

JUN 22 4 05 PM '95

QUITCLAIM DEED

BK 287 PG 168
W.E. DAVIS CH. CLK.
By: Mr. Taylor J.C.

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 GRANTEE all right, title and interest in the real property hereinafter described.

GRANTOR: John I. Erickson, a widower, who acquired title as a tenant by the entirety with full rights of survivorship with Barbara A. Erickson, who passed away on May 17, 1985, a copy of the death certificate is attached as Exhibit "A" to this deed

GRANTEE: Mary M. Erickson, as Trustee for John I. Erickson

SPECIFIC CONSIDERATION:

Terms of Trust Agreement between Grantor and Grantee dated June 21, 1995

LEGAL DESCRIPTION:

State: Mississippi

County: DeSoto

Lot 1326, Section "G", Greenbrook Subdivision, in Section 30, Township 1 South, Range 7 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 11, Pages 15-20, in the office of the Chancery Clerk of DeSoto County, Mississippi.

Street Address:

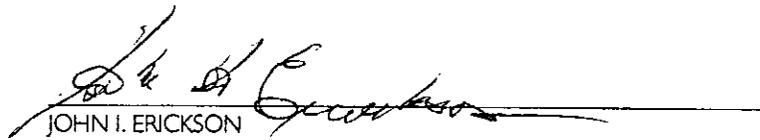
7719 Fernwood Cove, Southaven, Mississippi 38671

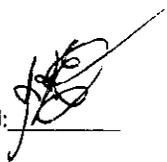
EXISTING ENCUMBRANCES:

Grantee takes title subject to the following encumbrances: all those of record

POSSESSION: Grantee is entitled to possession of the property as follows: Possession is to be given with delivery of the deed.

DATE OF EXECUTION: 21 day of June, 19 95


JOHN I. ERICKSON

Initial: 

STATE OF Miss
COUNTY OF At Large

PERSONALLY appeared before me, the undersigned authority of law in and for this jurisdiction, the within named JOHN I. ERICKSON, 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 21st day of June, 19 95.



Ronda S. Millington
Notary Public

My Commission Expires: 2-9-99

Grantors' Address:
7719 Fernwood Cove
Southaven, MS 38671
Home: (601) 342-2131
Work: none

Grantees' Address:
7719 Fernwood Cove
Southaven, MS 38671
Home: (601) 342-2131
Work: none

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: [Signature]

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT VITAL RECORDS

BIRTH NO. _____ STATE FILE NO. _____

1. DECEASED—NAME: **Barbara B. Erickson** DATE OF DEATH (MONTH, DAY, YEAR): **05-17-85**

2. AGE—LAST BIRTHDAY (YEARS): **53** DATE OF BIRTH (MONTH, DAY, YEAR): **JAN 21, 1932** RACE: **White** ORIGIN OR DESCENT—ITALIAN, MEXICAN, POLISH, etc. (SPECIFY): **AMERICAN** SEX: **Female**

3. COUNTY OF DEATH: **SHELBY** CITY, TOWN OR LOCATION: **MEMPHIS** INSIDE CITY LIMITS (SPECIFY YES OR NO): **YES** HOSPITAL OR OTHER INSTITUTION—NAME: **METHODIST HOSPITAL SOUTH** ROOM OR PART, BUILDING NO., etc. (SPECIFY): **EMER. RM.**

4. STATE OF BIRTH (IF NOT IN U.S.A.): **ILLINOIS** CITIZEN OF WHAT COUNTRY: **U S A** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **MARRIED** SURVIVING SPOUSE (IF DECEASED, GIVE SPOUSE NAME): **JOHN I. ERICKSON**

5. SOCIAL SECURITY NUMBER: **326-24-6714** SERVICE IN ARMED FORCES (SPECIFY BRANCH OR DATES OF SERVICE): **NO** USUAL OCCUPATION (GIVE NAME OF EMPLOYER DURING MOST OF WORKING LIFE, IF RETIRED): **HOUSEWIFE** KIND OF BUSINESS OR INDUSTRY: _____

6. RESIDENCE—STATE: **MISSISSIPPI** COUNTY: **DESOTO** CITY, TOWN, OR LOCATION: **SOUTHAVEN** STREET AND NUMBER: **7719 FERNWOOD CV.** INSIDE CITY LIMITS (SPECIFY YES OR NO): **YES** CENSUS TRACT NO.: _____

7. FATHER—NAME: **WILLIAM BROOKMAN** MOTHER—MAIDEN NAME: **FLORENCE CONWAY** INFORMANT—NAME: **MR. JOHN I. ERICKSON** MAILING ADDRESS: **SAME AS ABOVE**

8. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): **BURIAL** DATE (MONTH, DAY, YEAR): **MAY 20, 1985** CEMETERY OR CREMATORY—NAME: **CALVARY** LOCATION: **MEMPHIS, TENNESSEE**

9. FUNERAL DIRECTOR (GIVE NAME): **WARREN S. CANALE** LICENSE NO.: **3026** EMBALMER (GIVE NAME): **LATNEY CULP** LICENSE NO.: **2210**

10. FUNERAL HOME—NAME AND ADDRESS: **SWIFT TREADWELL & CANALE MEMPHIS, TN.** REGISTRAR—SIGNATURE: *[Signature]* DATE RECEIVED BY LOCAL OFFICE: **MAY 23 1985**

11. PHYSICIAN—SIGNATURE: *[Signature]* TITLE: **DEPUTY** DATE SIGNED (MONTH, DAY, YEAR): _____

12. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND IN THE CITY AND STATE: _____ SIGNATURE: *[Signature]* TITLE: _____ DATE SIGNED (MONTH, DAY, YEAR): **05-21-85**

13. CERTIFIER—NAME (TYPE OR PRINT): **J. T. Francisco, M.D.** MAILING ADDRESS: **North Dunlap** CITY OR TOWN: **Memphis, TN.** STATE: **38163**

14. PART I. DEATH WAS CAUSED BY: **Arteriosclerotic Cardiovascular Disease** (GIVE ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))

15. OTHER SIGNIFICANT CONDITIONS: _____ AUTOPSY (YES OR NO): **No**

16. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY): **Natural** DATE OF INJURY (MONTH, DAY, YEAR): _____ HOUR: _____ DESCRIBE HOW INJURY OCCURRED: _____

17. INJURY AT HOME? _____ PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE, etc. (SPECIFY): _____ LOCATION: _____ STREET OR R.F.D. NO.: _____ CITY OR TOWN: _____ STATE: _____

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