

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

GRANTOR hereby covenants with, and warrants to, GRANTEEES that he has fee title to the property listed herein, that he has the right to sell and convey said property, that the property is unencumbered except as listed below, that the title and quiet possession will forever be defended against the lawful claims of all persons and is not subject to the homestead rights of anyone.

GRANTEEES, 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.

GRANTOR: Arthur H. Jack, a widower, who acquired title as a tenant by the entirety with full rights of survivorship and not as tenants in common with Katherine E. Jack, who passed away on February 9, 1995, a copy of the death certificate is attached as Exhibit "B" to this deed.

GRANTEE: Bobby R. Dixon and Bobbie R. Dixon, as tenants by the entirety with full rights of survivorship and not as tenants in common

SPECIFIC CONSIDERATION:  
The sum of Ten Dollars (\$10.00).

LEGAL DESCRIPTION: INDEXING INSTRUCTION: NE 1/4 of Section 2, Township 2, Range 8 E, S. 15 N., DeSoto Co., MS.  
State: Mississippi County: DeSoto  
See attached Exhibit "A"  
Street Address:  
5934 Highway 51, Horn Lake, Mississippi 38637

STATE MS. - DE SOTO CO.  
Dec 12 10 43 AM '95  
BK 293 PG 730  
W.F. DAVIS, CH. CLK.  
by S. Cleveland

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: 2nd day of December, 1995

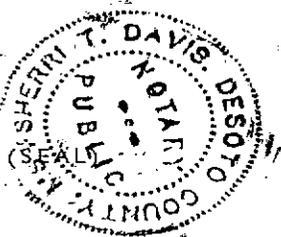
Initial: *ahj*  
\_\_\_\_\_  
ARTHUR H. JACK

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STATE OF MISSISSIPPI  
COUNTY OF DESOTO

PERSONALLY appeared before me, the undersigned authority of law in and for this jurisdiction, the within named ARTHUR H. JACK, 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 2nd day of December, 1995.



*Sherril T. Davis*

SHERRI T. DAVIS, Notary Public

My Commission Expires: March 18, 1996

Grantors' Address:  
1960 N. Parkway #703  
Memphis, TN 38112  
Home: (901) 372-7064  
Work: none

Grantees' Address:  
5934 Highway 51  
Horn Lake, MS 38637  
Home: (901) 382-8633  
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: *AHJ*

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## EXHIBIT A

Commencing at the Northwest corner of the Oscar Hopper property, said point being 2621.47 feet, South 84 degrees 44 minutes 16 seconds West of the Northeast corner of Section 2, Township 2, Range 8; run thence South 2 degrees 50 minutes East along the East line of U.S. Highway 51 a distance of 168.80 feet; run thence North 87 degrees 33 minutes 35 seconds East 255.60 feet to the point of beginning; run thence North 6 degrees 11 minutes 18 seconds West 180.91 feet to a point; run thence North 84 degrees 49 minutes 06 seconds East 64.97 feet to a point; run thence South 2 degrees 24 minutes 09 seconds West 316.49 feet to a point; run thence South 84 degrees 13 minutes West 73.69 feet to a point; run thence Northeasterly 135.59 feet, more or less, to the point of beginning.

Less and Except a 22 foot strip conveyed to Donald K. Saucier in Book 130, Page 317 and later amended in Book 170, Page 93.

Said 22 foot strip being described as beginning at an iron pin 168.80 feet south of the northwest corner of said Oscar Hopper property as recorded in Book 36, page 502, in the northeast quarter of Section 2, Township 2, Range 8, in said County; thence North 87 degrees 33 minutes 35 seconds East along an existing fence line 246.38 feet to a point; thence continuing North 87 degrees 33 minutes 35 seconds East along the one-half acre tract 69.1 feet more or less to the west line of the 16 acre tract described above; thence South 2 degrees 24 minutes 09 seconds East 22 feet to a point; thence South 69.1 feet to the south line of the one-half (1) acre lot; thence South 87 degrees 33 minutes 35 seconds West 246.38 feet parallel with and 22 feet south of the north line of the 1.33 acre tract to a point in the east line of U.S. Highway 51; thence north 22 feet to the point of beginning.

TENNESSEE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last) <b>KATHERINE ELIZABETH JACK</b>		2. SEX <b>FEMALE</b>	3. DATE OF DEATH (Month, Day, Year) <b>FEBRUARY 9, 1995</b>
4. SOCIAL SECURITY NUMBER (of Decedent) <b>414-34-1669</b>	5a. AGE - LAST BIRTHDAY (Years) <b>85</b>	5b. UNDER 1 DAY MOSE DAYS HOURS MIN	6. DATE OF BIRTH (Month, Day, Year) <b>FEB. 3, 1910</b>
7. BIRTHPLACE (City and State or Foreign Country) <b>MEMPHIS, TN.</b>		8. PLACE OF DEATH (Check only one) 1 <input type="checkbox"/> Hospital 2 <input type="checkbox"/> Inpatient 3 <input type="checkbox"/> ER/Outpatient 4 <input type="checkbox"/> DCA 5 <input type="checkbox"/> Nursing Home 6 <input checked="" type="checkbox"/> Residence 7 <input type="checkbox"/> Other (Specify)	
9. FACILITY NAME (If not institution, give street and number) <b>1960 N. PARKWAY #703</b>		10. CITY, TOWN, OR LOCATION OF DEATH <b>MEMPHIS</b>	11. COUNTY OF DEATH <b>SHELBY</b>
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>MARRIED</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>ARTHUR H. JACK</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>HOMEMAKER</b>	12b. KIND OF BUSINESS/INDUSTRY <b>HOME</b>
13a. RESIDENCE - STATE <b>TENN</b>	13b. COUNTY <b>SHELBY</b>	13c. CITY, TOWN OR LOCATION <b>MEMPHIS</b>	13d. STREET AND NUMBER OR RURAL LOCATION <b>1960 N. PARKWAY #703</b>
13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	13f. ZIP CODE <b>38112</b>	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	15. RACE - American Indian, Black, White, etc. (Specify) <b>WHITE</b>
16. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>12</b>		17. FATHER'S NAME (First, Middle, Last) <b>UNOBTAINABLE</b>	
18. MOTHER'S NAME (First, Middle, Maiden Surname) <b>UNOBTAINABLE</b>		19. INFORMANT'S NAME (Type/Print) <b>ARTHUR H. JACK</b>	
20. RELATIONSHIP TO DECEDENT <b>SPOUSE</b>		21. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>1960 N. PARKWAY #703 MEMPHIS, TN. 38112</b>	
22a. METHOD OF DISPOSITION 1 <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)		22b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>FOREST HILL MIDTOWN CEMETERY</b>	
22c. LOCATION - City or Town, State <b>MEMPHIS, TN.</b>		23. SIGNATURE OF FUNERAL DIRECTOR <b>STEPHEN P. ANDERSON</b>	
24. LICENSE NUMBER OF FUNERAL DIRECTOR <b>3943</b>		25. SIGNATURE OF EMBALMER <b>WILLIAM JOYNER III</b>	
26. LICENSE NUMBER OF EMBALMER <b>4341</b>		27a. NAME AND ADDRESS OF FUNERAL HOME <b>FOREST HILL FUNERAL HOME 1661 ELVIS PRESLEY BLVD. MEMPHIS, TN. 38106</b>	
27b. LICENSE NUMBER OF FUNERAL HOME <b>919</b>		28. REGISTRAR'S SIGNATURE <i>Deborah L. Brown</i>	
29. DATE FILED (Month, Day, Year) <b>FEB 27 1995</b>		30. PHYSICIAN'S SIGNATURE AND TITLE OF PHYSICIAN <i>Edward Cattau</i>	
31. LICENSE NUMBER <b>MD-020598</b>		32. DATE SIGNED (Month, Day, Year) <b>2/23/95</b>	
33. SIGNATURE AND TITLE OF MEDICAL EXAMINER <b>DR. EDWARD CATTAU</b>		34. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) <b>80 HUMPHREY'S BLVD. MEMPHIS, TN. 38119</b>	
35. PART I. Enter the disease, 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) → <b>Gastric adenocarcinoma, metastatic</b> Sequently list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that preceded events resulting in death) LAST			
36. PART II. Other (specify) conditions contributing to death but not resulting in the underlying cause given in Part I.		37. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
38. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		39. MANNER OF DEATH 1 <input type="checkbox"/> Natural 2 <input type="checkbox"/> Accident 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide 5 <input type="checkbox"/> Pending Investigation 6 <input type="checkbox"/> Could not be Determined	
40. DATE OF INJURY (Month, Day, Year)	41. TIME OF INJURY <b>M</b>	42. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	43. DESCRIBE HOW INJURY OCCURRED
44. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		45. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

NAME OF DECEDENT: For use by physician or informant

DECEDENT

016.00

PARENTS

INFORMANT

DISPOSITION

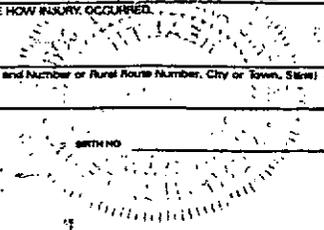
REGISTRAR

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXCITING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH



B

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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

APR 21 1995

Date Issued

by Glenn D. Fouse  
Glenn D. Fouse, Registrar  
Vital Records Section