AFFIDAVIT OF HEIRSHIP

This statement is to affirm that the affiant, Linda Payne Bryson, is the sole heir to the estate of Homer D. Payne and Lucille L. Payne, deceased.

Linda Payne Bryson
Affiant

Jeannie Bell
Witness

Kenneth G. Hodge
Witness

State of Mississippi

County of DeSoto

Subscribed and sworn to before me, in my presence, this 13 day of November 1981, a notary public in and for the county of DeSoto, Mississippi.

Carol H. Clavin
Notary Public

My Commission Expires April 4, 1984

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Lot Twenty Eight (28), Section A, Southaven Subdivision, in Section 14, Township 1, Range 8, and shown on the plat of said Subdivision which is recorded in Plat Book 2, Pages 4 and 5, in the office of the Chancery Clerk of DeSoto County, Mississippi.

Also known as 1527 Town & Country Drive, Southaven, Mississippi 38671.

Former property of Homer D. Payne, deceased as of 12/30/78 and wife Lucille Payne, deceased as of 6/10/81.

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

BIRTH NO. _____ STATE FILE NO.

1. DECEASED—NAME (FIRST, MIDDLE, LAST): HOMER D PAYNE
2. DATE OF DEATH (MONTH, DAY, YEAR): 12/30/78
3a. AGE—LAST BIRTHDAY (YEARS): 54
3b. UNDER 1 YEAR: MOS. / DAYS
3c. UNDER 1 DAY: HOURS / MIN.
4. DATE OF BIRTH (MONTH, DAY, YEAR): 2/8/24
5. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)): WHITE
6. SEX: MALE
7a. COUNTY OF DEATH: SHELBY
7b. CITY, TOWN OR LOCATION: MEMPHIS
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): YES
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN HOSPITAL, GIVE STREET OR R.F.D. NO., CITY OR TOWN, STATE): BAPTIST MEMORIAL HOSPITAL
7e. IF HOSP. OR INST. INDICATE OF A. OPTIONAL (OUTPATIENT OR INPATIENT): INPATIENT
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): MISSISSIPPI
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): LUCILLE LEACH
12a. SOCIAL SECURITY NUMBER (IF NONE, SPECIFY): 427 28 8495
12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR PEACE SERVICE): WWII
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): FORK LIFT OPERATOR
13b. KIND OF BUSINESS OR INDUSTRY: GORDON'S TRANSPORT
14a. RESIDENCE—STATE: MISSISSIPPI
14b. COUNTY: DESOTO
14c. CITY, TOWN, OR LOCATION: SOUTHAVEN
14d. STREET AND NUMBER: 1527 TOWN & COUNTRY
14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): YES
14f. CENSUS TRACT NO.:
15. FATHER—NAME: CLIFTON L. PAYNE
16. MOTHER—MAIDEN NAME: RUTH
17. INFORMANT—NAME: MRS. LUCILLE PAYNE
MAILING ADDRESS: SAME AS ABOVE
18a. BURIAL, CREMATION, REMOVAL, OTHER: BURIAL
18b. DATE (MONTH, DAY, YEAR): 1/2/79
18c. CEMETERY OR CREMATORY—NAME: FOREST HILL SOUTH
18d. LOCATION (CITY OR TOWN, STATE): MEMPHIS, TENNESSEE
19a. FUNERAL DIRECTOR (SIGNATURE): John L. Dolan
19b. LICENSE NO.: 871
19c. EMBALMER (SIGNATURE): John L. Dolan
19d. LICENSE NO.: 1640
20a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): MEMPHIS FUNERAL HOME 1177 UNION MEMPHIS,
20b. REGISTRAR—SIGNATURE: Wilma DeShazo Deputy
21b. DATE RECEIVED BY LOCAL REGISTRAR: 1/11/79
22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE: Claude Ledes MD DEGREE
22b. DATE SIGNED (MONTH, DAY, YEAR): 1/5/79
23a. 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
23b. DATE SIGNED (MONTH, DAY, YEAR):
24a. CERTIFIER—NAME (TYPE OR PRINT): Claude P. Ledes, M. D.
24b. MAILING ADDRESS (STREET OR R.F.D. NO.): 920 Madison
CITY OR TOWN: Memphis, TEnnessee
STATE:
ZIP: 38103

25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Metastatic Cancer to Liver — 6 months

DUE TO, OR AS A CONSEQUENCE OF: (b) Metastatic Malignant Melanoma — 18 months

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

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

26. AUTOPSY (YES OR NO): NO

27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
27b. DATE OF INJURY (MONTH, DAY, YEAR):
27c. HOUR: M.
27d. DESCRIBE HOW INJURY OCCURRED:
27e. INJURY AT WORK (SPECIFY YES OR NO):
27f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY):
27g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):

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CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

BIRTH NO. _____ STATE FILE NO.

1. DECEASED—NAME: LUCILLE PAYNE
2. DATE OF DEATH (MONTH, DAY, YEAR): JUNE 10, 1981
3a. AGE—LAST BIRTHDAY (YEARS): 55
3b. UNDER 1 YEAR: MOS. DAYS
3c. UNDER 1 DAY: HOURS MIN.
4. DATE OF BIRTH (MONTH, DAY, YEAR): MARCH 2, 1926
5. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY): WHITE
6. SEX: FEMALE
7a. COUNTY OF DEATH: SHELBY
7b. CITY, TOWN OR LOCATION: MEMPHIS
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): YES
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.): BAPTIST HOSPITAL-CENT.
7e. IF HOSP. OR INST. INDICATE WHETHER OP/Emer., Pri., Inpatient (Specify): Inpatient
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Mississippi
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME):
12a. SOCIAL SECURITY NUMBER (IF NONE, SPECIFY): 427-30-1912
12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE):
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Homemaker
13b. KIND OF BUSINESS OR INDUSTRY:
14a. RESIDENCE—STATE: Mississippi
14b. COUNTY: DeSoto
14c. CITY, TOWN, OR LOCATION: Southaven
14d. STREET AND NUMBER: 1527 Town & Country
14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14f. CENSUS TRACT NO.: NR
15. FATHER—NAME: John Dickson
16. MOTHER—MAIDEN NAME: Fannie Humphreys
17. INFORMANT—NAME: Linda Bryson
MAILING ADDRESS: 588 Christy Brook Southaven, MS 38671
18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): BURIAL
18b. DATE (MONTH, DAY, YEAR): 6-13-81
18c. CEMETERY OR CREMATORY—NAME: FOREST HILL-SO.
18d. LOCATION CITY OR TOWN: MEMPHIS STATE: TN
19a. FUNERAL DIRECTOR (SIGNATURE): [signature]
19b. LICENSE NO.: 2902
19c. EMBALMER (SIGNATURE): [signature]
19d. LICENSE NO.: 3357
20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): FOREST HILL FUNERAL HOME - SOUTH 2545 E. HOLMES ROAD, MEMPHIS, TN 38118
21a. REGISTRAR—SIGNATURE: [signature]
21b. DATE RECEIVED BY LOCAL REGISTRAR: 6/15/81
22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE: [signature] DEGREE: MD
22b. DATE SIGNED (MONTH, DAY, YEAR): 6/15/81
23a. 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:
23b. DATE SIGNED (MONTH, DAY, YEAR):
24a. CERTIFIER—NAME (TYPE OR PRINT): Claude Ledesma M.D.
24b. MAILING ADDRESS STREET OR R.F.D. NO.: 910 Madison CITY OR TOWN: Memphis STATE: Tenn. ZIP: 03
25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) — INTERVAL BETWEEN ONSET AND DEATH
(a) IMMEDIATE CAUSE: Metastatic Adenocarcinoma lung primary — one year
DUE TO, OR AS A CONSEQUENCE OF:
(b)
DUE TO, OR AS A CONSEQUENCE OF:
(c)
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)
26. AUTOPSY (YES OR NO): NO
27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
27b. DATE OF INJURY (MONTH, DAY, YEAR):
27c. HOUR: M.
27d. DESCRIBE HOW INJURY OCCURRED:
27e. INJURY AT WORK (SPECIFY YES OR NO):
27f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (SPECIFY):
27g. LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE

STATE OF MISSISSIPPI, DESOTO COUNTY

I certify that the within instrument was filed for record at 10 o'clock 30 minutes A.M. 16 day of Nov. 1981, and that the same has been recorded in Book 156 Page 433 records of WARRANTY DEEDS of said County.

Witness my hand and seal this the 18 day of Nov. 1981.

Fee 4.50 pd.

[signature] Clerk