

# WARRANTY DEED

For good, legal and valuable consideration, receipt of all of which is hereby acknowledged, and for such specific consideration as is set forth below, GRANTOR hereby grants and conveys to GRANTEES all right, title and interest in the real property hereinafter described.

GRANTOR hereby covenants with, and warrants to, GRANTEES that she has fee title to the property listed herein, that she has the right to sell and convey said property, that the property is unencumbered except as listed below, and that the title and quiet possession will forever be defended against the lawful claims of all persons.

GRANTEES, their heirs, successors and assigns, are to have and hold the property listed herein together with all appurtenances and hereditaments of GRANTOR, in fee simple forever.

GRANTORS: Mary Margaret Berry, a widow, who acquired title as a tenant in common with Marion E. Berry, who passed away on June 22, 1982, a copy of the death certificate is attached as Exhibit "A" to this deed.

Mary Margaret Berry was the sole heir of Marion E. Berry. Affidavit as to Heirs is attached as Exhibit "B" to this deed.

GRANTEES: James G. Wilson and Erline C. Wilson, as tenants by the entirety with full right of survivorship and not as tenants in common

SPECIFIC CONSIDERATION:

The sum of Ten Dollars (\$10.00).

STATE OF MISSISSIPPI  
MAR 23 10 21 AM '95

LEGAL DESCRIPTION:

State: Mississippi

County: DeSoto

BK 283 PG 114  
W.F. DAVIS CH. CLK.  
By: P. Stanley PC

Lot 3, Revised, Section "A", Southaven Subdivision, in Section 14, Township 1 South, Range 8 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 2, Pages 4-5, in the office of the Chancery Clerk of DeSoto County, Mississippi.

Street Address:  
9045 Moss Point, Southaven, Mississippi 38671

EXISTING ENCUMBRANCES:

Grantees take title subject to the following encumbrances: all those of record

POSSESSION: Grantees are entitled to possession of the property as follows: Possession is to be given on or before March 26, 1995.

DATE OF EXECUTION: 21<sup>st</sup> day of March, 1995

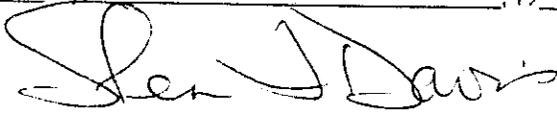
*Mary Margaret Berry*  
MARY MARGARET BERRY

Initial: MB-3-21-95

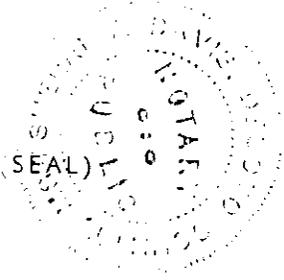
STATE OF MISSISSIPPI  
COUNTY OF DESOTO

PERSONALLY appeared before me, the undersigned authority of law in and for this jurisdiction, the within named MARY MARGARET BERRY, who acknowledged signature and delivery of the above and foregoing instrument on the day and year therein mentioned.

Given under my hand and official seal of office this the 21<sup>st</sup> day of March, 1995.



SHERRI T. DAVIS, Notary Public



My Commission Expires: March 18, 1996

Grantors' Address:  
7612 Iris Drive  
Southaven, MS 38671  
Home: (601) 393-7814  
Work: none

Grantees' Address:  
9045 Moss Point  
Southaven, MS 38671  
Home: (601) 895-5162  
Work: (601) 895-5596

PREPARED BY AND, AFTER RECORDING, RETURN TO THE OFFICE OF:  
CHRISTIAN GOELDNER  
ATTORNEY AT LAW  
PROFESSIONAL ASSOCIATION  
P. O. BOX 1468  
SOUTHAVEN, MISSISSIPPI 38671-1468  
(601) 342-7700

Initial: MB 3-21-95

# STATE OF MISSISSIPPI

MISSISSIPPI STATE BOARD OF HEALTH  
OFFICE OF PUBLIC HEALTH STATISTICS

## VITAL RECORDS CERTIFICATE OF DEATH

STATE FILE NUMBER **123-**

1. DECEASED—NAME First Middle Last <b>MARION EDWARD BERRY</b>		2. SEX <b>MALE</b>	3. DATE OF DEATH (Month, Day, Year) <b>JUNE 22, 1982</b>
4. RACE (Specify White, Black, American Indian, etc.) <b>WHITE</b>	5. AGE AT LAST BIRTHDAY Years Months Days <b>FEB. 5, 1917</b>	6. DATE OF BIRTH (Month, Day, Year) <b>JUNE 22, 1917</b>	
7a. CITY OR TOWN OF DEATH <b>SOUTHAVEN</b>	7c. HOSPITAL OR OTHER INSTITUTION—NAME AND NUMBER (If not in either, give street address, route number, or other location) <b>RESIDENCE 9045 MOSS POINT DRIVE</b>		7d. IF IN HOSP. OR INST. SPECIFY INPT. DEPT., EMER. RM., OR DOA <b>RESIDENCE</b>
8. STATE OF BIRTH <b>TENNESSEE</b>	9. CITIZEN OF WHAT COUNTRY <b>USA</b>	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>MARY MARGARET McCORD</b>
13. ORIGIN OR DESCENT (Specify German, Cuban, Afro-American, Mexican, etc.) <b>AMERICAN</b>	14. SOCIAL SECURITY NUMBER <b>6117 A</b>	15a. USUAL OCCUPATION (Kind of work done most of working life) <b>RETIRED SUPERVISOR</b>	15b. KIND OF BUSINESS OR INDUSTRY <b>TRUCKING COMPANY</b>
16a. RESIDENCE—STATE <b>MISSISSIPPI</b>	16b. COUNTY <b>DESOTO</b>	16c. CITY OR TOWN <b>SOUTHAVEN</b>	16d. INSIDE CITY LIMITS (Specify Yes or No) <b>YES</b>
17. FATHER—NAME First Middle Last <b>JOSEPH M. BERRY</b>		18. MOTHER—NAME First Middle Maiden <b>JOSIE STEPHENS</b>	
19a. INFORMANT—NAME (Type or print) <b>MRS. MARY M. BERRY</b>		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>9045 MOSS POINT DRIVE SOUTHAVEN, MISS.</b>	
20a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	20b. CEMETERY, CREMATORY—NAME <b>FOREST HILL MIDTOWN</b>	20c. LOCATION (City and State) <b>MEMPHIS, TENNESSEE</b>	21a. EMBALMER—SIGNATURE AND NUMBER <b>D Hamlin 3395</b>
21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER <b>MEMPHIS FUNERAL HOME</b>		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>1177 UNION MEMPHIS, TENNESSEE</b>	
22a. CERTIFIER—NAME (Type or print) <b>Roger James Coram</b>		22b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP Code) <b>Memphis, Mo 38632</b>	
23a. To the best of my knowledge, death occurred at the time, date, and place and due to the causes stated. SIGNATURE <b>Roger James Coram</b>		24a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, and place and due to the causes stated. SIGNATURE, TITLE <b>Roger James</b>	
23b. DATE SIGNED (Month, Day, Year) <b>June 26, 1982</b>		24b. DATE SIGNED (Month, Day, Year) <b>June 26, 1982</b>	
23c. HOUR OF DEATH <b>MD</b>		24c. HOUR OF DEATH <b>m.</b>	
23d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24d. PRONOUNCED DEAD (Hour) <b>ON June 22, 1982 AT m.</b>	
25. PART I: DEATH CAUSED BY: (a) <b>NATURAL CAUSES</b> DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		Interval between onset and death	
26. PART II: OTHER SIGNIFICANT CONDITIONS— Conditions contributing to death but not related to cause given in PART I (a)		27. AUTOPSY (Yes or No)	28. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes or No)
29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)	29b. DATE OF INJURY (Month, Day, Year)	29c. HOUR OF INJURY	29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED
29e. INJURY AT WORK (Yes or No)	29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)	29g. LOCATION (Street or route number)	City or town State
30a. REGISTRAR SIGNATURE <b>Vera Doffin</b>		30b. DATE CERTIFICATE RECEIVED (Month, Day, Year) <b>JUL 6 1982</b>	

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



**Alton B. Cobb, M.D.**  
Alton B. Cobb, M.D.  
STATE HEALTH OFFICER

JULY 12, 1982

**David Lohrisch**  
David Lohrisch  
STATE REGISTRAR





# MEMPHIS TITLE

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## AFFIDAVIT AS TO HEIRS

State of MISSISSIPPI }  
County of DESOTO } ss.

On this 21st day of March 1995 before me personally appeared

Mary Margaret Berry

to me personally known, who being by me duly sworn, on oath did say that Affiant is familiar with the family history of

Marion E. Berry

deceased, who was the owner of the following property:

Lot 3, Revised, Section "A", Southaven Subdivision, in Section 14, Township 1 South, Range 8 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 2 Pages 4-5, in the office of the Chancery Clerk of DeSoto County, Mississippi

And that said decedent died on the 22nd day of June 19 82 and that the place of residence and homestead, at the time of death, was as follows:

9045 Moss Point  
Southaven, Mississippi 38671

And Affiant further states that said deceased left surviving the following persons, as heirs or otherwise interested in the estate,

Name of widow or widower	Mary Margaret Berry
Divorced wife or husband	none
Children	none

Adopted children	none
Descendants of deceased children	none

And Affiant further states that said decedent left no other children or adopted children or descendants of deceased children or adopted children.

And that all of the above parties are over the age of twenty-one years, except the following:  
Names of minors none

And said deceased ~~did not~~ did not leave a will

And that the debts against said estate { have } been paid.  
~~have~~

*Mary Margaret Berry*  
Mary Margaret Berry Signature

Subscribed and sworn to before me the day and year above written.

*Sherri T. Davis*  
Sherri T. Davis Notary P. Mic.

My term expires March 18, 1996

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