

MARCIA HARMON, GRANTOR

APR 9 3 11 PM '96

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TO

CORRECTION
QUITCLAIM DEED

JON ANDREW HARMON, GRANTEE

BK 298 PG 640
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, MARCIA HARMON, do hereby quitclaim unto JON ANDREW HARMON, 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:

Please see attached legal description
Beginning at the Southeast corner of the East half of the Northwest Quarter of
Section 20, Township 35 North, Range 6 West, Desoto County, MS, thence North
08 deg. 54.71' to the centerline of a public road, thence North 80
deg. 20' 50" East 50' 50" to the centerline of a public road, thence South 51 deg. 52' 21" to
the Northwest Quarter, thence South 89 deg. 02' 40"
West 56' 56" to the beginning containing 10 acres.

WITNESS MY SIGNATURE this the 30th day of March, 1996.

Marcia Harmon
MARCIA HARMON

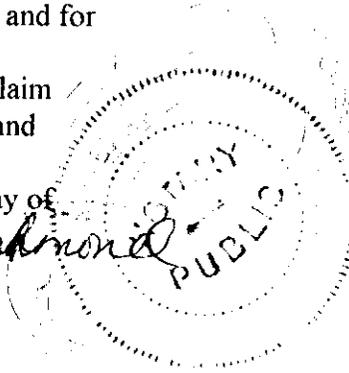
STATE OF MISSISSIPPI
COUNTY OF DESOTO

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

GIVEN UNDER MY HAND and official seal of office, this the 30th day of March, 1996.

Notary Public State of Mississippi At Large
My Commission Expires January 30, 2000
BONDED THRU HEIDER-MARCHETTI, INC.

Shirley G. ...
NOTARY PUBLIC



GRANTORS ADDRESS AND PHONE NUMBERS: 377-2131 same
3733 Russell Hurst Dr. E., Bartlett, TN 38135

GRANTEES ADDRESS AND PHONE NUMBERS: 377-2131 none
1007 S. Highland, Memphis, TN 38111

NO TITLE WORK REQUESTED OR PERFORMED. DESCRIPTION
FURNISHED BY GRANTOR.

Prepared by and return to Les Shumake, P. O. Box 803, Olive Branch, MS 38654
601 895-5565

By way of explanation, please see attached death certificate for Billy Harmon.

STATE MS.-DE SOTO CO. W.E. DAVIS CH. CLK.

APR 25 12 32 PM '97

BK 315 PG 347
W.E. DAVIS CH. CLK.

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

BOOK

298 PAGE 641

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

BOOK 315 PAGE 348

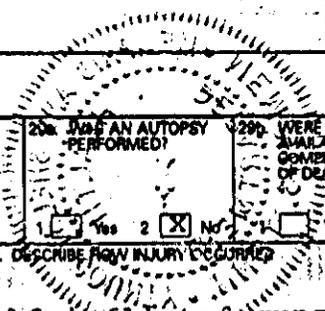
NAME OF DECEASED: For use by physician or institution

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

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last) Billy Harmon		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) October 11, 1994
4. SOCIAL SECURITY NUMBER (of Decedent) 409-60-1915	5a. AGE - LAST BIRTHDAY (Years) 57	5b. UNDER 1 YEAR MOE DAYS	5c. UNDER 1 YEAR HOURS MIN
6. DATE OF BIRTH (Month, Day, Year) 6/8/1937		7. BIRTHPLACE (City and State or Foreign Country) Memphis, TN	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		9. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input type="checkbox"/> Inpatient 2 <input checked="" type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> OOA OTHER: 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) Regional Medical Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH Memphis	9d. COUNTY OF DEATH Shelby
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Marcia Travis	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Firefighter	12b. KIND OF BUSINESS/INDUSTRY Fire Department
13a. RESIDENCE - STATE TN	13b. COUNTY Shelby	13c. CITY, TOWN OR LOCATION Bartlett	13d. STREET AND NUMBER OR RURAL LOCATION 3733 Russell Hurst East
13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	13f. ZIP CODE 38135	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 Specify, if yes:	15. RACE—American Indian, Black, White, etc. (Specify) White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)			
17. FATHER'S NAME (First, Middle, Last) Galveston Harmon		18. MOTHER'S NAME (First, Middle, Maiden Surname) Essie Nixon	
19a. INFORMANT'S NAME (Type/Print) Marcia Harmon		19b. RELATIONSHIP TO DECEASED Wife	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3733 Russell Hurst East, Bartlett, TN 38135
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) Elmwood Cemetery	20c. LOCATION—City or Town, State Memphis, TN
21a. SIGNATURE OF FUNERAL DIRECTOR Tim Jaquess		21b. LICENSE NUMBER OF FUNERAL DIRECTOR 4213	21c. SIGNATURE OF EMBALMER Terry Turner
21d. LICENSE NUMBER OF EMBALMER 4022		22. NAME AND ADDRESS OF FUNERAL HOME Memphis Funeral Home 1177 Union Memphis, TN 38119	
22b. LICENSE NUMBER OF FUNERAL HOME 85		23. REGISTRAR'S SIGNATURE Mary Ann Bradshaw Deputy	
24. DATE FILED (Month, Day, Year) OCT 21 1994			
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 type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN 25b. LICENSE NUMBER 25c. DATE SIGNED (Month, Day, Year)			
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) October 11, 1994			
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) J.T. Francisco, M.D. 1060 Madison 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. IMMEDIATE CAUSE (Final disease or condition that caused death resulting in death) Gunshot wound to the head DUE TO (OR AS A CONSEQUENCE OF): a. _____ b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. _____ Approximate Interval Between Onset and Death			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. _____			
30. MANNER OF DEATH 1 <input type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input checked="" type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year) Oct 11, 1994	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 Self-inflicted gunshot wound	
31e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) Residence		31f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3733 Russell Hurst #E Bartlett, TN	



Beginning at a point in the north line of Section 11, 1063.36' west of the Northeast corner of the Northwest Quarter, thence South 89 deg. 20' 50" west along the north line of Section 11, 256.86' to a point; thence South 0 deg. 51' 50" East 1695.85' to a point in the centerline of a public road. Thence North 89 deg. 20' 50" East 256.86' to a point; thence North 1695.95' to the point of beginning. Containing 10 acres.

TOWNSHIP 3 RANGE 6 WEST