

STATE MS.-DESOTO CO. FILED

APR 21 9 32 AM '94

BK 269 PG 623
W.E. DAVIS CH. CLK.

WILMA K. ROSE)	GRANTOR(S)
TO)	WARRANTY DEED
WILMA K. ROSE)	GRANTEE(S)

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable consideration, the receipt and sufficiency of all of which is hereby acknowledged, I, WILMA K. ROSE, a widow, do hereby sell, convey and warrant unto myself,

WILMA K. ROSE, A FEMME SOLE

a tract of land which is located in the State of Mississippi, and situated in the County of Desoto, and is more particularly described as follows, to-wit:

Lot 1-A, Britt Subdivision, First Revision, Final Plat, situated in Section 20, Township 2 South, Range 6 West, DeSoto County, Mississippi as per plat recorded in Plat Book 17, Page 50, Chancery Clerk's Office, DeSoto County, Mississippi

By way of explanation, the Grantor/Grantee herein is the owner of this property by operation of law due to the tenants by the entirety with right of survivorship provision of the deed recorded at Deed Book 167 at page 275 as recorded in the land records of DeSoto County, Mississippi. Harley E. Rose died on the 6th day of February, 1994, and a copy of the death certificate is attached hereto as Exhibit "A" and is incorporated by reference herein. The Grantor/Grantee files this deed for the purpose of clarifying ownership of the property.

The warranty in this deed is subject to subdivision and zoning regulations in effect for Desoto County, Mississippi and to easements for public roads and public utilities of record for Desoto County, Mississippi. Taxes are assumed by the Grantor/Grantee.

WITNESS MY SIGNATURE THIS 15 DAY OF APRIL, 1994.

Wilma K. Rose
WILMA K. ROSE, GRANTEE

STATE OF MISSISSIPPI
COUNTY OF DESOTO

PERSONALLY APPEARED before me, the undersigned authority in and for the jurisdiction aforesaid, the within named, WILMA K. ROSE, who acknowledged that she signed and delivered the above and foregoing Warranty Deed on the date and year shown thereon as her free and voluntary act for the purposes therein expressed.

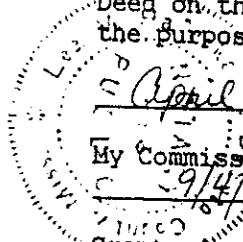
GIVEN UNDER my hand and seal of office, this the 15th day of April, 1994.

My Commission Expires: 9/4/94

Lea Vann Hagerkaup
NOTARY PUBLIC

Grantor's and Grantee's address: 7660 Bethel Road, Olive Branch, MS 38654
H #: (601) 895-6856 W #: None

Prepared by and return to: Wallace C. Anderson
P.O. Box 64, Olive Branch, Mississippi
38654 (601) 895-4390



PRINT IN ANY INK OR ACTIONS IN BOOK

1. DECEDENT'S NAME (First, Middle, Last) Harley Everett Rose		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) February 6, 1994
4. SECURITY NUMBER 9016	5a. AGE - LAST BIRTHDAY (Years) 68	5b. DATE OF BIRTH (Month, Day, Year) May 31, 1925	7. BIRTHPLACE (City and State or Foreign Country) Drummonds, TN
8. PLACE OF DEATH (Check only one) 8a. <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)			
9a. FACILITY NAME (If not institution, give street and number) St. Francis Hospital		9b. CITY, TOWN, OR LOCATION OF DEATH Memphis	
9c. COUNTY OF DEATH Shelby			
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Wilma Key	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Bus Driver	12b. KIND OF BUSINESS/INDUSTRY Transportation
13a. RESIDENCE - STATE Mississippi	13b. COUNTY DeSoto	13c. CITY, TOWN OR LOCATION Olive Branch	13d. STREET AND NUMBER OR RURAL LOCATION 7660 Bethel Road
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13f. ZIP CODE 38654	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15. RACE - American Indian, Black, White, etc. (Specify) White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8		16. DECEDENT'S EDUCATION (Specify only highest grade completed) College (1-4 or 6+)	
17. FATHER'S NAME (First, Middle, Last) Lofton Paul Rose		18. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Joyner	
19a. INFORMANT'S NAME (Type/Print) Wilma Rose		19b. RELATIONSHIP TO DECEASED Wife	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7660 Bethel Rd., Olive Branch, MS 38654
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Helen Crigger Cemetery	
20c. LOCATION - City or town, State Munford, TN		21a. SIGNATURE OF FUNERAL DIRECTOR James L. Wray	
21b. LICENSE NUMBER OF FUNERAL DIRECTOR FS387		21c. SIGNATURE OF EMBALMER James L. Wray	
21d. LICENSE NUMBER OF EMBALMER FS387		22a. NAME AND ADDRESS OF FUNERAL HOME Brantley Funeral Home 6875 Cockrum St., Olive Branch, MS 38654	
22b. LICENSE NUMBER OF FUNERAL HOME FE117		23. REGISTRAR'S SIGNATURE Patti Moore	
23. REGISTRAR'S SIGNATURE Patti Moore		24. DATE FILED (Month, Day, Year) FEB 18 1994	
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. <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN Russell Proctor MD			
25b. LICENSE NUMBER MD8647		25c. DATE SIGNED (Month, Day, Year) 2/14/94	
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. <input type="checkbox"/> 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) Dr. Russell Proctor, 6005 Park Ave., Suite 408, Memphis, TN 38119			
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.			
IMMEDIATE CAUSE (Final disease or condition resulting in death) →		Approximate Interval Between Onset and Death	
a. Myocardial Failure		6 hrs	
b. Submassive Infarction		3 yrs	
c. _____		_____	
d. _____		_____	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Cor Pulmonale			
29a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No		29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
30. MANNER OF DEATH 1 <input type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 7 <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year)	31b. TIME OF INJURY
31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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)	

PHYSICIAN OR MEDICAL EXAMINER EXAMINING COMPLETE AND MEDICAL CERTIFICATE WITHIN 48 HOURS

INSTRUCTIONS ON OTHER SIDE

1669 1/89

EXHIBIT "A"