

MARGARET L. BRANT, A SINGLE PERSON, GRANTOR

TO

WARRANTY DEED

MARC A. CLARK, ET UX, GRANTEEES

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, MARGARET L. BRANT, A SINGLE PERSON, do hereby sell, convey and warrant unto MARC A. CLARK and wife, JANIS E. CLARK, 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, more particularly described as follows, to-wit:

Lot 11, Dodson Acres Subdivision, located in Section 8, Township 2 South, Range 8 West, Desoto County, Mississippi, as per plat recorded in Plat Book 4, page 49 in the office of the Chancery Clerk of Desoto County, Mississippi.

The warranty in this deed is subject to subdivision and zoning regulations in effect in Desoto County, Mississippi, rights of way and easements for public roads and public utilities, and restrictive covenants for said subdivision.

Taxes to be pro-rated at closing and possession to take place upon closing.

STATE MS. - DESOTO CO.
FILED

APR 13 1 48 PM '99 *CBM*

BK 350 PG 524
W.F. DAVIS CH. CLK.

WITNESS MY SIGNATURE this the 31st day of March, 1999.

Margaret L. Brant
MARGARET L. BRANT

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 MARGARET L. BRANT, who acknowledged that he signed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned, as his free and voluntary act and deed.

GIVEN UNDER MY HAND and official seal of office, this the 31st day of March, 1999.

Kimberly Baker Richard
NOTARY PUBLIC

MY COMMISSION EXPIRES:

Notary Public State of Mississippi At Large
My Commission Expires on July 30, 2000
P.O. Box 611890 Little Rock, AR 72261-1890, AR.

(SEAL)

GRANTOR: 4195 Fogg Rd., Nesbit, MS 38651
(H) 781-2770 (W) 349-3193

GRANTEES: 4638 Fogg Road, Nesbit, MS 38651
(H) 395-7231 (W) Same

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

By way of explanation, please see the attached death certificate for Russell Brant, Sr.

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

BK0350PG0526

TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE HANDBOOK

STATE FILE NUMBER
3. DATE OF DEATH (Month, Day, Year)

1. DECEDENT'S NAME (First, Middle, Last) Russell Brant, Sr				2. SEX Male		3. DATE OF DEATH (Month, Day, Year) Oct. 12, 1998			
4. SOCIAL SECURITY NUMBER (of Deceased) 260-50-8134		5a. AGE LAST BIRTHDAY (Years) 64	5b. UNDER 1 YEAR MO'S 0 DAYS 0	5c. UNDER 1 DAY HOURS 0 MIN 0	6. DATE OF BIRTH (Month, Day, Year) June 8, 1934		7. BIRTHPLACE (City and State or Foreign Country) Ulmer, South Carolina		
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		9a. 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)						9d. COUNTY OF DEATH Shelby	
9b. FACILITY NAME (If not institution, give street and number) Methodist Central 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) Margaret Beck		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Truck Driver		12b. KIND OF BUSINESS/INDUSTRY Yellow Freight System			
13a. RESIDENCE-STATE MS		13b. COUNTY Desoto		13c. CITY, TOWN OR LOCATION Hernando		13d. STREET AND NUMBER OR RURAL LOCATION 4638 Fogg Rd			
13e. INSIDE CITY LIMITS? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		13f. ZIP CODE 38651		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 <i>Specify, if yes</i>		15. RACE-American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 9 College (1-4 or 5+)	
17. FATHER'S NAME (First, Middle, Last) Roy Lee Brant				18. MOTHER'S NAME (First, Middle, Maiden Surname) Annie Sue Thomas					
19a. INFORMANT'S NAME (Type/Print) Margaret Brant				19b. RELATIONSHIP TO DECEASED Wife		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4638 Fogg Rd, Nesbit, MS 38651			
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) Memorial Park Southwood		20c. LOCATION-City or Town, State Memphis, TN					
21a. SIGNATURE OF FUNERAL DIRECTOR <i>Harry Jones</i>		21b. LICENSE NUMBER OF FUNERAL DIRECTOR FS 153		21c. SIGNATURE OF EMBALMER <i>Gon A. Beale</i>		21d. LICENSE NUMBER OF EMBALMER 75794			
22a. NAME AND ADDRESS OF FUNERAL HOME Hernando Funeral Home, 315 Loshier St, Hernando, MS						22b. LICENSE NUMBER OF FUNERAL HOME FE 47			
23. REGISTRAR'S SIGNATURE <i>Mary Ann Bradshaw</i> Deputy						24. DATE FILED (Month, Day, Year) OCT 26 1998			
25a. PHYSICIAN: On the basis of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>Ron Lawson</i>						25b. LICENSE NUMBER 8758		25c. DATE SIGNED (Month, Day, Year) 10-19-98	
26a. 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						26b. LICENSE NUMBER		26c. DATE SIGNED (Month, Day, Year)	
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) Dr. Ron Lawson, 1325 Eastmoreland #370, 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 resulting in death) → Lung Cancer DUE TO (OR AS A CONSEQUENCE OF): a. _____ b. _____ c. _____ d. _____ Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								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.						29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input 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 type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 3 <input type="checkbox"/> Suicide 6 <input type="checkbox"/> Could not be Determined 4 <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY M	31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	31d. DESCRIBE HOW INJURY OCCURRED			
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)					

DECEDENT

NAME OF DECEDENT:
For use by physician or institution

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

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

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH