

Cora B. Mills, an unmarried person
GRANTOR

TO

WARRANTY

Hal W. Guthrie
GRANTEE

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, Cora B. Mills, an unmarried person, do hereby sell, convey, and warrant unto Hal W. Guthrie 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 located in the Southwest Quarter of Section 30, Township 1 South, Range 8 West, DeSoto County, Mississippi, and being more particularly described as follows:

Beginning at the Southwest corner of Section 30, Township 1 South, Range 8 West, thence North 86 degrees 00' 08" East 993.60 feet to a point; thence North 04 degrees 07' 17" West 50.00 feet to an iron pin (set); said point being the True Point of Beginning for the herein described tract; thence North 04 degrees 33' 39" West 398.16 feet to an iron pin (found); thence North 86 degrees 02' 14" East 680.55 feet to an iron pin (set); thence South 04 degrees 40' 00" East 395.43 feet to an iron pin (found); thence South 85 degrees 00' 00" West 180.78 feet to an iron pin (set); thence North 04 degrees 07' 17" West 1.87 feet to an iron pin (set); thence South 86 degrees 06' 33" West 103.29 feet to an iron pin (set); thence South 84 degrees 58' 22" West 42.30 feet to an iron pin (set); thence North 66 degrees 01' 33" West 84.70 feet to an iron pin (set); thence South 85 degrees 57' 27" West 30.00 feet to an iron pin (set); thence South 44 degrees 19' 27" West 60.20 feet to an iron pin (set); thence South 85 degrees 57' 54" West 205.15 feet to the Point of Beginning.

INDEXING INSTRUCTIONS: A tract of land located in the Southwest 1/4 of Section 30, Township 1 South, Range 8 West, DeSoto County, Mississippi.

By way of explanation, L.W. Mills passed away on December 10, 1992.

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 1999 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 11th day of May, 1999.

Cora B. Mills
Cora B. Mills

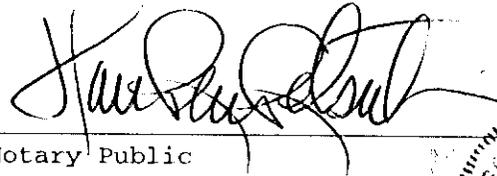
STATE MS. - DESOTO CO. *Be*
FILED

May 14 3 48 PM '99

BK. 352 PG. 342
FILED IN CLK.

STATE OF MISSISSIPPI
COUNTY OF DESOTO

PERSONALLY appeared before me, the undersigned authority in and for the said county and state, on this 11th day of May, 1999, within my jurisdiction, the within named Cora B. Mills, an unmarried person, who acknowledged that she executed the above foregoing instrument.



Notary Public



My Commission Expires:

June 18, 2000

GRANTOR'S ADDRESS:

1325 McIngvale #407
Hernando, MS 38632
Work Phone #: n/a
Home Phone #: 601-449-0589

GRANTEE'S ADDRESS:

239 Woodland Trace South
Nesbit, MS 38651
Work Phone #: 601-449-0245
Home Phone #: Same

THIS INSTRUMENT PREPARED BY:

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

FILE NUMBER: 7124

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
CERTIFICATE OF DEATH

BK0352PG0344

TYPE/PRINT
 IN
 PERMANENT
 BLACK INK
 FOR
 INSTRUCTIONS
 HANDBOOK

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last) Lemar Windfield Mills				2. SEX Male		3. DATE OF DEATH (Month, Day, Year) December 10, 1992	
4. SOCIAL SECURITY NUMBER (of Deceased) 410-12-4634		5a. AGE - LAST BIRTHDAY (Years) 75		5b. UNDER 1 YEAR MO. DAYS		6. DATE OF BIRTH (Month, Day, Year) Dec. 31, 1916	
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)				7. BIRTHPLACE (City and State or Foreign Country) Charleston, Mississippi	
9b. FACILITY NAME (If not institution, give street and number) Methodist Hospital Central				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) Cora Wilder		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Supervisor		12b. KIND OF BUSINESS/INDUSTRY Fruehauf Trailer Co.	
13a. RESIDENCE - STATE Mississippi		13b. COUNTY Desoto		13c. CITY, TOWN OR LOCATION Walls		13d. STREET AND NUMBER OR RURAL LOCATION 5774 West Goodman Rd.	
13e. INSIDE CITY LIMITS? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		13f. ZIP CODE 38680		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) Specify, if yes: No		15. RACE—American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) N/A		17. FATHER'S NAME (First, Middle, Last) Rupert Windfield Mills		18. MOTHER'S NAME (First, Middle, Maiden Surname) Polly Duff Harris			
19a. INFORMANT'S NAME (Type/Print) Mrs. Cora W. Mills				19b. RELATIONSHIP TO DECEASED Wife		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5774 W. Goodman Rd., Walls, MS 38680	
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		20c. LOCATION—City or Town, State Memphis, Tennessee			
21a. SIGNATURE OF FUNERAL DIRECTOR Walter M. Middleton		21b. LICENSE NUMBER OF FUNERAL DIRECTOR 2365		21c. SIGNATURE OF EMBALMER Charles L. Vinson		21d. LICENSE NUMBER OF EMBALMER 3556	
22a. NAME AND ADDRESS OF FUNERAL HOME MEMORIAL PARK, Hinds-Smythe Chapel 1900 Union Avenue, Memphis, TN 38104				22b. LICENSE NUMBER OF FUNERAL HOME 744			
23. REGISTRAR'S SIGNATURE <i>Phillip Jones</i>				24. DATE FILED (Month, Day, Year) DEC 21 1992			
25a. 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. 1 <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>Mark E. Hammond</i>						25b. LICENSE NUMBER MD015846	
25c. DATE SIGNED (Month, Day, Year) 12-15-92							
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. 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) Mark Hammond, M.D., 7655 Highway 72, Memphis, Tn.,							
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. cardiopulmonary arrest DUE TO (OR AS A CONSEQUENCE OF):				Approximate Interval Between Onset and Death	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		b. CA being DUE TO (OR AS A CONSEQUENCE OF):					
		c. _____ DUE TO (OR AS A CONSEQUENCE OF):					
		d. _____ DUE TO (OR AS A CONSEQUENCE OF):					
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 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 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)			

NAME OF DECEDENT
 For use by physician or registrar

DECEASED

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXERCISING CERTIFICATE NOT COMPLETE AND MEDICAL CERTIFICATION WITHIN 48 HRS.

INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

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

DEC 21 1992

Date Issued

by

Robert Stolarick

Robert Stolarick, Registrar
Vital Records Section

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