

STATE MS.-DESOTO CO. *W*

MAR 4 11 20 AM '97

BK 313 PG 125
W.E. DAVIS CH. CLK.

BETTY S. FIFER

GRANTOR(S)

TO

QUITCLAIM DEED

JAMES A. WOODS ET UX

GRANTEE(S)

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 all of which is hereby acknowledged, I, BETTY S. FIFER, do hereby bargain, sell, convey, and quitclaim unto:

JAMES A. WOODS AND WIFE, BETTY F. WOODS

as tenants by the entirety with full rights of survivorship and not as tenants in common the following described property being situated in the State of Mississippi, County of DeSoto, City of Olive Branch, being more particularly described as follows, to-wit:

Being located in the Northwest Quarter of the Northwest Quarter and being described further as follows: One-half (1/2) acre, more or less, situated in Section 26, Township 1 South, Range 6 West, being more particularly described as follows: Commencing at a point in Stuart Road, said point lying 990 feet West of the Northeast Corner of the Northwest Quarter of said Section 26, said point also being the Northwest Corner of the original Charles Fifer ten (10) acre tract; thence South 1 deg. 30 min. East 495 feet to the point of beginning of the herein described tract; thence from said point of beginning run North 86 deg. 0 minutes East 132 feet to a point; thence run South 1 degree 30 minutes East 165 feet to a point; thence run South 86 deg. 0 minutes West 132 feet to a point; thence run North 1 deg. 30 minutes West 165 feet to the point of beginning and containing one-half (1/2) acre, more or less, and intended to described the one-half (1/2) acre located directly South of the 1.5 acre tract owned by James A. Woods, et ux.

This being the same property conveyed to the Grantors by Warranty Deed from James A. Woods and wife, Betty F. Woods dated April 17, 1975, and recorded in Deed Book 118, Page 128 as recorded in the in the office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation, C. W. Fifer died on or about the 7th day of February, 1993, in DeSoto County, Mississippi

and a copy of that Certificate of Death is attached hereto and made a part hereof for all purposes. By operation of law pursuant to the right of survivorship, title to the above-referenced property vested in Betty S. Fifer, Grantor herein.

This quitclaim deed is subject to the subdivision and zoning regulations in effect for the City of Olive Branch and DeSoto County, Mississippi, and to easements for public roads and public utilities of record, and to restrictive covenants, if any.

Taxes are assumed by the Grantees. Possession is granted with delivery of the deed.

WITNESS MY SIGNATURE THIS 26th DAY OF February, 1997.

Betty S. Fifer

BETTY S. FIFER, GRANTOR

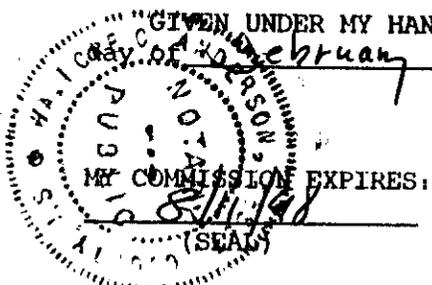
STATE OF MISSISSIPPI
COUNTY OF DESOTO

PERSONALLY appeared before me, the undersigned authority in and for said County and State, the within named BETTY S. FIFER, who acknowledged that she executed, signed, and delivered the above and foregoing quitclaim deed on the day and year therein mentioned 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 26th day of February, 1997.

Wallace C. Anderson

NOTARY PUBLIC



Grantor's address: 10371 DeSoto Road
Olive Branch, Mississippi 38654
Home#: (601) 895-5456 Wk.#: SAME

Grantee's address: 10289 DeSoto Road
Olive Branch, Mississippi 38654
Home#: (601) 895-2135 Wk: (901) 794-8383

Prepared by and return to: WALLACE C. ANDERSON
P. O. BOX 64
OLIVE BRANCH, MS 38654
(601) 895-4390

Description furnished by Grantee. No Title Search was requested or performed. No Certification of Title is expressed or implied. Deed preparation only.

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

XC 13935154

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last) CHARLES WILLIAM FIFER				2. SEX MALE	3. DATE OF DEATH (Month, Day, Year) FEB 7, 1993 6:30AM
4. SOCIAL SECURITY NUMBER (of Deceased) 415 24 3045	5a. AGE - LAST BIRTHDAY (Years) 71	5b. UNDER TREATMENT MOE DAYS	5c. UNDER TREATMENT HOURS MIN.	6. DATE OF BIRTH (Month, Day, Year) APR 21, 1921	7. BIRTHPLACE (City and State or Foreign Country) MEMPHIS, TENNESSEE
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) 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) VA MEDICAL CENTER			9c. CITY, TOWN, OR LOCATION OF DEATH MEMPHIS		9d. COUNTY OF DEATH SHELBY
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) DIVORCED	11. SURVIVING SPOUSE (If wife, give maiden name) NA	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) BRICK MASON		12b. KIND OF BUSINESS/INDUSTRY CONSTRUCTION	
13a. RESIDENCE - STATE TENNESSEE	13b. COUNTY SHELBY	13c. CITY, TOWN OR LOCATION MEMPHIS		13d. STREET AND NUMBER OR RURAL LOCATION 1409 OAKLAWN	
13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	13f. ZIP CODE 38114	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes 0 <input checked="" type="checkbox"/> No Specify, if yes		15. RACE—American Indian, Black, White, etc. (Specify) BLACK	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) UNKNOWN
17. FATHER'S NAME (First, Middle, Last) LAWRENCE FIFER			18. MOTHER'S NAME (First, Middle, Maiden Surname) JEANNIE WASHINGTON		
19a. INFORMANT'S NAME (Type/Print) CHARLES FIFER		19b. RELATIONSHIP TO DECEASED SON	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2317 MALONE, MEMPHIS TN 38114		
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) WEST TENN VETS CEMETERY		20c. LOCATION—City or Town, State MEMPHIS, TN	
21a. SIGNATURE OF FUNERAL DIRECTOR		21b. LICENSE NUMBER OF FUNERAL DIRECTOR	21c. SIGNATURE OF EMBALMER		21d. LICENSE NUMBER OF EMBALMER
22a. NAME AND ADDRESS OF FUNERAL HOME M. J. EDWARDS MEMPHIS, TN					22b. LICENSE NUMBER OF FUNERAL HOME
23. REGISTRAR'S SIGNATURE <i>Joseph Francis</i>				24. DATE FILED (Month, Day, Year) FEB 09 1993	
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>Joseph Francis MD</i>			25b. LICENSE NUMBER MD023465	25c. DATE SIGNED (Month, Day, Year) February 8, 1993	
25a. MEDICAL EXAMINER—On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER			25b. LICENSE NUMBER	25c. DATE SIGNED (Month, Day, Year)	

DECEDENT

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

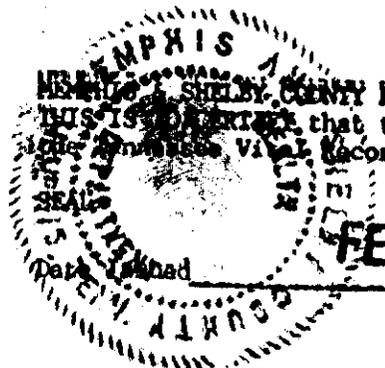
CERTIFIER

NAME OF DECEDENT: For use by physician or institution

42
199.1
02
208.00

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATE

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)
JOSEPH FRANCIS, MD VA MEDICAL CENTER, 1030 JEFFERSON AVE, MEMPHIS, TN 38104



MEMPHIS & SHELBY COUNTY HEALTH DEPARTMENT-614 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.

FEB 28 1997

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