STATE MS.-DESOTO CO.
FILED
Nov 25 10 33 AM '98
BK 343 PG 474
W.E. DAVIS CH. CLK.

Prepared by and return to:
N. MS Title & Escrow, LLC
Hugh H. Armistead, Attorney at Law
P.O. Box 609
Olive Branch, MS 38654
(601) 895-4844

SUSIE HAMILTON, ET AL,

GRANTORS

TO

QUITCLAIM DEED

BESSIE M. OLIVER,

GRANTEE

FOR AND IN CONSIDERATION of the sum of One Dollar ($1.00), cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, We, SUSIE HAMILTON, ROOSEVELT HAMILTON, MARGARET JOHNSON, JACOB HAMILTON, JR., ROBERT L. HAMILTON, SYLVESTER HAMILTON, BESSIE M. OLIVER, ISAIAH HAMILTON, and RAYMOND HAMILTON, do hereby grant, bargain, sell, quitclaim and convey unto BESSIE M. OLIVER, the land lying and being in DeSoto County, Mississippi, described as follows, to-wit:

> **Lot 1 of Berry Subdivision,** situated in Section 31, Township 2, Range 5 West, DeSoto County, Mississippi, as shown by plat thereof recorded in Plat Book 6, at Page 1, in the Office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation, Susie Hamilton survived her husband, Jacob Hamilton, he having departed this life on April 20, 1987, a copy of his death certificate being attached hereto as Exhibit "A".

Taxes for the year 1998 are to be paid by the Grantee, and possession is to take place upon delivery of this deed.

WITNESS OUR SIGNATURES, this the 28 day of October, 1998.

SUSIE HAMILTON

ROOSEVELT HAMILTON

MARGARET JOHNSON

JACOB HAMILTON, JR.

11-3-98

ROBERT L. HAMILTON

SYLVESTER HAMILTON

BESSIE M. OLIVER

ISAIAH HAMILTON

RAYMOND HAMILTON

STATE OF MISSISSIPPI
COUNTY OF DESOTO

PERSONALLY APPEARED BEFORE ME, the undersigned authority in and for the said county and state, on this 28 day of October, 1998, within my jurisdiction, the within named SUSIE HAMILTON, ROOSEVELT HAMILTON, MARGARET JOHNSON, JACOB HAMILTON, JR., ROBERT L. HAMILTON, SYLVESTER HAMILTON, BESSIE M. OLIVER, ISAIAH HAMILTON, and RAYMOND HAMILTON, who acknowledged that they executed the above and foregoing Quitclaim Deed.

George D. Gillespie
NOTARY PUBLIC

My Commission Expires:
June 1, 2002

Grantors' Address: 12641 Fairview Road, Byhalia, MS 38611
Home # (601) 838-6127 ; Work # ( ) Same

Grantee's Address: 12641 Fairview Road, Byhalia, MS 38611
Home # (601) 838-6127 ; Work # ( ) Same

No Title Work Performed.

BK 0343 PG 0476

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

BIRTH NO. _____ STATE FILE NO. 003023

1. DECEASED—NAME (FIRST, MIDDLE, LAST): Jacob Hamilton
2. DATE OF DEATH (MONTH, DAY, YEAR): 4-20-87
3a. AGE—LAST BIRTHDAY (YEARS): 80
3b. UNDER 1 YEAR: MOS / DAYS
3c. UNDER 1 DAY: HOURS / MIN.
4. DATE OF BIRTH (MONTH, DAY, YEAR): 12-24-06
5. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC (SPECIFY)): Black
ORIGIN OR DESCENT (ITALIAN, MEXICAN, GERMAN, ETC (SPECIFY)): Afro-American
6. SEX: Male
7a. COUNTY OF DEATH: Shelby
7b. CITY, TOWN OR LOCATION: Memphis
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC): St. Francis Hospital
7e. IF HOSP. OR INST. indicate DOA, Dr/Emer. Rm., Inpatient (Specify): Emer. Rm.
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Mississippi
9. CITIZEN OF WHAT COUNTRY: U. S. A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Susie Marion
12a. SOCIAL SECURITY NUMBER (IF NONE, SPECIFY): 425-22-9426
12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE): No
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Laborer
13b. KIND OF BUSINESS OR INDUSTRY: Fruehauf Trucking
14a. RESIDENCE—STATE: Mississippi
14b. COUNTY: Marshall
14c. CITY, TOWN, OR LOCATION: Byhalia
14d. STREET AND NUMBER: 12641 Fairview
14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14f. CENSUS TRACT NO.: NK—
15. FATHER—NAME: Arthur Hamilton
16. MOTHER—MAIDEN NAME: Mary Curry
17. INFORMANT—NAME: Margaret Johnson
MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE): 10452 Albert Rd. Olive Branch, MS
18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial
18b. DATE (MONTH, DAY, YEAR): 4-25-87
18c. CEMETERY OR CREMATORY—NAME: Greenfield
18d. LOCATION (CITY OR TOWN, STATE): Waterford, MS
19a. FUNERAL DIRECTOR (SIGNATURE): [signature]
19b. LICENSE NO.: FD 493
19c. EMBALMER (SIGNATURE): [signature]
19d. LICENSE NO.: ES 553
20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Gillespie F. H. 9179 Pigeon Roost Olive Branch, MS
21a. REGISTRAR—SIGNATURE: [signature]
21b. DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): May 14, 1987
22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED
SIGNATURE: [signature] DEGREE: MD
22b. DATE SIGNED (MONTH, DAY, YEAR): 5/5/87
23a. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED
SIGNATURE: _____ TITLE: _____
23b. DATE SIGNED (MONTH, DAY, YEAR): _____
24a. CERTIFIER—NAME (TYPE OR PRINT): MICHAEL PATTERSON MD
24b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 140 E. Brunswick St. Byhalia, MS 38611

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 JUL 20 1998 by [signature]
Glenn D. Force, Registrar
Vital Records Section