FILED
2004 FEB -3 AM 9:05
RICHARD R. ROOKER, CLERK
D.C.

LAST WILL AND TESTAMENT OF JAMES OREN HARRIS

Davidson County WILL
Recvd: 11/18/04 15:41 6pgs
Fees:32.00 Taxes:0.00
20041118-0138842

I, James Oren Harris, now an adult resident citizen of the State of Tennessee, but currently residing at 142 Sweet Bay Trail, City of Petal, Forrest County, Mississippi, being of sound and disposing mind and over the age of 18, and being further mindful of the uncertainty of this life, do hereby make, publish and declare this my Last Will and Testament, intending hereby to dispose of all my estate, real, personal, and mixed of every kind and character, wheresoever situated or being, which I may own or in which I may be interested at the time of my death, and revoke all prior Wills and Codicils heretofore made by me.

Item I.

I hereby direct the payment of my just debts and funeral expenses so soon as may be conveniently done after my death.

Item II.

I hereby nominate, constitute, and appoint Joel Douglas Harris as Executor of this my Last Will and Testament. I hereby direct that my Executor be permitted to qualify and act in such capacity without the necessity of entering into bond, making an inventory, having an appraisal, or accounting to any Court. I hereby vest my legal representative with full plenary powers in the handling of my estate, including the power to sell, convey, lease or otherwise deal with any asset of my estate for such consideration and upon such terms and conditions as my legal representative may deem proper, subject to the express directives stated herein.

 J.O.H. CMT

Item III.

I hereby give, devise and bequeath unto my son, James Oren Harris, Jr., my house and the contents therein located at 533 River Rouge Drive, Nashville, Tennessee 37209, my state seal knife set and my antique gun; and to James Oren Harris, Jr.'s wife, Shearon Harris, my daughter-in-law, I hereby give, devise, and bequeath my gold plate flatware.

Item IV.

I hereby give, devise and bequeath unto my sons, Randall Keathley Harris and Joel Douglas Harris, any and all of the rest, residue, and remainder of my estate, real, personal, and mixed, of every kind and character, wheresoever situated or being, to be divided equally between them, share and share alike.

IN TESTIMONY WHEREOF, Witness My Signature in the City of Hattiesburg, Forrest County, Mississippi, in the presence of the witnesses named below, on this the 19 day of Oct., A.D., 2000.

James Oren Harris

James Oren Harris

ATTESTATION

This instrument was, on the day and year shown above, signed, published and declared by James Oren Harris to be his Last Will and Testament in our presence, and we, at his request, have subscribed our names as witnesses in his presence and in the presence of each other.

Witness Robin L. Roberts

405 Bay St
Address
Hattiesburg MS 39401
City, State & Zip Code

Claudia M. Thompson
Witness Claudia M. Thompson

11 Edinburgh Circle
Address
Hattiesburg, MS 39401
City, State & Zip Code

STATE OF MISSISSIPPI

COUNTY OF FORREST

CAME THIS DAY AND APPEARED BEFORE ME, the undersigned notary public in and for the jurisdiction aforesaid, the testator, James Oren Harris, who duly sworn, affirmed that he understands and appreciates the nature of his act, understands and appreciates the beneficiaries of his bounty and his relationship to them, is capable of determining how he desires to dispose of his property, and has published this his last will and testament in the presence of the aforesaid witnesses of his own intent and design.

WITNESS MY SIGNATURE AND SEAL, this the 19 day of October, A. D. 2000.

Notary Public

JULIANNE V. GALLAGHER NOTARY PUBLIC FORREST COUNTY, MS

My Commission Expires: MISSISSIPPI STATEWIDE NOTARY PUBLIC MY COMMISSION EXPIRES AUG. 18, 2002 BONDED THRU STEGALL NOTARY SERVICE

STATE OF MISSISSIPPI

COUNTY OF FORREST

CAME AND APPEARED BEFORE ME, the undersigned Notary Public in and for the jurisdiction aforesaid, the witnesses hereof, Robin L. Roberts and Claudia M. Thompson, who, being duly sworn, state upon oath that they, being competent witnesses under Mississippi law, personally know and have observed James Oren Harris make publication of his last will and testament, and to the best of their knowledge and belief, attest that he is at the time of said publication of sound and disposing mind, possesses sufficient mental capacity and intent to make and publish said will, and has directed them to witness said will in his presence and in the presence of each other.

WITNESS MY SIGNATURE AND SEAL, this the 19 day of October A. D. 2000.

Notary Public

My Commission Expires: MISSISSIPPI STATEWIDE NOTARY PUBLIC MY COMMISSION EXPIRES AUG. 18, 2002 BONDED THRU STEGALL NOTARY SERVICE

SUANNE GALLAGHER NOTARY PUBLIC FORREST COUNTY, MS

Prepared by:

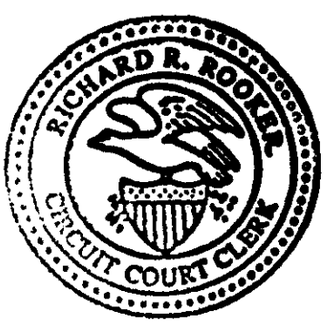
Robin L. Roberts (MSB #5596)
Attorney at Law
Post Office Box 1953
Hattiesburg, MS 39403-1953
(601) 544-0950
0870

STATE OF TENNESSEE

I, **RICHARD R. ROOKER,** Clerk of the Circuit Court for Davidson County, in the State aforesaid, do hereby certify that the foregoing is a true and correct copy of the Last Will and Testament heretofore entered in the SEVENTH Circuit Court for Davidson County, Tennessee, on the 03 day of FEBRUARY , 2004 , in the Case Number 04P224 HARRIS, JAMES OREN deceased,
as same remains of record in Vol. 5573 , Page 1396234 of the Minutes of said Court.

IN TESTIMONY WHEREOF, I hereunto subscribe my name and affix the seal of said Court, at office, in Nashville, the 18 day of NOVEMBER in the year two thousand four and in the 228th year of American Independence.

SEAL



RICHARD R. ROOKER, Clerk,

By _____ Deputy Clerk

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

"Exhibit"

TYPE OR PRINT WITH BLACK INK

FILING DATE: JAN 15 2004

CERTIFICATE OF DEATH
STATE OF MISSISSIPPI

STATE FILE NUMBER: 123 04 ST - 000405

DECEASED

1. NAME First	Middle	Last	2. SEX	3a. HOUR OF DEATH	3b. DATE OF DEATH (Month, Day, Year)
James	Oren	Harris, Sr.	Male	1756 m	January 11, 2004

4. RACE (Specify White, Black, American Indian, etc.)	5a. AGE AT LAST BIRTHDAY	ONLY IF UNDER 1 YEAR 5b. MOS	5c. DAYS	ONLY IF UNDER 1 DAY 5d. HOURS	5e. MINS	6. DATE OF BIRTH (Month, Day, Year)	7a. COUNTY OF DEATH
White	84 Years					July 22, 1919	Lamar

7b. CITY OR TOWN OF DEATH	7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location)	7d. IF IN HOSP., OR INST. SPECIFY INPT., OUTPT., EMER. RM.OR DOA	8. STATE OF BIRTH
Hattiesburg	Wesley Medical Center 32M	INPT	Tennessee

9. DECEDENT'S EDUCATION (Specify only highest grade completed)	Elem/High School (0-12)	College (1-4, 5+)	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No)
	12		Widowed		Yes

13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.)	14. SOCIAL SECURITY NUMBER	15a. USUAL OCCUPATION (Kind of work done most of working life)	15b. KIND OF BUSINESS OR INDUSTRY
American	414-03-7503	Technician	Prosthetics

16a. RESIDENCE—STATE	16b. COUNTY	16c. CITY OR TOWN	16d. INSIDE CITY LIMITS (Specify Yes or No)	16e. STREET AND NUMBER OR RURAL LOCATION
Tennessee	Davidson	Nashville	Yes	1802 Riverside Drive

For RESIDENCE items, enter actual location if home rather than mailing address

PARENTS

17. FATHER—NAME First	Middle	Last	18. MOTHER—NAME First	Middle	Maiden
Wallis	A.	Harris	Katherine		Crockett

INFORMANT

19a. INFORMANT—NAME (Type or print)	19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)
Janeil Harris	142 Sweet Bay Trail, Petal, MS 39465

DISPOSITION

20a. BURIAL, CREMATION, REMOVAL (Specify)	20b. CEMETERY, CREMATORY—NAME	20c LOCATION (City and State)	21a EMBALMER—SIGNATURE AND NUMBER
Burial	Middle TN State Veterans Cemetery	Nashville, TN	Bobby Haskew FS-45

21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER	21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)
Moore Funeral Homes, Inc. 18M	P. O. Box 2056, Hattiesburg, MS 39403

PRONOUNCEMENT

22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print)	22b. PRONOUNCED DEAD (Month, Day, Year)	22c. PRONOUNCED DEAD (Hour)
Melissa B. Roberts M.D.	ON 1/11/04	AT 1756 m.

CERTIFIER

23a. CERTIFIER—NAME (Type or print)	23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)
Melissa B. Roberts	2500 N STATE ST JACKSON MS 39216

Mississippi State Board of Health Form No. 511 Revised 1-1-89

This section to be completed by physician if NOT a medical examiner

24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE ► [signature] MD

24b. DATE SIGNED (Month, Day, Year): 1/11/04

24c. STATE LICENSE NUMBER: MS 15983

24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print): Douglas Thomas MD

This section to be completed by medical examiner ONLY

24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE ►

24f. TITLE

24g. DATE SIGNED (Month, Day, Year)

CAUSE OF DEATH

Conditions, if any, which gave rise to immediate cause stating the underlying cause last

25. PART I. DEATH CAUSED BY:		Interval between onset and death
IMMEDIATE CAUSE (Enter one cause only) (a)	Respiratory Arrest	
DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (b)	Renal Failure	
DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (c)	Congestive Heart Failure	

26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I	27. AUTOPSY (Yes or No)	28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)

Had Decedent been Pregnant Within 90 Days Prior to Death? ☐ Yes ☐ No

Use if death NOT due to natural causes	29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)	29b. DATE OF INJURY (Month, Day, Year)	29c. HOUR OF INJURY m.	29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED
	29e. INJURY AT WORK (Yes or No)	29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)	29g. LOCATION Street or route number	City or town State

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFCE

JAN 16 2004

Judy Moulder
STATE REGISTRAR

WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK.