashville TN 37220
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): Roan's Creek Church of Christ Cemetery
20c. LOCATION-City or Town, State: Parker's Crossroads, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ▸ Norris Jarrell
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 999
21c. SIGNATURE OF EMBALMER: ▸
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: Cole + Garrett Funeral Home 37072 127 N. Main Street Goodlettsville, TN
22b. LICENSE NUMBER OF FUNERAL HOME: 718
REGISTRAR
23. REGISTRAR'S SIGNATURE: ▸ Robert W. Rhodes Jr
24. DATE FILED (Month, Day, Year): September 30, 2002
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: ▸ [signature] MD
25b. LICENSE NUMBER: TN 34138
25c. DATE SIGNED (Month, Day, Year): 9-16-02
MEDICAL EXAMINER
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):
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):
SEE INSTRUCTIONS ON OTHER SIDE
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. ~~Lung~~ 38 Malignant Neoplasm of Lung
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 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be Determined 4 Homicide
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-1859 (REV. 8/99) 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

SEP 30 2002
Date Issued

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

0105028

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE 2001 038113

1 DECEDENT'S NAME (First, Middle, Last): John William Jarrett
2 SEX: Male
3 DATE OF DEATH (Month, Day, Year): September 3, 2001
4 SOCIAL SECURITY NUMBER: [redacted]4536
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): May 10, 1913
7 BIRTHPLACE (City and State or Foreign Country): Henderson County, Tennessee
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 Medical Center 0464
9c CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d COUNTY OF DEATH: Davidson
10 MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Married
11 SURVIVING SPOUSE (If wife, give maiden name): Opal Jarrett
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Minister
12b KIND OF BUSINESS/INDUSTRY: Church of Christ
13a RESIDENCE – STATE: Tennessee
13b COUNTY: Davidson
13c CITY, TOWN OR LOCATION: Nashville
13d STREET AND NUMBER OR RURAL LOCATION: 1136 Tuckahoe Dr.
TRACT
13e INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f ZIP CODE: 37207
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+): 4
17 FATHER'S NAME (First, Middle, Last): Ben Jarrett
18 MOTHER'S NAME (First, Middle, Maiden Surname): Ursula Rigsby
19a INFORMANT'S NAME (Type/Print): Opal Jarrett
19b RELATIONSHIP TO DECEASED: wife
19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1136 Tuckahoe Dr. Nashville, TN 37207
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): Roan's Creek Church of Christ Cemetery
20c LOCATION – City or Town, State: Carroll County, Tennessee
21a SIGNATURE OF FUNERAL DIRECTOR: ▶ Norris Jarrell
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 999
21c SIGNATURE OF EMBALMER: ▶ Carol Ann Manley
21d LICENSE NUMBER OF EMBALMER: 5133
22a NAME AND ADDRESS OF FUNERAL HOME: Cole & Garrett Funeral Home, 127 N. Main St. Goodlettsville, TN 37072
22b LICENSE NUMBER OF FUNERAL HOME: 718
23 REGISTRAR'S SIGNATURE: ▶ [signature]
24 DATE FILED (Month, Day, Year): September 17, 2001
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: [signature] MD
25b LICENSE NUMBER: MD 4950
25c DATE SIGNED (Month, Day, Year): 9/7/01
25a 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)
MED-EX-AMINER AND CERTIFIER
27 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr. Robert Pilkington, 3443 Dickerson Pike, Suite 350, Nashville, TN 37207

BIRTH NO _____

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 Department of Health. Alteration or erasure voids this certification.

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

Oct-01-2002

Paula Taylor
State Registrar

Date Issued

CERTIFICATION OF VITAL RECORD