

RUE WOODS  
GRANTOR

STATE MS.-DESOTO CO.

BOOK 288 PAGE 71

TO

JUN 28 9 47 AM '95

QUITCLAIM DEED

LELIA WEAVER, ET AL  
GRANTEES

BK 288 PG 71  
W.E. DAVIS CH. CLK.

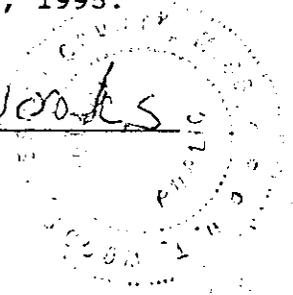
FOR AND IN CONSIDERATION of the sum of Ten Dollars, (\$10.00), cash in hand paid, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, RUE WOODS, do hereby quitclaim unto LELIA WEAVER AND JESSIE M. WOODS, as joint tenants with full rights of survivorship and not as tenants in common, all of my right, title and interest in the land lying and being situated in Desoto County, Mississippi, more particularly described as follows, to-wit:

located in the Southeast Quarter of Two (2) acres in Section 2, Township 2 South, Range 6 West, DeSoto County, Mississippi, more particularly described as BEGIN at a point 2125 feet northwesterly as measured along the Northeast right of way line of U. S. Highway 78 from its intersection with the South line of Section 2, Township 2 South, Range 6 West, in DeSoto County, Mississippi; said point being a concrete monument at the Southwest corner of Carl Hoover property; thence from point of beginning run North 48 degrees 50' West along the Northeast right of way line of U. S. Highway 78 a distance of 210 feet to a point; thence North 21 deg. 10' East 480 feet to a point; thence South 48 deg. 50' East 210 feet to a point in fence line and Carl Hoover West line; thence South 21 deg. 10' West along said fence and West line 480 feet to the point of beginning and containing 2 acres.

The quitclaim in this deed is subject to rights of ways and easements for public roads and public utilities and subdivision and zoning regulations in effect in Desoto County, Mississippi.

WITNESS MY SIGNATURE this the 27 day of June, 1995.

Rue Woods  
RUE WOODS



STATE MS.-DESOTO CO.  
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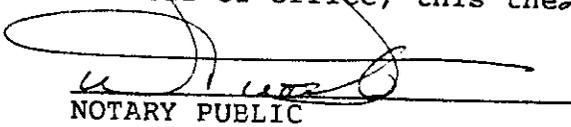
BK 288 PG 71  
W.E. DAVIS CH. CLK.

by G. Starkey

STATE OF Mississippi  
COUNTY OF Scott

THIS DAY personally appeared before me the undersigned authority in and for the above county and state, the within named RUE WOODS, who acknowledged that he signed and delivered the above and foregoing Quitclaim Deed on the day and year therein mentioned, as his free and voluntary act and deed.

GIVEN UNDER MY HAND and official seal of office, this the 22th day of June, 1995.

  
NOTARY PUBLIC

MY COMMISSION EXPIRES: 28 Nov 98

GRANTOR: 10652 Lamar, Olive Branch, MS 38654  
601-895-2394 none

GRANTEE: 3389 Dungreen, Memphis, TN 38118  
901-794-3084 none

NO TITLEWORK REQUESTED NOR NONE PERFORMED. LEGAL DESCRIPTION FURNISHED BY THE GRANTOR. PREPARED AT THE REQUEST OF THE GRANTOR.

BY WAY OF EXPLANATION: SEE ATTACHED DEATH CERTIFICATE OF GUSSIE MAE WOODS.

PREPARED BY & RETURN TO: Atty. Les Shumake  
P.O. Box 803  
Olive Branch, MS 38654  
(601) 895-5565

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH  
VITAL RECORDS

BOOK 288 PAGE 73

CERTIFICATE OF DEATH

STATE FILE NUMBER 123- 82-16936

REGISTRAR'S NUMBER	STATE OF MISSISSIPPI			STATE FILE NUMBER	123- 82-16936
1. DECEASED-NAME	First: Gussie	Middle: Mae	Last: Woods	2. SEX	female
3. DATE OF DEATH (Month, Day, Year)	Oct. 16, 1982				
4. RACE (Specify White, Black, American Indian, etc.)	black	5a. AGE AT LAST BIRTHDAY	63	5b. MOE	5c. DAYS
6. DATE OF BIRTH (Month, Day, Year)	April 25, 1919		7. COUNTY OF DEATH	Desoto	
7b. CITY OR TOWN OF DEATH	Olive Branch		7c. HOSPITAL OR OTHER INSTITUTION- NAME AND NUMBER (If not in either, give street address, route number, or other location)	10652 Lamar	
8. STATE OF BIRTH	Miss.	9. CITIZEN OF WHAT COUNTRY	U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	married
11. SURVIVING SPOUSE (If wife, give maiden name)	Rue Woods		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No)	NO	
13. ORIGIN OR DESCENT (Specify German, Cuban, Afro-American, Mexican, etc.)	Afro-American		14. SOCIAL SECURITY NUMBER	5783	
15a. USUAL OCCUPATION (Kind of work done most of working life)	housewife				
15b. KIND OF BUSINESS OR INDUSTRY					
16. RESIDENCE-STATE	Miss.	16b. COUNTY	Desoto	16c. CITY OR TOWN	Olive Branch
16d. INSIDE CITY LIMITS (Specify Yes or No)	no		16e. STREET AND NUMBER OR RURAL LOCATION	10652 Lamar	
17. FATHER-NAME	First: George	Middle:	Last: Adams	18. MOTHER-NAME	First: Alma
19a. INFORMANT-NAME (Type or print)	Rue Woods		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)	10652 Lamar Olive Branch, Ms. 38654	
20a. BURIAL CREMATION, REMOVAL (Specify)	burial	20b. CEMETERY, CREMATORY-NAME	Botts Chapel	20c. LOCATION (City and State)	Olive Branch, Ms.
21a. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER	Gillespie 17G		21b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)	9179 Pigeon Roost Ave., Olive Branch, Ms. 38654	
22a. CERTIFIER-NAME (Type or print)	Roger Jones Cironec		22b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)	Hwy. 51 Hernando, Ms.	
23a. To the best of my knowledge, death occurred at the time, date, and place and due to the causes stated.	SIGNATURE		23b. DATE SIGNED (Month, Day, Year)	23c. HOUR OF DEATH	MO
24a. On the basis of examination or other investigation, in my opinion death occurred at the time, date, and place and due to the causes stated.	SIGNATURE, TITLE		24b. DATE SIGNED (Month, Day, Year)	24c. HOUR OF DEATH	PM
25. PART I: IMMEDIATE CAUSE (Enter one cause only)	(a) natural causes		24d. PRONOUNCED DEAD (Month, Day, Year)	24e. PRONOUNCED DEAD (Hour)	AT
25. PART II: OTHER SIGNIFICANT CONDITIONS- Conditions contributing to death but not related to cause given in PART I (a)			ON Oct. 16, 1982		
26a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)	26b. DATE OF INJURY (Month, Day, Year)	26c. HOUR OF INJURY	26d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED		
26e. INJURY AT WORK (Yes or No)	26f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)	26g. LOCATION (Street or route number)	City or town	State	
30a. REGISTRAR SIGNATURE	Linda G. Nichols			30b. DATE CERTIFICATE RECEIVED (Month, Day, Year)	OCT 25 1982

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

F. E. Thompson Jr. M.D.  
F. E. Thompson, Jr., M.D., M.P.H.  
STATE HEALTH OFFICER

Nita Cox Gunter  
Nita Cox Gunter  
STATE REGISTRAR

JUN 13 95

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