

Last Will and Testament

OF

ORAN LEE CARR, JR.

I, ORAN LEE CARR, JR., a resident of Jonesboro, Craighead County, Arkansas, being of sound and disposing mind and memory and over twenty-one years of age, do hereby make and publish this my Last Will and Testament, revoking any and all prior Wills or Codicils made by me:

1. I direct that all my just debts and funeral expenses be paid as soon as possible after my death.

2. I bequeath to my son, Paul Duane Carr, my diamond ring consisting of one karat on a yellow gold mounting.

3. All the rest and residue of my estate, including real, personal and mixed property wherever located, I give, devise and bequeath to my beloved wife, Dorcas June Hale Carr, Should my wife, Dorcas June Hale Carr, predecease me, all my estate including real, personal and mixed property wherever located, I give, devise and bequeath to my three children, Mary Doris Carr Scarbrough, Paul Duane Carr, James David Carr, share and share alike.

4. I nominate my wife, Dorcas June Hale Carr, to serve as Executrix of my Will and request that she be permitted to serve without bond, and I hereby grant unto my said wife as Executrix authority to sell, convey, mortgage, lease, rent or exchange any real or personal property that I may own at my death for such sums and on such terms as she deems reasonable, without the prior approval or confirmation of any Court having jurisdiction of my estate, if she deems such to be necessary or convenient in administering or distributing my estate, subject to the provisions and prohibitions of the Arkansas Probate Code.

5. I nominate my son, James David Carr, to serve as Executor of my Will in the event that my wife, Dorcas June Hale Carr, is unable to serve as Executrix and request that my son, James David Carr, be permitted to serve without bond, and I hereby grant unto my said son as Executor authority to sell, convey, mortgage, lease rent or exchange any real or personal property that I may own at my death for such sums and on such terms as he deems reasonable, without the prior approval or confirmation of any Court having jurisdiction or my estate, if he deems such to be necessary or convenient in administering or distributing my estate, subject to the provisions and prohibitions of the Arkansas Probate Code.

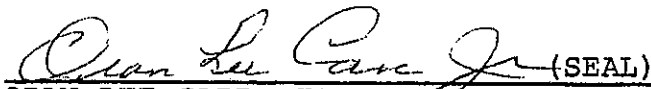
IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 7th day of November, 1974, in the presence of

Kathy Hathcoat

and

Onita Kirksey

to whom I have declared this to be my Last Will and Testament and who, in my presence and at my request, have signed as attesting witnesses.

 (SEAL)
ORAN LEE CARR, JR.

STATE OF ARKANSAS

JUL 09 2007

ARKANSAS DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Health - Vital Records
CERTIFICATE OF DEATH

TYPE PRINT IN PERMANENT BLACK INK.
FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT FOR USE BY PHYSICIAN OR INSTITUTION
SEE INSTRUCTIONS ON OTHER SIDE

PARENTS

DISPOSITION

SEE INSTRUCTIONS ON OTHER SIDE

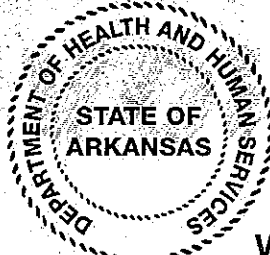
CAUSE OF DEATH

CERTIFIER

REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last) Oran Lee Carr Jr.			2. SEX Male		3. DATE OF DEATH (Month, Day, Year) June 19, 2007	
4. SOCIAL SECURITY NUMBER 432-26-3002		5a. AGE - Last Birthday (Years) 83	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Month, Day, Year) February 5, 1924	
7. BIRTHPLACE (City and State or Foreign Country) Garaway, AR						
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) No			9a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If no institution, give street and number) Quapaw Care & Rehab Center			9c. CITY, TOWN, OR LOCATION OF DEATH Hot Springs		9d. COUNTY OF DEATH Garland	
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed		11. SURVIVING SPOUSE (If wife, give maiden name) N/A		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Distributor		12b. KIND OF BUSINESS/INDUSTRY Retail Sales
13a. RESIDENCE - STATE Arkansas		13b. COUNTY Craighead	13c. CITY, TOWN, OR LOCATION Jonesboro		13d. STREET AND NUMBER 3202 Baswell	
13e. INSIDE CITY LIMITS? (Yes or No) Yes	13f. ZIP CODE 72402	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify		15. RACE - American Indian, Black, White, etc. (Specify) White	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) 12	
17. FATHER'S NAME (First, Middle, Last) Oran Lee Carr Sr.			18. MOTHER'S NAME (First, Middle, Maiden Surname) Betty Jane Howard			
19a. INFORMANT'S NAME (Type/Print) James D. Carr			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 105 Wyatt Cove, Hot Springs, AR 71913			
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)						
20b. DATE OF DISPOSITION (Month, Day, Year) June 23, 2007		20c. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Jonesboro Memorial Park Cemetery		20d. LOCATION - City or Town, State Jonesboro, Arkansas		
21a. SIGNATURE OF EMBALMER <i>[Signature]</i>		21b. LICENSE NUMBER 2146	22a. NAME AND ADDRESS OF FUNERAL HOME Gregg Funeral Home 300 W. Matthews St. Jonesboro, AR		22b. LICENSE NUMBER 112	
23. 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 renal failure. Use only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Cardiopulmonary arrest seconds Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST b. Coronary artery disease months c. Hypertension years anemia months						
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			24. WAS AN AUTOPSY PERFORMED? (Yes or No)		25. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)	
26. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Pending Investigation			27. DATE OF INJURY (Month, Day, Year)	28. TIME OF INJURY M	29. INJURY AT WORK? (Yes or No)	
30. DESCRIBE HOW INJURY OCCURRED.			31. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)			
32. LOCATION (Street and Number or Rural Route Number, City or Town, State)			33. TIME OF DEATH M			
34. DATE PRONOUNCED DEAD (Month, Day, Year) 6/19/2007		35. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or No) Yes				
36. MEDICAL EXAMINER or CORONER Only On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place and due to the cause(s) and manner as stated. Signature and Title → <i>[Signature]</i>			37. DATE SIGNED (Month, Day, Year) 7/2/07		38. DATE SIGNED (Month, Day, Year) 7/2/07	
39. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Type/Print) Hosam Kamel, MD, MSPH 105 Wyatt Lane, Smtc 405 Hot Springs			40. REGISTRAR'S SIGNATURE <i>[Signature]</i> Michael A. Adams			
41. REGISTRAR'S SIGNATURE			42. DATE FILED (Month, Day, Year) JUL 09 2007			

VR-2 (01/06)



THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.

JUL 09 07

Michael A. Adams
State Registrar

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

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VR-112

Last Will and Testament

OF

DORCAS JUNE HALE CARR

I, DORCAS JUNE HALE CARR, a resident of Jonesboro, Craighead County, Arkansas, being of sound and disposing mind and memory and over twenty-one years of age, do hereby make and publish this my Last Will and Testament, revoking any and all prior Wills and Codicils made by me:

1. I direct that all my just debts and funeral expenses be paid as soon as possible after my death.

2. I bequeath to my daughter, Mary Doris Carr Scarbrough, my ladies diamond ring consisting of two diamond settings on a white gold mounting.

3. All the rest and residue of my estate, including real, personal and mixed property wherever located, I give, devise and bequeath to my beloved husband, Oran Lee Carr, Jr. Should my husband Oran Lee Carr, Jr., predecease me, all of my estate including real, personal and mixed property wherever located, I give, devise and bequeath to my three children, Mary Doris Carr Scarbrough, Paul Duane Carr, James David Carr, share and share alike.

4. I nominate my Husband, Oran Lee Carr, Jr., to serve as Executor of my Will and request that he be permitted to serve without bond, and I hereby grant unto my said husband as Executor authority to sell, convey, mortgage, lease, rent or exchange any real or personal property that I may own at my death for such sums and on such terms as he deems reasonable, without the prior approval or confirmation of any Court having jurisdiction of my estate, if he deems such to be necessary or convenient in administering or distributing my estate, subject to the provisions and prohibitions of the Arkansas Probate Code.

5. I nominate my son James David Carr, to serve as Executor of my Will in the event that my husband, Oran Lee Carr, Jr., is unable to serve as executor and request that my son, James David Carr, be permitted to serve without bond, and I hereby grant unto my said son as Executor authority to sell, convey, mortgage, lease rent or exchange any real or personal property that I may own at my death for such sums and on such terms as he deems reasonable, without the prior approval or confirmation of any Court having jurisdiction or my estate, if he deems such to be necessary or convenient in administering or distributing my estate, subject to the provisions and prohibitions of the Arkansas Probate Code,

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 7th day of November, 1974, in the presence of

Kathy Hathcoat and Onita Kirksey,

to whom I have declared this to be my last Will and Testament and who, in my presence and at my request, have signed as attesting witnesses.

Dorcias June Hale Carr (SEAL)

STATE OF ARKANSAS

ARKANSAS DEPARTMENT OF HEALTH Division of Vital Records CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT - use of physician/institution

DECEDENT

SEE INSTRUCTIONS ON OTHER SIDE

PARENTS

INFORMANT

DISPOSITION

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last) Dorcas June Carr			2. SEX Female	3. DATE OF DEATH (Month, Day, Year) June 7, 2004	
4. SOCIAL SECURITY NUMBER 431-28-3952	5a. AGE - Last Birthday (Years) 80	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Month, Day, Year) November 13, 1923	7. BIRTHPLACE (City and State of Foreign Country) Grubbs, Arkansas
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) No		9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> ER Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: _____ Nursing Home - Residence			
9b. FACILITY NAME (If not institution, give street and number) St. Bernards Medical Center		9c. CITY, TOWN, OR LOCATION OF DEATH Jonesboro		9d. COUNTY OF DEATH Craighead	
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Oran Lee Carr, Jr.	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Assembler		12b. KIND OF BUSINESS/INDUSTRY Small Motor Manufacturing	
13a. RESIDENCE - STATE Arkansas	13b. COUNTY Craighead	13c. CITY, TOWN, OR LOCATION Jonesboro	13d. STREET AND NUMBER 3202 Baswell		
13e. INSIDE CITY LIMITS? (Yes or No) Yes	13f. ZIP CODE 72401	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15. RACE - American Indian, Black, White, etc. (Specify) White	16. DECEDENT'S EDUCATION (Specify only highest grade completed) 12
17. FATHER'S NAME (First, Middle, Last) Virgil Cecil Hale			18. MOTHER'S NAME (First, Middle, Maiden Surname) Ethel Lula Nance		
19a. INFORMANT'S NAME (Type/Print) Oran Lee Carr, Jr.			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3202 Baswell, Jonesboro, Arkansas 72401		
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)					
20b. DATE OF DISPOSITION (Month, Day, Year) June 9, 2004		20c. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Jonesboro Memorial Park Cemetery		20d. LOCATION - City or Town, State Jonesboro, Arkansas	
21a. SIGNATURE OF EMBALMER <i>Lee Muffan</i>	21b. LICENSE NUMBER 1306	22. NAME AND ADDRESS OF FUNERAL HOME Gregg Funeral Home, Inc. P.O. Drawer 1850, Jonesboro, AR 72403		22b. LICENSE NUMBER 112	
23. PART I. Enter the disease, 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cerebrovascular accident (non-hemorrhagic) 6 days 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. _____ c. _____					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I			24. WAS AN AUTOPSY PERFORMED? (Yes or No) NO	25. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)	
26. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Pending Investigation			27. DATE OF INJURY (Month, Day, Year)	28. TIME OF INJURY M	29. INJURY AT WORK? (Yes or No)
30. DESCRIBE HOW INJURY OCCURRED					
31. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)			32. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
33. TIME OF DEATH 7:55 AM	34. DATE PRONOUNCED DEAD (Month, Day, Year) June 6/7/04	35. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONERY? (Yes or No) NO			
36. MEDICAL EXAMINER or CORONER Only On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) and manner as stated. Signature and Title <i>[Signature]</i>			37. DATE SIGNED (Month, Day, Year) June 6/9/04		
38. CERTIFYING PHYSICIAN or REGISTERED NURSE (Nurse only) On the basis of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. Signature and Title <i>[Signature]</i>			39. DATE SIGNED (Month, Day, Year) 6/9/04		
40. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Type/Print) Craig A. McDaniel, M.D. 2205 W Parker Road, Jonesboro AR 72404					
41. REGISTRAR'S SIGNATURE <i>[Signature]</i>			42. DATE FILED (Month, Day, Year) June 25, 2004		

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THE ARKANSAS DEPARTMENT OF HEALTH.

REV 6.95 VR-2



JUN 25 2004

Michael A. Adams
State Registrar

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VR-112