

RUTH D. LOVELACE
GRANTOR

BOOK 294 PAGE 738
STATE MS. - DESOTO CO.
QUITCLAIM DEED
JAN 10 2 25 PM '96
copy

TO

KAREN BRUMBELOW AND HUSBAND GARY BRUMBELOW
GRANTEE

For and in consideration of the Ten Dollars (\$10.00) cash in hand, and other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, I, Ruth D. Lovelace, do hereby sell, convey and quitclaim unto, KAREN BRUMBELOW AND HUSBAND GARY BRUMBELOW, as tenants by the entirety with full rights of survivorship and not as tenants in common, all my right, title and interest in and to the land lying and being situated in DeSoto County, Mississippi:

Described as follows:

A 3.56 acre tract more particularly described as follows: Beginning at the intersection of the south right of way of Star Landing Road (80 feet wide) and the west line of a 47.5 acre tract as recorded in Book 30, Page 103 in the DeSoto County Mississippi Land and Deed Records, said point being 1839 feet west of the east line of Section 21; Township 2 South; Range 8 West; thence east along the south right of way of Star Landing Road 600 feet to the point of beginning of the following lot: thence south and parallel to the west line of said 47.5 acre tract 726.1 feet to a point; thence east and parallel to the south right of way of said road 641 feet to a point; thence north and parallel to the west line of lot a distance of 726.1 feet to a point in the south right of way of Star Landing Road; thence west 641 feet along the south right of way of said road to the point of beginning and containing 10.68 acres more or less.

Less and Except:

Lot 2 of the Division of a 10.68 acre tract in part of the northeast quarter of Section 21, Township 2 South, Range 8 West, DeSoto County, Mississippi and being more particularly described as follows: Beginning at a point in the south line of Star Landing Road a distance of 811.66 feet westwardly from the east line of Section 21, Township 2 South, Range 8 West; thence westwardly along said south line a distance of 213.66 feet to the northeast corner of Lot 1; thence southwardly along the line dividing Lots 1 and 2 a distance of 726.1 feet to a point in a south boundary line of the subdivision; thence eastwardly along said south line a distance of 213.66 feet to the southwest corner of Lot 3; thence northwardly along the line dividing Lots 2 and 3 a distance of 726.1 feet to the point of beginning.

Less and Except:

Lot 3 of the Division of a 10.68 acres tract in part of the northeast quarter of Section 21, Township 2 South, Range 8 West, DeSoto County, Mississippi and being more particularly described as follows: Beginning at a point in the south line of Star Landing Road a distance of 598.0 feet westwardly from the east line of Section 21, Township 2 South, Range 8 West; thence westwardly along said south line a distance of 213.66 feet to the northeast corner of Lot 2; thence southwardly along the line dividing Lots 2 and 3 a distance of 726.1 feet to a point in the south boundary line of said subdivision; thence eastwardly along said south line a distance of 213.66 feet to a point in an east boundary line of the subdivision; thence northwardly along said east line a distance of 726.1 feet to the point of beginning.

Said property being located in the North East Quarter.

This being the same property conveyed to J. E. Lovelace and wife, Ruth D. Lovelace as tenants by the entirety with the right of survivorship and not as tenants in common, in deed book 136, page 152 and recorded on August 16, 1978. By way of explanation, J. E. Lovelace departed this life on October 12th, 1995, see attached death certificate marked as Exhibit A. The intention of the grantor herein is to convey the property commonly known as Lot 1 of the division of the 10.68 acre tract, see drawing attached hereto and marked as Exhibit B for reference.

WITNESS MY SIGNATURE, this the 8th day of January, 1996. Ruth D. Lovelace
Ruth D. Lovelace

STATE OF Mississippi
COUNTY OF DeSoto

This day personally appeared before me, the undersigned authority in and for said County and State, the within named, Ruth D. Lovelace, who acknowledged that she signed and delivered the above and foregoing Quitclaim Deed as her free and voluntary act and deed and for the purposes therein expressed.

Given under my hand and official seal of office, this the 8th day of January, 1996. Candace Borden
NOTARY PUBLIC

My Commission Expires: August 31, 1998

AFFIDAVIT:

I do hereby certify that the consideration for the above was the love and affection between the parties and that no funds were transferred herein.

Ruth D. Lovelace
Ruth D. Lovelace

Sworn to and subscribed before me this the 8th day of January, 1996. Candace Borden
Notary Public

My Commission Expires: August 31, 1998

***NO TITLE WORK WAS REQUESTED AND NONE WAS PERFORMED--
NO OPINION RENDERED AS TO THE LEGAL DESCRIPTION OR SURVEY
DRAWING ATTACHED HERETO.*****

PREPARED BY:
AUSTIN LAW FIRM
230 GOODMAN RD.SUITE 510
SOUTHAVEN, MS 38671
601-349-2234

Grantor's Address:
3165 West Star Landing
Nesbit, MS 38651
Ph: Res.-429-0143
Bus.-n/a

Grantee's Address:
10494 California Road
Bridgman, MI 49106
ph: Res.-616-465-6736
Bus.-n/a

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

BOOK 294 PAGE 740
STATE FILE NUMBER

TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
ON OTHER SIDE

NAME OF DECEASED
For use by physician or informant

1. DECEDENT'S NAME (First, Middle, Last) Joe Ed Lovelace				2. SEX Male	3. DATE OF DEATH (Month, Day, Year) October 12, 1995	
4. SOCIAL SECURITY NUMBER (of Decedent) 429-74-3691		5a. AGE - LAST BIRTHDAY (Years) 70	5b. UNDER 1 YEAR MO. DATE HOURS MIN.	6. DATE OF BIRTH (Month, Day, Year) Sept. 7, 1925	7. BIRTHPLACE (City and State or Foreign Country) Houston, Arkansas	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)				
9b. FACILITY NAME (If not institution, give street and number) Methodist Central			9c. CITY, TOWN, OR LOCATION OF DEATH Memphis, Tennessee		9d. COUNTY OF DEATH Shelby	
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Ruth Douglas		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Aviation Mechanic		
12b. KIND OF BUSINESS/INDUSTRY U.S. Navy		13a. RESIDENCE - STATE Mississippi		13b. COUNTY Desoto		
13c. CITY, TOWN OR LOCATION Nesbit		13d. STREET AND NUMBER OR RURAL LOCATION 3165 W. Star Landing Rd.				
13e. INSIDE CITY LIMITS? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		13f. ZIP CODE 38651		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. RACE - American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12				
17. FATHER'S NAME (First, Middle, Last) Joseph D. Lovelace			18. MOTHER'S NAME (First, Middle, Maiden Surname) Ruth Powell			
19a. INFORMANT'S NAME (Type/Print) Linda Mansell		19b. RELATIONSHIP TO DECEASED Daughter		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3145 W. Star Landing Rd. Nesbit, Ms. 38651		
20a. 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)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Forest Hill South		20c. LOCATION - City or Town, State Memphis, Tn.		
21a. SIGNATURE OF FUNERAL DIRECTOR <i>Ronald W. Harrison</i>		21b. LICENSE NUMBER OF FUNERAL DIRECTOR 3541		21c. SIGNATURE OF EMBALMER <i>Ronald W. Harrison</i>		
21d. LICENSE NUMBER OF EMBALMER 3835		22a. NAME AND ADDRESS OF FUNERAL HOME Forest Hill Funeral Home South 2545 E. Holmes Rd. Memphis, Tn. 38118		22b. LICENSE NUMBER OF FUNERAL HOME 920		
23. REGISTRAR'S SIGNATURE <i>Calvin D. Brown</i>			23. REGISTRAR'S TITLE Deputy		24. DATE FILED (Month, Day, Year) OCT 24 1995	
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.						
1 <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>JR Blythe</i>		25b. LICENSE NUMBER 7632		25c. DATE SIGNED (Month, Day, Year) 10-20-95		
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.						
2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER		26b. LICENSE NUMBER		26c. DATE SIGNED (Month, Day, Year)		
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) DR. JOSEPH BLYTHE 266 S. CLEVELAND S-203 MEMPHIS, 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.					Approximate Interval Between Onset and Death	
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. respiratory arrest					DM 5 YRS	
DUE TO (OR AS A CONSEQUENCE OF):						
b. emphysema						
DUE TO (OR AS A CONSEQUENCE OF):						
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST						
c. _____						
DUE TO (OR AS A CONSEQUENCE OF):						
d. _____						
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.				29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		
				29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		
30. MANNER OF DEATH 1 <input checked="" type="checkbox"/> Natural 6 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 3 <input type="checkbox"/> Suicide 6 <input type="checkbox"/> Could not be Determined 4 <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year)	31b. TIME OF INJURY M	31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> 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)			

Exhibit A

BIRTH NO. _____

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

NOV 03 1995

Glenn M. Fernald
Glenn D. Fouse, Registrar
Vital Records Section

