

Karethae Compton, an unmarried person
GRANTOR

WARRANTY

TO

DEED

Lowell T. Wood, a married person
GRANTEE

For and in consideration of the sum of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, Karethae Compton, an unmarried person, do hereby sell, convey, and warrant unto Lowell T. Wood, a married person the following described property situated in the County of DeSoto, State of Mississippi, together with all improvements and appurtenances thereon more particularly described as follows:

Lot 1202, Section F, Greenbrook Subdivision, in Section 19, Township 1 South, Range 7 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 9, Pages 46-49, in the Office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation, Frank S. Compton passed away on October 17, 1996.

The warranty in this deed is subject to subdivision and zoning regulations in effect in DeSoto County, rights of ways and easements for public roads and public utilities and restrictive covenants and easements of record.

It is understood and agreed that the taxes for the year 1997 have been prorated as of this date on an estimated basis and when said taxes are actually determined, if the proration is incorrect then Grantor(s) agree to pay Grantee(s) or their assigns any deficiency and likewise Grantee(s) agree to pay Grantor(s) or their assigns any amount overpaid.

Possession is to be given with delivery of this Deed.

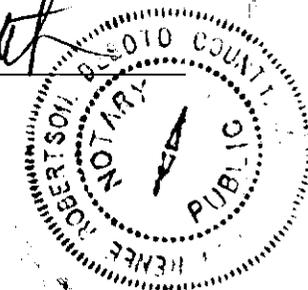
WITNESS OUR SIGNATURE, this the 13th day of November, 1997.


Karethae Compton

STATE OF MISSISSIPPI
COUNTY OF DESOTO

PERSONALLY appeared before me, the undersigned authority in and for the said county and state, on this 13th day of November, 1997, within my jurisdiction, the within named Karethae Compton, an unmarried person, who acknowledged that she executed the above foregoing instrument.


Notary Public



My Commission Expires:

June 18, 2000

GRANTOR'S ADDRESS:

P.O. Box 5244
Oneida, TN 37841
Work Phone #: None
Home Phone #: 1-423-569-3436

GRANTEE'S ADDRESS:

8498 Deepwell Place
Southaven, MS 38671
Work Phone #: 901-948-5461
Home Phone #: 601-562-6438

THIS INSTRUMENT PREPARED BY:

Eric Sappenfield
97 Stateline Road East, Suite A
Southaven, Mississippi 38671
601/342-2170

FILE NUMBER: 5960R0

STATE MS.-DESOTO CO.

Nov 18 4 15 PM '97

BK 325 PG 107
W.E. DAVIS CH. CLK.

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

BK0325PG0108

TYPE OR PRINT WITH BLACK INK DECEASED	FILING DATE OCT 30 1996	CERTIFICATE OF DEATH STATE OF MISSISSIPPI	STATE FILE NUMBER 123-
1. NAME: First Frank , Middle Stewart , Last Compton		2. SEX: Male	
3a. HOUR OF DEATH: 6:26p m.		3b. DATE OF DEATH (Month, Day, Year): October 17, 1996	
4. RACE (Specify White, Black, American Indian, etc.): White		5a. AGE AT LAST BIRTHDAY: 58 Years	
5b. MOS: _____ 5c. DAYS: _____ 5d. HOURS: _____ 5e. MINS: _____		6. DATE OF BIRTH (Month, Day, Year): August 17, 1938	
7a. COUNTY OF DEATH: DeSoto		7b. CITY OR TOWN OF DEATH: Southaven	
7c. HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (If not in either, give street address, route number or other location): Baptist Mem. Hosp-DeSoto 17B		7d. IF IN HOSP. OR INST. SPECIFY INPT. OUTPT. EMER. RM OR DOA: Emer. Rm.	
9. DECEDENT'S EDUCATION (Specify only highest grade completed): Elem/High School College (10-12) 12		10. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	
11. SURVIVING SPOUSE (If wid. give maiden name): Karethae Ellis		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No): Yes	
13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.): Anglo-American		14. SOCIAL SECURITY NUMBER: 342-30-6831	
15a. USUAL OCCUPATION (Kind of work done most of working life): Truck Driver		15b. KIND OF BUSINESS OR INDUSTRY: Consol. Freightway	
16a. RESIDENCE—STATE: Mississippi		16b. COUNTY: DeSoto	
16c. CITY OR TOWN: Southaven		16d. INSIDE CITY LIMITS (Specify Yes or No): Yes	
16e. STREET AND NUMBER OR RURAL LOCATION: 654 Whiteash Dr.			
17. FATHER—NAME: First Frank , Middle S. , Last Compton		18. MOTHER—NAME: First Mildred , Middle Pierce , Last Scott	
19a. INFORMANT—NAME (Type or print): Karethae Compton		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): 654 Whiteash Dr.; Southaven, MS. 38671	
20a. BURIAL, CREMATION, REMOVAL (Specify): Burial		20b. CEMETERY, CREMATORY—NAME: Sexton Mem. Cem.	
20c. LOCATION (City and State): Oneida, TN.		21a. EMBALMER—SIGNATURE AND NUMBER: <i>[Signature]</i> FS826	
21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER: Twin Oaks F.H. 17-T		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): 290 Goodman Rd. E.; Southaven, MS 38671	
22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print): Dr. Grady Marlowe, M.D.		22b. PRONOUNCED DEAD (Month, Day, Year): ON 10/17/1996	
22c. PRONOUNCED DEAD (Hour): 6:26p m.			
23a. CERTIFIER—NAME (Type or print): Jeffery Pounders		23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): 4942 Pounders Rd. Nesbit, Ms. 38651	
24a. SIGNATURE: <i>[Signature]</i>		24b. DATE SIGNED (Month, Day, Year): 10/24/1996	
24c. STATE LICENSE NUMBER: _____		24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print): _____	
24e. SIGNATURE: <i>[Signature]</i>		24f. TITLE: DeSoto CMEI	
24g. DATE SIGNED (Month, Day, Year): 10/24/1996			
25. PART I: DEATH CAUSED BY:		25. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I	
(a) Hypertension			
(b) _____			
(c) _____			
29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify): _____		29b. DATE OF INJURY (Month, Day, Year): _____	
29c. HOUR OF INJURY: _____		29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED: _____	
29e. INJURY AT WORK (Yes or No): _____		29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.): _____	
29g. LOCATION: _____		29h. STREET OR ROUTE NUMBER: _____	
29i. CITY OR TOWN: _____		29j. STATE: _____	

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. MD

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

Nita Cox Gunter

Nita Cox Gunter
STATE REGISTRAR

OCT 30 96

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