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STATE MS.-DESOTO CO.  
FILED

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APR 19 1 19 PM '99

BK 350 PG 798  
W.E. DAVIS CH. CLK.

LOUIS T. MAYS, CLARICE L. MAYS AND )  
CLARICE L. MAYS, TRUSTEE FOR THE LOUIS )  
T. & PAULINE E. MAYS IRREVOCABLE )  
HOUSE PRESERVATION TRUST )  
GRANTOR(S) )  
)  
TO )  
)  
MICHAEL TETLETON AND WIFE, )  
TAMMY TETLETON )  
GRANTEE(S) )

WARRANTY DEED

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, LOUIS T. MAYS, CLARICE L. MAYS AND CLARICE L. MAYS, TRUSTEE FOR THE LOUIS T. AND PAULINE E. MAYS IRREVOCABLE HOUSE PRESERVATION TRUST, does hereby grant, bargain, sell, convey and warrant unto MICHAEL TETLETON AND WIFE, TAMMY TETLETON, GRANTEE(S), as tenants by the entirety with full rights of survivorship and not as tenants in common, 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:

A tract of land being located in Section 35, Township 1 South, Range 9 West, DeSoto County, Mississippi and is more particularly described as follows:

Beginning at a P.K. Nail (found) at the accepted Southeast Corner of Section 35, Township 1 South, Range 9 West; thence South 85 degrees 12' 33" West 986.42 feet to a point; thence North 04 degrees 47' 27" West 53.00 feet to an iron pin (set), said point being the True Point of Beginning for the herein described tract; thence South 85 degrees 12' 33" West 223.55 feet to an iron pin (set); thence North 06 degrees 13' 35" West 845.24 feet to an iron pin (set); thence North 84 degrees 40' 00" East 223.60 feet to an iron pin (set); thence South 06 degrees 13' 35" East 847.36 feet to the Point of Beginning and being subject to all codes, covenants, regulations, restrictions, revisions, easements and rights-of-ways of record.

INDEXING INSTRUCTIONS: A tract of land located in the SE 1/4 of Section 35, Township 1 South, Range 9 West, DeSoto County, Mississippi.

By way of explanation, Pauline E. Mays passed away on September 22, 1996.

The parties hereby enter into this warranty deed to satisfy the covenants and conditions of the Louis T. & Pauline E. Mays Irrevocable House Preservation Trust Agreement.

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.

Possession is to be given with delivery of deed.

WITNESS MY SIGNATURE this the 13th day of April, 1999.

Louis T. Mays  
LOUIS T. MAYS

Clarice L. Mays  
CLARICE L. MAYS

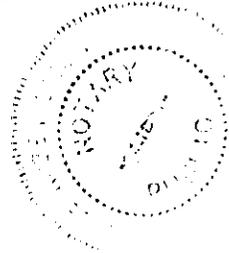
Clarice L. Mays, Trustee  
CLARICE L. MAYS, TRUSTEE

STATE OF MISSISSIPPI  
COUNTY OF DESOTO

PERSONALLY appeared before me the undersigned authority in and for said county and state, on this the 13th day of April, 1999, within my jurisdiction the within named CLARICE L. MAYS AND LOUIS E. MAYS, who acknowledged that they executed the above and foregoing instrument.

[Signature]  
Notary Public

My Commission Expires:  
June 18, 2000

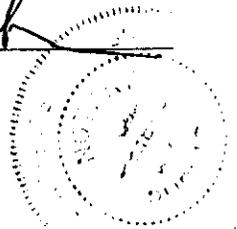


STATE OF MISSISSIPPI  
COUNTY OF DESOTO

PERSONALLY appeared before me in aforesaid County and State, on this the 13th day of April, 1999 within my jurisdiction the within named, CLARICE L. MAYS, who acknowledged that she is TRUSTEE for THE LOUIS T. & PAULINE E. MAYS IRREVOCABLE HOUSE PRESERVATION TRUST, and that in said representative capacity she executed the above and foregoing instrument after having been duly authorized so to do.

[Signature]  
Notary Public

My Commission Expires:  
June 18, 2000



GRANTOR'S ADDRESS:  
7160 Nail Road  
Walls, MS 38680  
Work Phone #: 601-781-0713  
Home #: 601-781-0713

GRANTEE'S ADDRESS:  
2675 Bracton Cove East  
Horn Lake, MS 38637  
Work #: 995-7230  
Home#: 342-2807

This Instrument Prepared By:  
Eric L. Sappenfield  
97 Stateline Rd., East Suite A  
Southaven, MS 38671  
601/342-2170

# STATE OF MISSISSIPPI

BK0350PG0800

## MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

TYPE OR PRINT WITH BLACK INK

FILING DATE **OCT 0 8 1996**

### CERTIFICATE OF DEATH

STATE FILE NUMBER **123-**

|  |   |   |   |   |   |  |   |  |
|--|---|---|---|---|---|--|---|--|
| If death occurred in an institution, see HANDBOOK, regarding completion of RESIDENCE items.<br><br>For RESIDENCE items, enter actual location of home rather than mailing address. | 1. NAME<br><b>PAULINE ELIZABETH MAYS</b>  |   | 2. SEX<br><b>FEMALE</b>   |   | 3a. HOUR OF DEATH<br><b>4:00P m.</b>  |  | 3b. DATE OF DEATH (Month, Day, Year)<br><b>SEPTEMBER 22, 1996</b>   |  |
|  | 4. RACE (Specify White, Black, American Indian, etc.)<br><b>WHITE</b>   |   | 5a. AGE AT LAST BIRTHDAY<br><b>73 Years</b>   |   | 5b. MOS<br><b>2</b>   |  | 5c. DAYS<br><b>2</b>  |  |
|  | 6. DATE OF BIRTH (Month, Day, Year)<br><b>JANUARY 16, 1923</b>  |   | 7a. COUNTY OF DEATH<br><b>DESOTO</b>  |   | 7b. CITY OR TOWN OF DEATH<br><b>WALLS</b>   |  | 7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location)<br><b>7160 NAIL RD.</b> |  |
|  | 7d. IF IN HOSP., OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA<br><b>NONE</b>  |   | 8. STATE OF BIRTH<br><b>ARKANSAS</b>  |   | 9. DECEDENT'S EDUCATION (Specify only highest grade completed)<br>Elem/High School/College<br><b>2</b>  |  | 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>MARRIED</b>   |  |
|  | 11. SURVIVING SPOUSE (If wife, give maiden name)<br><b>LOUIS T. MAYS</b>  |   | 12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No)<br><b>NO</b>  |   | 13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.)<br><b>AMERICAN</b>  |  | 14. SOCIAL SECURITY NUMBER<br><b>432-16-0915</b>  |  |
|  | 15a. USUAL OCCUPATION (Kind of work done most of working life)<br><b>HOMEMAKER</b>  |   | 15b. KIND OF BUSINESS OR INDUSTRY<br><b>HOME</b>  |   | 16a. RESIDENCE-STATE<br><b>MISSISSIPPI</b>  |  | 16b. COUNTY<br><b>DESOTO</b>  |  |
|  | 16c. CITY OR TOWN<br><b>WALLS</b>   |   | 16d. INSIDE CITY LIMITS (Specify Yes or No)<br><b>YES</b>   |   | 16e. STREET AND NUMBER OR RURAL LOCATION<br><b>7160 NAIL RD.</b>  |  | 17. FATHER-NAME<br><b>HENRY HAULUM</b>  |  |
|  | 17. MOTHER-NAME<br><b>PEARL DAVIS</b>   |   | 18. INFORMANT-NAME (Type or print)<br><b>LOUIS T. MAYS</b>  |   | 19a. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)<br><b>7160 NAIL RD., WALLS, MISSISSIPPI 38680</b> |  | 20a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>  |  |
|  | 20b. CEMETERY, CREMATORY-NAME<br><b>MEMORIAL PARK CEME.</b>   |   | 20c. LOCATION (City and State)<br><b>MEMPHIS, TN.</b>   |   | 21a. EMBALMER-SIGNATURE AND NUMBER<br><b>CHARLES L. VINSON #3556</b>  |  | 21b. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER<br><b>MEMORIAL PARK FUN. HOME #522</b>   |  |
|  | 21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)<br><b>5668 POPLAR AVE., MEMPHIS, TN 38119</b> |   | 22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print)<br><b>JEFFERY POUNDERS, DESOTO CTY. CORONER</b> |   | 22b. PRONOUNCED DEAD (Month, Day, Year)<br><b>ON 9/22/1996</b>  |  | 22c. PRONOUNCED DEAD (Hour) AT<br><b>4:30p m.</b>   |  |
| 23a. CERTIFIER-NAME (Type or print)<br><b>JEFFERY POUNDERS</b>   |   | 23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)<br><b>4942 POUNDERS RD., NESBIT, MS 38651</b> |   | 24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated<br><b>CONGESTIVE HEART FAILURE</b>                              |   | 24b. DATE SIGNED (Month, Day, Year)<br><b>9/27/1996</b>    |   |  |
| 24c. STATE LICENSE NUMBER<br><b>MD</b>   |   | 24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)  |   | 24e. On the basis of examination and/or investigation, in my opinion, death occurred due to (the cause(s) and manner as stated)<br><b>Desoto CMEI</b>     |   | 24f. TITLE<br><b>Desoto CMEI</b>                           |   |  |
| 24g. DATE SIGNED (Month, Day, Year)<br><b>9/27/1996</b>  |   | 25. PART I: IMMEDIATE CAUSE (Enter one cause only)<br><b>Congestive Heart Failure</b>   |   | 26. PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in PART I<br><b>Alzheimers</b> |   | 27. AUTOPSY (Yes or No)<br><b>NO</b>                       |   |  |
| 28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)<br><b>YES</b>   |   | 29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)  |   | 29b. DATE OF INJURY (Month, Day, Year)  |   | 29c. HOUR OF INJURY (Month, Day, Year)<br><b>m.</b>        |   |  |
| 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<br>Street or route number City or town 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., M.D.**  
F. E. Thompson, Jr., M.D., M.P.H.  
STATE HEALTH OFFICER

**Nita Cox Gunter**  
Nita Cox Gunter  
STATE REGISTRAR

OCT-9 96

**WARNING:**

A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

