

Dec 30 10 05 AM '94

WARRANTY DEED

STATE OF MISSISSIPPI
COUNTY OF DESOTO

BK 280 PG 89
W.E. DAVIS CH. CLK.
N. Graham

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 all of which is hereby acknowledged, I, JOAN SHELTON, surviving spouse of James R. Shelton, do hereby sell, convey and warrant unto SHELTON LAND CO., INC., an Arkansas Corporation, the land lying and being situated in DeSoto County, Mississippi, more particularly described as follows:

Sixty (60) acres being generally described as the middle 60 acres of the South 100 acres of the Southwest Quarter of Section Twenty Nine (29), Township Two (2), Range Eight (8) West, and being particularly described as beginning at a point in the South line of said Section, 32 rods East of the Southwest corner of the Southwest Quarter; running thence East along the South section line 96 rods to a stake; thence North 100 rods to a stake; thence West 96 rods to a stake; thence South 100 rods to the point of beginning.

The warranty in this deed is subject to subdivision and zoning regulations in effect in DeSoto County, Mississippi, and to rights-of-way and easements for public roads and public utilities.

Taxes for the year 1994 are to be paid by Grantor.

The Grantor warrants that the above-described property constitutes no part of her homestead.

INDEXING INSTRUCTION:

Quarter Section	Section	Township	Range
SW 1/4	29	2 South	8 West

WITNESS my signature this the 28th day of December, 1994.



JOAN SHELTON

CERTIFICATE OF DEATH

STATE FILE NUMBER 164644

TYPE / PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last) James R. Shelton
2. SEX M
3. DATE OF DEATH (Month, Day, Year) 2-20-1993
4. SOCIAL SECURITY NUMBER [REDACTED]
5a. AGE - LAST BIRTHDAY (Years) 70yrs.
6. DATE OF BIRTH (Month, Day, Year) 11-27-1922
7. BIRTH PLACE (City, State or Foreign Country) Henderson Tennessee
8. PLACE OF DEATH (Check only one) 1 Inpatient
9a. FACILITY NAME (If not institution, give street and number) Memphis Methodist Center Hospital
9b. CITY, TOWN, OR LOCATION OF DEATH Memphis Tennessee
9c. COUNTY OF DEATH Shelby
10. MARITAL STATUS - Married
11. SURVIVING SPOUSE (If wife, give maiden name) Joan Milligan
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Medical Doctor
12b. KIND OF BUSINESS/INDUSTRY Health care
13a. RESIDENCE - STATE Arkansas
13b. COUNTY Cleburne
13c. CITY, TOWN OR LOCATION Heber Springs
13d. STREET AND NUMBER OR RURAL LOCATION 849 Stony Ridge Rd.
14. WAS DECEDENT OF HISPANIC ORIGIN? No
15. RACE - American Indian, Black, White, etc. White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) 8yrs.
17. FATHER'S NAME (First, Middle, Last) Albert S. Shelton
18. MOTHER'S NAME (First, Middle, Maiden Surname) Annie Lee Coleman
19a. INFORMANT'S NAME (Type/Print) Jo Shelton
19b. RELATIONSHIP TO DECEASED wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 849 Stony Ridge Rd. Heber Springs AR 72543
20a. METHOD OF DISPOSITION 3 Removal from State
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Cleburne County Memorial Gardens
20c. LOCATION - City or Town, State Heber Springs Arkansas
21a. SIGNATURE OF FUNERAL DIRECTOR [Signature]
21b. LICENSE NUMBER OF FUNERAL DIRECTOR 1724
21c. SIGNATURE OF EMBALMER [Signature]
21d. LICENSE NUMBER OF EMBALMER 4204
22a. NAME AND ADDRESS OF FUNERAL HOME Olmstead Funeral Home Inc. 601 W. Main St. Heber Springs Ar 72543
22b. LICENSE NUMBER OF FUNERAL HOME
23. REGISTRAR'S SIGNATURE [Signature]
24. DATE FILED (Month, Day, Year) MAR 09 1993
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.
25b. SIGNATURE AND TITLE OF PHYSICIAN [Signature]
25c. LICENSE NUMBER MD013458
25d. DATE SIGNED (Month, Day, Year) 3/4/93
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.
26b. SIGNATURE AND TITLE OF MEDICAL EXAMINER [Signature]
26c. LICENSE NUMBER
26d. DATE SIGNED (Month, Day, Year)
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) K. Blake Ragsdale, M.D. 1325 Eastmoreland Ave. Suite 260 Mphs, TN 38104
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) Cardiac Arrest
DUE TO (OR AS A CONSEQUENCE OF) Coronary Artery Disease
Sequently list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
28b. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 15 min
28c. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 24h
29a. WAS AN AUTOPSY PERFORMED? No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? No
30. MANNER OF DEATH 1 Natural
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
31c. INJURY AT WORK? 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)

NAME OF CLERK OR REGISTRAR For use by physicians or registrars

DECEDENT

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

CAUSE OF DEATH

PHYSICIAN OR MEDICAL EXAMINER EXEMPTING CERTIFICATE MUST BE COMPLETE AND ON MEDICAL CERTIFICATION WITHIN 48 HOURS

SEE INSTRUCTIONS ON OTHER SIDE

BIRTH NO.

Book 280 page 91-A

MEMPHIS & SHELBY COUNTY HEALTH DEPARTMENT-814 JEFFERSON AVE., MEMPHIS, TENNESSEE

THIS IS TO CERTIFY that this is a true and correct copy of the record filed with the Tennessee Vital Records by the Memphis & Shelby County Health Department.

SEAL

Date Issued

MAR 09 1993

by

Robert Stolarick

Robert Stolarick, Registrar
Vital Records Section

W

pas 7.00

Reed, Irwin & Tilley
(envelope)