

BK 0346 PG 0248

Prepared by and return to:

Joseph M. Sparkman, Jr.
Attorney at Law
Post Office Box 266
Southaven, MS 38671-0266
601 349-6900

WARRANTY DEED

Mary J. Nelson, a Single Person
GRANTOR

to:

Patrick Van Hoek and wife, Jessica Van Hoek
GRANTEES

FOR AND IN CONSIDERATION of the sum of Ten and No/100 Dollars (\$10.00), cash in hand paid, and other good and valuable considerations, the receipt of which is hereby acknowledged, Mary J. Nelson, a Single Person does hereby sell, convey, and warrant unto Patrick Van Hoek and wife, Jessica Van Hoek, as tenants by the entirety with full rights of survivorship and not as tenants in common, the land lying and being situated in DeSoto County, Mississippi, being more particular described as follows, to wit:

Lot 447, Section "B", DeSoto Village Subdivision, in Section 34, Township 1 South, Range 8 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 8, Pages 16-21, in the office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation, Grantor's spouse, Paskell Nelson, departed this life on August 9, 1998, in Shelby County, TN, while an adult resident citizen of DeSoto County, Mississippi, as evidenced in the attached certificate.

The warranty in this Deed is subject to rights-of-way and easements of record for public roads and public utilities, subdivisions and zoning regulations in effect, prior reservations of oil and mineral rights, all applicable building restrictions and restrictive covenants of record, in the office of the Chancery Court Clerk of DeSoto County, Mississippi, including, but not limited to, Plat Book 8, Pages 16-21.

Taxes for the year 1999 are to be paid by Grantee and possession is to be given with receipt of Deed.

WITNESS the signature of the Grantors, this the 6th day of January 1999.

Mary J. Nelson
Mary J. Nelson

STATE MS. - DESOTO CO.
FILED

JAN 19 4 01 PM '99
OSM BK 346 PG 248
W.E. HARRIS CH. CLK.

STATE OF MISSISSIPPI
COUNTY OF DESOTO

PERSONALLY appeared before me, the undersigned authority in and for the said State and County aforesaid, the within named Mary J. Nelson, a Single Person, who acknowledge that she executed and delivered the above foregoing Warranty 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 6th day of January, 1999.

Jane R. Daniel
Notary Public

My Commission Expires:

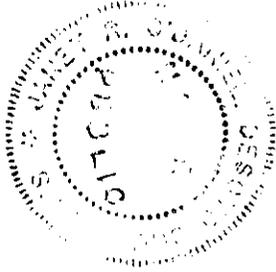
4/27/99

GRANTOR'S ADDRESS:

6186 Tranquil Drive
Olive Branch, MS 38654
Work Phone #: N/A
Home Phone #: 601-895-9575

GRANTEE'S ADDRESS:

6040 Tulane
Horn Lake, Mississippi 38637
Work Phone #: 800-446-4946
Home Phone #: 601-342-8912



TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

BK0346PG0250

TYPE/PRINT
 IN
 PERMANENT
 BLACK INK
 FOR
 INSTRUCTIONS
 IN
 HANDBOOK

NAME OF DECEASED
 For use by physician or informant

1. DECEDENT'S NAME (First, Middle, Last) Paskell Nelson			2. SEX Male		3. DATE OF DEATH (Month, Day, Year) August 09, 1998	
4. SOCIAL SECURITY NUMBER (of Deceased) 427-09-5331		5a. AGE LAST BIRTHDAY (years) 79	5b. UNDER 1 YEAR MO. DAYS	5c. UNDER 1 DAY HOURS MIN.	6. DATE OF BIRTH (Month, Day, Year) May 23, 1919	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		8a. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA 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) St. Francis 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) Mary Carter		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Press Operator		12b. KIND OF BUSINESS/INDUSTRY Conley Frog & Switch Co.
13a. RESIDENCE-STATE Ms.		13b. COUNTY DeSoto		13c. CITY, TOWN OR LOCATION Horn Lake		13d. STREET AND NUMBER OR RURAL LOCATION 6040 Tulane Road
13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		13f. ZIP CODE 38637		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) 10 College (1-4 or 5+)						
17. FATHER'S NAME (First, Middle, Last) Harvey Nelson			18. MOTHER'S NAME (First, Middle, Maiden Surname) Jo Emma Smith			
19a. INFORMANT'S NAME (Type/Print) MARY J. NELSON			19b. RELATIONSHIP TO DECEASED Spouse		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6040 Tulane Road Horn Lake, Ms. 38637	
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 Cemetery			20c. LOCATION-City or Town, State Memphis, Tn.	
21a. SIGNATURE OF FUNERAL DIRECTOR Paul Meeks		21b. LICENSE NUMBER OF FUNERAL DIRECTOR 4736		21c. SIGNATURE OF EMBALMER Wes Kirkpatrick		21d. LICENSE NUMBER OF EMBALMER 4939
22a. NAME AND ADDRESS OF FUNERAL HOME Forest Hill Funeral Home South 2545 East Holmes Road Memphis, Tn. 38118					22b. LICENSE NUMBER OF FUNERAL HOME 920	
23. REGISTRAR'S SIGNATURE <i>Andrew G. Holder Deputy</i>				24. DATE FILED (Month, Day, Year) AUG 28 1998		
25. 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.						
25a. SIGNATURE AND TITLE OF PHYSICIAN <i>[Signature]</i>				25b. LICENSE NUMBER MD5775		25c. DATE SIGNED (Month, Day, Year) 8/24/98
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.				26b. LICENSE NUMBER		26c. DATE SIGNED (Month, Day, Year)
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) Dr. Gary Murray, M.D. - 5220 Park Avenue, Memphis, TN. 38119						
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 resulting in death)		a. <i>pneumonia</i> DUE TO (OR AS A CONSEQUENCE OF)				Approximate Interval Between Onset and Death ~ 1-2 weeks
		b. <i>COPD</i> DUE TO (OR AS A CONSEQUENCE OF)				
		c. <i>respiratory failure</i> DUE TO (OR AS A CONSEQUENCE OF)				
		d. <i>cardiac arrest</i> DUE TO (OR AS A CONSEQUENCE OF)				
PART II. Enter 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 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY		31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
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)		

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

AG