Last Will and Testament

Unmarried Individual with One Beneficiary

I, Addie McEVANS Jackson presently residing at 913 - 35th Ave. North, Nashville, Tn. 37209 do hereby make, publish and declare this to be my Last Will and Testament and do hereby revoke any and all other Wills and Codicils heretofore made by me.

First. I am an unmarried person. I do hereby give all my estate to the following named person: Oscar R. Jackson, Jr.

Second. In the event that the said Oscar R. Jackson, Jr. shall predecese me, I give all of my estate to _____.

Third. I order and direct that my just debts and funeral expenses, expenses for administration of my estate and any inheritance and succession taxes, state or federal, upon my estate shall be paid as soon after my death as may be practical.

Fourth. I nominate and appoint Oscar R. Jackson, Jr. as Executor/ Executrix of this Will. In the event that he/she shall predecease me or fails to survive me or fails to serve as Executor/ Executrix then I nominate and appoint Melyner Lefridge Executor/ Executrix of this my Last Will and Testament. I further direct that no appointee hereunder shall be required to give any bond for the faithful performance of his/ her duties.

Fifth. I hereby authorize my Executor/ Executrix to exercise all the powers, rights, discretions, duties and immunities conferred upon fiduciaries to the extent permitted by law with full power to sell, lease, mortgage, invest, reinvest, or otherwise dispose of the assets of my estate.

I subscribe my name to this Will this 12th Day of April, 1990.

Davidson County WILL
Recvd: 04/26/05 15:02 4 pgs
Fees:22.00 Taxes:0.00
20050426-0046533

Addie McEvans Jackson
(Sign here)

Signed, sealed, published and declared to be his/her Last Will and Testament by the within named **Testator in the presence** of us, who in his/her presence and at his/her request, and in the presence of each other, have hereunto subscribed our names as witnesses this 12 day of April, 1990.

(1) Henry J. Sanders of Nashville, Tenn (City) (State)

(2) Louis A. Wilson of Nashville, Tenn. (City) (State)

(3) Peggy M. Wilson of Nashville, Tennessee (City) (State)

(4) Edna C. Sanders Nashville, TN

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Affidavit of Execution and Attestation

I sign my name to this, my Will, and being duly sworn, declare that I sign voluntarily for the purposes expressed therein, and am of lawful age, of sound mind and under no undue influence.

Mrs. Addie McEvans Jackson
(Testator)

The undersigned witnesses being duly sworn, each declares that the Testator signed this Will consisting of one page with writing on both sides thereof, at the end thereof, and on each side thereof, in our presence, and signified, published and declared in our presence that this instrument is his/her Last Will and Testament, and that at the request of and in the presence of Testator and in the presence of each other and in the presence of a Notary Public each has subscribed his/her name to this Will as witness to Testator signing this 12th day of April, 1990, and to the best of his/her knowledge Testator is of lawful age, of sound mind and under no undue influence.

(1) Henry J. Sanders residing at 911-35th Ave N, Nashville, TN

(2) Louis A. Wilson residing at 3485 Elm St Nashville, Tenn

(3) Edwin C. Sanders III residing at 3514 Geneva Circle Nashville, TN

State of Tennessee

County of Davidson City or Town Nashville

Subscribed, sworn to and acknowledged before me by the Testator Addie McEvans Jackson and Henry J. Sanders and Louis A. Wilson, and Edwin C. Sanders, III, the witnesses, this 12th day of April, 1990

(Seal)

Denise P. Sanders
(Notary Public)

My commission Expires
Sept 25, 1993

NOTARY PUBLIC AT LARGE STATE OF TENNESSEE

STATE OF TENNESSEE
Office of Vital Records

9603032

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 96 021205

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): Addie McEvans Jackson
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): June 12, 1996
4. SOCIAL SECURITY NUMBER: [redacted]-0855
5a. AGE – LAST BIRTHDAY (Years): 79
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Min.
6. DATE OF BIRTH (Month, Day, Year): 9/1/16
7. BIRTHPLACE (City and State or Foreign Country): Shaw, Mississippi
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): Cumberland Manor Nursing Home 990
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville, TN 094
9d. COUNTY OF DEATH: Davidson 19
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): Teacher
12b. KIND OF BUSINESS/INDUSTRY: Metro Schools
13a. RESIDENCE – STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 4343 Hydes Ferry Pike
13e. INSIDE CITY LIMITS? 1 ☒ Yes 2 ☐ No
13f. ZIP CODE: 37218
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No – If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☒ No
15. RACE – American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+): 5+
17. FATHER'S NAME (First, Middle, Last): Thomas McEvans
18. MOTHER'S NAME (First, Middle, Maiden Surname): Faustina Jones
19a. INFORMANT'S NAME (Type/Print): Oscar R. Jackson, Jr.
19b. RELATIONSHIP TO DECEASED: Son
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3359 Armstrong Dr. N. Macon, GA 31211
20a. METHOD OF DISPOSITION: 1 ☐ Burial 2 ☒ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Cole & Garrett Crematory
20c. LOCATION – City or Town, State: Hendersonville, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Marcus H. Gunter
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2212
21c. SIGNATURE OF EMBALMER:
21d. LICENSE NUMBER OF EMBALMER:
22a. NAME AND ADDRESS OF FUNERAL HOME: William Gunter & Sons Funeral Home, Inc. 1711 Jo Johnston Ave., Nashville, TN 37203
22b. LICENSE NUMBER OF FUNERAL HOME: 88
23. REGISTRAR'S SIGNATURE: Marsha M. Boyd
24. DATE FILED (Month, Day, Year): June 13, 1996
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: Kenneth Hickerson
25b. LICENSE NUMBER: 11486
25c. DATE SIGNED (Month, Day, Year): 6-13-96
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)
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.

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. HYPERTENSIVE CARDIOVASCULAR DZ — 20 yrs
DUE TO (OR AS A CONSEQUENCE OF):
b. CORONARY ARTERY DISEASE — 10 yrs
DUE TO (OR AS A CONSEQUENCE OF):
c. STAGE III-IV (R) HIP DECUBITUS — 4 wks
DUE TO (OR AS A CONSEQUENCE OF):
d. FAILURE TO THRIVE — 6 wks

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

4149

SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: DJD; ALZHEIMER'S DEMENTIA

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)

BIRTH NO.

PH-1659 REV. 2-93

RDA 1396

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.

Sharon M. Leinbach
STATE REGISTRAR

Date Issued Apr-26-2005

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

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

CERTIFICATE OF DEATH

88-016412

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

19098
19098-
8802219

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK

BIRTH NO.

STATE FILE NO

DECEASED—NAME: OSCAR ROBERT JACKSON, SR.

2. DATE OF DEATH (MONTH, DAY, YEAR): MAY 8, 1988

3. SEX: 4 Male

5. DATE OF BIRTH (MONTH, DAY, YEAR): AUGUST 8, 1914

6. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.): BLACK

7. ORIGIN OR DESCENT (HISPANIC, MEXICAN, PUERTO RICAN, CUBAN, ETC.): AMERICAN 06

8. AGE—LAST BIRTHDAY (YEARS): 73

9. COUNTY OF DEATH: DAVIDSON

9a. CITY, TOWN OR LOCATION: NASHVILLE

9b. INSIDE CITY LIMITS (SPECIFY YES OR NO): YES

9c. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, NURSING HOME, STREET, ETC.): HUBBARD HOSPITAL

9d. IF HOSP OR NURSING HOME, CITY/TOWN, STATE (SPECIFY):

DECEASED

10. STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY): TENNESSEE 43

11. CITIZEN OF WHAT COUNTRY: USA

12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED

13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): ADDIE McEVANS

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

14. SOCIAL SECURITY NUMBER (IF NONE, SPECIFY): 412-14-4904

15. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE): NONE

16. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): EDUCATOR N

17. KIND OF BUSINESS OR INDUSTRY: CAMERON HIGH SCHOOL L

18. RESIDENCE—STATE: TENNESSEE

18a. COUNTY: DAVIDSON

18b. CITY, TOWN, OR LOCATION: NASHVILLE

18c. STREET AND NUMBER: 913-35th Ave North

18d. INSIDE CITY LIMITS (SPECIFY YES OR NO):

18e. CENSUS TRACT NO.: 0136

PARENTS AND INFORMANT

19. FATHER—NAME: WILLIAM JACKSON

20. MOTHER—MAIDEN NAME: LIZZIE PAYTON

21. INFORMANT—NAME AND MAILING ADDRESS: ADDIE JACKSON

MIT REQUIRED PRIOR TO NSPORTATION OF BODY BY MON CARRIER OR RE-AL FROM STATE.

DISPOSITION

22. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): CREMATION

22a. DATE (MONTH, DAY, YEAR): May 10, 1988

22b. CEMETERY OR CREMATORY—NAME AND LOCATION (CITY OR TOWN, STATE): Martin's Bracey Welsh GREENWOOD CEMETERY, NASHVILLE, TENNESSEE

23. FUNERAL DIRECTOR (SIGNATURE): MARY KATHRYN PATTON

23a. LICENSE NO.: 3379

24. EMBALMER (SIGNATURE): RONALD STEWART

24a. LICENSE NO.: 3732

25. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 0185 PATTON BROTHERS FUNERAL HOME

26. REGISTRAR—SIGNATURE: Mary C. Pentecost

26a. DATE RECEIVED BY LOCAL REGISTRAR: May 11, 1988

CERTIFIER

27. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE TIME, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE: John O Kurrus, MD TITLE: DECEASED

27a. DATE SIGNED (MONTH, DAY, YEAR): 5/10/88

27b. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE: TITLE:

27c. DATE SIGNED (MONTH, DAY, YEAR):

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE. ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

27d. CERTIFIER—NAME (TYPED OR PRINTED): William L. Weaver

27e. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 100 E. D.B. Todd Blvd Nash. Tn 37208

CAUSE

28. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

IMMEDIATE CAUSE (a): Cardio respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH: 4 36

DUE TO, OR AS A CONSEQUENCE OF (b): Stroke

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO, OR AS A CONSEQUENCE OF (c):

MAY 11 AM 8 CS

PART II. OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (d).

29. AUTOPSY (YES OR NO): No

30. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):

30a. DATE OF INJURY (MONTH, DAY, YEAR):

30b. HOUR:

30c. M.

30d. DESCRIBE HOW INJURY OCCURRED:

30e. INJURY AT WORK (SPECIFY YES OR NO):

30f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (SPECIFY):

30g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):

PH-1559
Rev. 9-81 CRC

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CERTIFICATION OF VITAL RECORD