

STATE MS.-DE SOTO CO.
FILED

AUG 5 2 57 PM '99

*DeW
TC*

Prepared by:
William F. Travis
P. O. Box 187
Southaven, MS 38671
(601) 393-9295
RE99069

BK 357 PG 42
W.E. DAVIS CH. CLK.

HEIRS OF ELBERT GRAY THOMPSON, DECEASED,
GRANTORS

SPECIAL
WARRANTY

TO

DEED

DEBBIE L. CLARK,
GRANTEE

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, we, Donald Delane Smith, Linda K. Thompson Brown, Michelle King, Marjorie Hendricks and Sarah Alexander, heirs of Elbert Gray Thompson, deceased, pursuant to an Order entered by the Chancery Court of DeSoto County and recorded in the office of the Clerk of said Court, do hereby sell, convey, and warrant unto Debbie L. Clark the land being and lying in DeSoto County, Mississippi, more particularly described as follows:

Lot 2296, Section K, Southaven West Subdivision, located in Section 27, Township 1 South, Range 8 West, as shown on plat of said subdivision of record in Plat Book 4, Pages 4 and 5, in the office of the Chancery Clerk of DeSoto County, Mississippi, to which plat reference is hereby made for a more particular description of said lot.

And being further the same property conveyed to Elbert Gray Thompson and wife, Eva O. Thompson, as joint tenants with full rights of survivorship, by warranty deed of record in Book 83, Page 86, in the office of Chancery Clerk of DeSoto County, Mississippi. Eva O. Thompson died on December 23, 1997, leaving Elbert Gray Thompson as surviving tenant by entirety. Elbert Gray Thompson died on March 3, 1999, leaving a Will which has been entered for probate under Chancery Court Cause No. 99-6-724, wherein the property was left to Donald Delane Smith, Thomas Lee Thompson and Linda K. Thompson (Brown). Thomas Lee Thompson died December 22, 1998, leaving three children, Michelle King, Marjorie Hendricks and Sarah Alexander. Attached hereto as supporting documents are the following: Death certificates of Elbert Gray Thompson, Eva O. Thompson and Thomas Lee Thompson; Affidavits of Heirship; and Court Order authorizing sale of property filed for record on July 19, 1999, in Minute Book 206, Page 701.

The warranty in this deed is limited to that which we received in our capacity as heirs of Elbert Gray Thompson, deceased, and subject to rights of ways and easements for public roads and public utilities, to building, zoning, subdivision and health department regulations in effect in DeSoto County, Mississippi.

Taxes for 1999 have been prorated, and possession is given with this deed.

WITNESS the signatures of the heirs on the dates indicated.

Donald Delane Smith 8/1/99
Donald Delane Smith (Date)

Linda K. Thompson Brown 7/29/99
Linda K. Thompson Brown (Date)

Michelle King 7/30/99
Michelle King (Date)

Marjorie L. Hendricks 7/28/99
Marjorie Hendricks (Date)

Sarah Alexander 7-27-99
Sarah Alexander (Date)

STATE OF MISSISSIPPI:
COUNTY OF DESOTO:

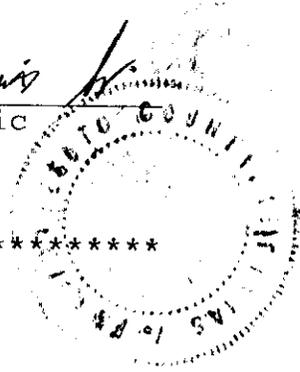
PERSONALLY APPEARED before me, the undersigned authority at law, in and for the State and County aforesaid, the within named Donald Delane Smith, who acknowledged that he signed and delivered the foregoing instrument on the day and year therein mentioned.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the 1st day of August, 1999.

My commission expires

Arvin W. Farris
Notary Public

Notary Public State of Mississippi At Large
My Commission Expires: September 14, 2000

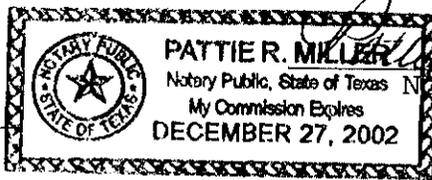


STATE OF TEXAS :
COUNTY OF Harris : TOL # 10739149

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the State and County aforesaid, the within named Linda K. Thompson Brown, who acknowledged that she signed and delivered the foregoing instrument on the day and year therein mentioned.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the 29th day of July, 1999.

My commission expires
12 27 02



Pattie R. Miller
Notary Public

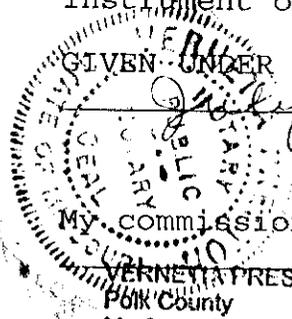
STATE OF MISSOURI :
COUNTY OF Polk :

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the State and County aforesaid, the within named Michelle King, who acknowledged that she signed and delivered the foregoing instrument on the day and year therein mentioned.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the 30th day of July, 1999.

My commission expires:

Verneta Preston
Notary Public



VERNETA PRESTON Notary Public
Polk County State of Missouri
My Commission Expires Mar. 21, 2003

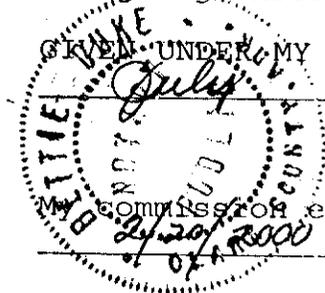
STATE OF ARKANSAS :
COUNTY OF Clark :

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the State and County aforesaid, the within named Marjorie Hendricks, who acknowledged that she signed and delivered the foregoing instrument on the day and year therein mentioned.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the 28th day of July, 1999.

My commission expires:

Bettie Duke
Notary Public



STATE OF ARKANSAS :
COUNTY OF Garland :

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the State and County aforesaid, the within named Sarah Alexander, who acknowledged that she signed and delivered the foregoing instrument on the day and year therein mentioned.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the 27 day of July, 1999.

My commission expires:

08/28/08



Jeanne Marie Carmack
Notary Public



Grantors Address:
c/o Donald Delane Smith
860 Tuscany Way
Horn Lake, MS 38637

Grantees Address:
2269 Colonial Hills
Southaven, MS 38671

Phone: Residence - 393-4571
Business - 393-4571

Phone: Residence -
Business -

STATE OF MISSISSIPPI

BK 0357PG0045

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS



TYPE OR PRINT WITH BLACK INK

FILING DATE

APR 26 1999

CERTIFICATE OF DEATH STATE OF MISSISSIPPI

STATE FILE NUMBER

123-99-007212

DECEASED

1. NAME: First **ELBERT**, Middle **G.**, Last **THOMPSON** 2. SEX: **MALE** 3a. HOUR OF DEATH: **11:50A** 3b. DATE OF DEATH (Month, Day, Year): **MARCH 3, 1999**

If death occurred in an institution, see HANDBOOK, regarding completion of RESIDENCE items

4. RACE (Specify White, Black, American Indian, etc.): **WHITE** 5a. AGE AT LAST BIRTHDAY: **86** Years 5b. MONTH: **5** 5c. DAYS: **3** 5d. HOURS: **11** 5e. MINS: **50** 6. DATE OF BIRTH (Month, Day, Year): **MAY 3, 1912** 7a. COUNTY OF DEATH: **DESOTO**

For RESIDENCE items, enter actual location of home rather than mailing address

7b. CITY OR TOWN OF DEATH: **SOUTHAVEN** 7c. HOSPITAL, OR OTHER INSTITUTION NAME AND NUMBER (If not in county, give street address, route number or other location): **BAPTIST HOSPITAL, DESOTO 17-B** 7d. INPT. OUTPT., EMER. RM. OR DOA: **EMERGENCY ROOM** 7e. STATE OF BIRTH: **TENNESSEE**

9. DECEDENT'S EDUCATION (Specify only highest grade completed): **Elementary School (1-4)** 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify): **WIDOWED** 11. SURVIVING SPOUSE (If wife, give maiden name): **N/A** 12. WAS DECEASED EVER IN US ARMED FORCES? (Yes or No): **NO**

13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.): **AMERICAN** 14. SOCIAL SECURITY NUMBER: **411-12-4599** 15a. USUAL OCCUPATION (Kind of work done, most of working life): **MAINTENANCE** 15b. KIND OF BUSINESS OR INDUSTRY: **TEXAS GAS CORP.**

16a. RESIDENCE—STATE: **MISSISSIPPI** 16b. COUNTY: **DESOTO** 16c. CITY OR TOWN: **SOUTHAVEN** 16d. INSIDE CITY LIMITS (Specify Yes or No): **YES** 16e. STREET AND NUMBER OR RURAL LOCATION: **2269 COLONIAL HILLS**

PARENTS

17. FATHER—NAME: First **HENRY**, Middle **THOMPSON**, Last **THOMPSON** 18. MOTHER—NAME: First **JIMMIE**, Middle **THOMPSON**, Maiden **THOMPSON**

INFORMANT

19a. INFORMANT—NAME (Type or print): **DONALD SMITH** 19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): **860 TUSCANY WAY - HORN LAKE, MS. 38637**

DISPOSITION

20a. BURIAL, CREMATION, REMOVAL (Specify): **BURIAL** 20b. CEMETERY, CREMATORY—NAME: **FOREST HILL, MIDTOWN** 20c. LOCATION (City and State): **MEMPHIS, TN.** 21a. EMBALMER—SIGNATURE AND NUMBER: **WILLIAM JOYNER, III 4341 TN**

21b. FUNERAL HOME—NAME AND MISSISSIPPI ID NUMBER: **FOREST HILL FUNERAL HOME, MIDTOWN** 21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): **1661 S. ELVIS PRESLEY BLVD. MEMPHIS, TN. 38106**

PRONOUNCEMENT

22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print): **Robert Turner, M.D.** 22b. PRONOUNCED DEAD (Month, Day, Year): **ON 3/3/1999** 22c. PRONOUNCED DEAD (Hour): **AT 11:50A m**

CERTIFIER

23a. CERTIFIER—NAME (Type or print): **JEFFREY POUNDERS, CORONER** 23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): **4942 POUNDERS RD., NESBIT, MS. 38651**

Mississippi State Board of Health
Form No. 511
Revised 1-1-89

This section to be completed by physician if NOT a medical examiner: 24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated: **Desoto, MS** 24b. DATE SIGNED (Month, Day, Year): **April 5, 1999** 24c. STATE LICENSE NUMBER: **Desoto, MS** 24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print): **Desoto, MS** 24e. On the basis of examination and/or investigation in my opinion, death occurred due to the cause(s) and manner as stated: **Desoto, MS** 24f. TITLE: **Desoto, MS** 24g. DATE SIGNED (Month, Day, Year): **April 5, 1999**

CAUSE OF DEATH

25. PART I: IMMEDIATE CAUSE (Enter one cause only): **Atrial Fibrillation** (a) DUE TO OR AS A CONSEQUENCE OF (Enter one cause only): **ASCD** (b) DUE TO OR AS A CONSEQUENCE OF (Enter one cause only): **ASCD** (c) DUE TO OR AS A CONSEQUENCE OF (Enter one cause only): **ASCD**

26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I: **Aspiration**

27. AUTOPSY (Yes or No): **No** 28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No): **Yes**

Use if death NOT due to natural causes:

29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED: **NO** 29b. DATE OF INJURY (Month, Day, Year): **NO** 29c. HOUR OF INJURY: **NO** 29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED: **NO**

29e. INJURY AT WORK (Yes or No): **NO** 29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.): **NO** 29g. LOCATION: **NO**

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., MD
F. E. Thompson, Jr., MD, MPH
STATE HEALTH OFFICER

Nita Cox Gunter
Nita Cox Gunter
STATE REGISTRAR

MAY 13 99

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.



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK.

TYPE/PRINT
 IN
 PERMANENT
 BLACK INK
 FOR
 INSTRUCTIONS
 HANDBOOK

210
 DECEASED
 D
 NR
 2
 NAME OF DECEASED:
 Per use by physician or informant

DISPOSITION

REGISTRAR

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXAMINING CERTIFICATE IS COMPLETE AND MEDICAL CERTIFICATION WITHIN 48 HRS.

SEE INSTRUCTIONS ON OTHER SIDE
 CAUSE OF DEATH

1. DECEASED'S NAME (First, Middle, Last) EVA ODELL THOMPSON						2. SEX FEMALE	3. DATE OF DEATH (Month, Day, Year) DECEMBER 23, 1997
4. SOCIAL SECURITY NUMBER (of Deceased) 426-38-4820	5a. AGE LAST BIRTHDAY (years) 85	5b. UNDER 1 YEAR MOS. DAYS	5c. UNDER 1 DAY HOURS MIN.	6. DATE OF BIRTH (Month, Day, Year) DEC. 6, 1912	7. BIRTHPLACE (City and State or Foreign Country) PONTOTOC, MS.		
8. WAS DECEASED 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)		9b. CITY, TOWN, OR LOCATION OF DEATH MEMPHIS			9c. COUNTY OF DEATH SHELBY
9d. FACILITY NAME (If not institution, give street and number) METHODIST SOUTH HOSPITAL		10. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify) MARRIED		11. SURVIVING SPOUSE (If wife, give maiden name) ELBERT THOMPSON		12. KIND OF BUSINESS/INDUSTRY HOMEMAKER	
13a. RESIDENCE-STATE MS	13b. COUNTY DESOTO	13c. CITY, TOWN OR LOCATION SOUTHAVEN		13d. STREET AND NUMBER OR RURAL LOCATION 2269 COLONIAL HILLS DR.			
13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	13f. ZIP CODE 38671	14. WAS DECEASED 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. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 College (1-4 or 5+)	
17. FATHER'S NAME (First, Middle, Last) HENRY LEE OWEN			18. MOTHER'S NAME (First, Middle, Maiden Surname) SARAH JANE ELIZABETH HAMBLIN				
19a. INFORMANT'S NAME (Type/Print) DONALD SMITH		19b. RELATIONSHIP TO DECEASED SON		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 860 TUSCANY WAY 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 MIDTOWN CEMETERY		20c. LOCATION: City or Town, State MEMPHIS, TN.			
21a. SIGNATURE OF FUNERAL DIRECTOR STEPHEN P. ANDERSON		21b. LICENSE NUMBER OF FUNERAL DIRECTOR 3943	21c. SIGNATURE OF EMBALMER WESLEY KIRKPATRICK		21d. LICENSE NUMBER OF EMBALMER 4939		
22a. NAME AND ADDRESS OF FUNERAL HOME FOREST HILL FUNERAL HOME 1661 ELVIS PRESLEY BLVD. MEMPHIS, TN. 38106				22b. LICENSE NUMBER OF FUNERAL HOME 919			
23. REGISTRAR'S SIGNATURE <i>David Lee Brown</i>				24. DATE FILED (Month, Day, Year) JAN 08 1998			
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.							
25b. SIGNATURE AND TITLE OF PHYSICIAN <i>Larry Whitlock</i>		25c. LICENSE NUMBER MDY296		25d. DATE SIGNED (Month, Day, Year) 1/5/98			
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. SIGNATURE AND TITLE OF MEDICAL EXAMINER		26c. LICENSE NUMBER		26d. DATE SIGNED (Month, Day, Year)			
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) DR. LARRY WHITLOCK 4122 SOUTH PLAZA MEMPHIS, TN. 38116							
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. Respiratory failure DUE TO (OR AS A CONSEQUENCE OF):					
		b. Chronic obstructive pulmonary disease 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 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 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	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)			

BK 0357 PG 0047

98-022824

JAN 07 1999

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Office of Vital Statistics

CERTIFICATE OF DEATH

1. DECEDENT'S NAME FIRST: Thomas MIDDLE: Leo LAST: Thompson			2. SEX Male	3. DATE OF DEATH (Mo., Day, Yr.) December 22, 1998
4. SOCIAL SECURITY NUMBER 409-80-6201		5a. AGE—Last Birthday (Mo., Yr.) 49	5b. UNDER 1 YEAR Months: Days:	5c. UNDER 1 DAY Hours: Minutes:
6. DATE OF BIRTH (Mo., Day, Yr.) May 30, 1949			7. BIRTHPLACE (City and State or Foreign Country) Hernando, MS	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes		9. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Etc./Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		
10. FACILITY NAME (If not institution, give street and number) 310 Ranger		10a. CITY, TOWN, OR LOCATION OF DEATH Haysville		10b. COUNTY OF DEATH Sedgwick
11. SURVIVING SPOUSE (If wife, give maiden name) Nancy James		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Logistics Analyst		12b. KIND OF BUSINESS/INDUSTRY (Do not give name of company) Aircraft Manufacturing
13a. RESIDENCE—STATE Kansas		13b. COUNTY Sedgwick	13c. CITY, TOWN, OR LOCATION AND ZIP CODE Haysville, 67060	
13d. STREET AND NUMBER 310 Ranger		13e. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
14. ANCESTRY—(Cuban, Mexican, Puerto Rican, Vietnamese, Hong, English, German, etc.) (Specify) American		15. RACE—(Native American, Black, White, etc.) (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12 College (1-4 or 5+): 2
17. FATHER'S NAME FIRST: Elbert Gray MIDDLE: Thompson LAST: Thompson		18. MOTHER'S NAME FIRST: Eva MIDDLE: Odell LAST: Owen		19. MAIDEN SURNAME
19a. INFORMANT'S NAME (Type) Nancy Thompson		19b. MAILING ADDRESS (Street and Number, or Rural Route, City or Town, State, Zip Code) 310 Ranger, Haysville, KS 67060		
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Greenwood Cemetery		20c. LOCATION—City or Town, State Wichita, KS
21a. FUNERAL SERVICE LICENSEE & LICENSE NO. (Signature) William L. Cozine #1490		21b. NAME OF EMBALMER & LICENSE NO. R. Glen McPherron, #3278		
22. NAME AND ADDRESS OF FIRM The Broadway Mortuary Inc. 1147 So. Broadway at Lincoln, Wichita, KS, 67211				
23a. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Signature and Title) X <i>Dennis Moore, Jr.</i>		23b. DATE SIGNED (Mo., Day, Yr.)		
23c. TIME OF DEATH A.M. P.M.		23d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		23e. NAME AND ADDRESS OF CERTIFIER (Physician, Coroner, etc.) Dennis Moore, Jr. MD 818 N. Emporia S-403, Wichita, KS 67214
24a. 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. (Signature and Title) X		24b. DATE SIGNED (Mo., Day, Yr.)		24c. TIME OF DEATH A.M. P.M.
24d. PRONOUNCED DEAD (Mo., Day, Yr.)		24e. PRONOUNCED DEAD (Hour) A.M. P.M.		
25. PART I. Enter the disease, 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. CHOLANGIOCARCINOMA METASTATIC TO LIVER + PERITONEUM Interval Between Onset and Death: 5 MONTHS b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): e. DUE TO (OR AS A CONSEQUENCE OF):				
26. PART II. Other significant conditions contributing to death, but not resulting in the underlying cause given in Part I.				
27a. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		27b. DATE OF INJURY (Mo., Day, Yr.)		27c. TIME OF INJURY A.M. P.M.
27d. INJURY AT WORK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27e. DESCRIBE HOW INJURY OCCURRED		
27f. PLACE OF INJURY—Own home, other residence, farm, street, factory, office building, etc. (Specify)		27g. LOCATION (Street and Number or Rural Route, City or Town, State)		
28. WAS CASE REFERRED TO CORONER <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		29. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH <input type="checkbox"/> Yes <input type="checkbox"/> No		

HEIRSHIP AFFIDAVIT

(Heirship of ELBERT GRAY THOMPSON, Deceased)

STATE OF MISSISSIPPI:

COUNTY OF DESOTO:

GERALD WADE THOMPSON, 982 WHITE PINE DR., SOUTHAVEN, MS 38671, of lawful age, being first duly sworn, upon his oath disposes and says:

That he was personally well acquainted with the above named decedent during his lifetime, having known him for 52 years, and that affiant bears the following relationship to the said decedent, to-wit:

NEPHEW

Affiant further states that the said decedent departed this life at SOUTHAVEN in DESOTO County, State of MISSISSIPPI, on or about MARCH 3, 1999, being 86 years old at the date of his death.

Affiant further states that he was well acquainted with the family and near relatives of the said decedent, and with all those who would under the laws of the State of MISSISSIPPI, be his heirs, and that the following statements and the answers to the following named questions are based upon the personal knowledge of affiant and are true and correct:

QUESTION 1---Did the decedent leave a will? ANSWER: YES

QUESTION 2---If so, has the will been admitted to probates--at what place, and when?

ANSWER: YES - CHANCERY COURT OF DESOTO COUNTY, MISSISSIPPI

QUESTION 3---Has an administrator been appointed for the estate of said deceased?

ANSWER: YES

QUESTION 4---If so, give the County in which the said administration proceedings are pending, and the name and address of the administrator.

ANSWER: DONALD DELANE SMITH, 860 TUSCANY WAY, HORNF LAKE, DESOTO COUNTY, MS. 38637

QUESTION 5---Give the name and address of the surviving widow of decedent.

ANSWER:

Name NONE Address _____
If not living, state date of death DECEMBER 23, 1997

QUESTION 6---If the decedent was married more than once, give the name of the former husband or wife, and state whether former spouse is dead or divorced.

ANSWER: NONE

QUESTION 7---On the blank lines below, give the names and places of residence of all the surviving children of deceased, together with the other information called for:

ANSWER: (Give names of surviving children only)

NAME OF CHILD	DATE OF BIRTH	NAME OF HUSBAND/WIFE	ADDRESS OR IF NOT LIVING DATE OF DEATH
1. <u>LINDA K. THOMPSON BROWN</u>	<u>1954</u>		<u>10011 GOLDEN SUNSHINE HOUSTON, TX 77064</u>
2. _____	_____	_____	_____
3. _____	_____	_____	_____

QUESTION 8---Give below the names of any deceased children of the decedent together with the other information called for.

ANSWER: NAME OF CHILD	DATE OF BIRTH	DATE OF DEATH	SURVIVING HUSBAND/WIFE	IF NOT LIVING DATE OF DEATH
1. <u>THOMAS LEE THOMPSON</u>	<u>MAY 30, 1949</u>	<u>DEC. 22, 1998</u>	<u>NONE NANCY</u>	<u>NE</u>
2. _____	_____	_____	_____	_____

QUESTION 9---Give the names of the children of any deceased son or daughter of the decedent:

NAME OF CHILD	DATE OF BIRTH	ADDRESS OR IF NOT LIVING, DATE OF DEATH	NAME OF FATHER/MOTHER
1. <u>MICHELLE KING</u>	<u>1973</u>	<u>1841 E. LAVERNE ST BOLIVAR, MO. 65613</u>	<u>THOMAS LEE THOMPSON</u>
2. <u>MARJORIE HENDRICKS</u>	<u>1976</u>	<u>1304 B WILSON ST. ARKADELPHIA AR 71923</u>	<u>THOMAS LEE THOMPSON</u>
3. <u>SARAH ALEXANDER</u>	<u>1977</u>	<u>550 FILES ST M167 HOT SPRINGS, AR 71913</u>	<u>THOMAS LEE THOMPSON</u>

QUESTION 10--Did the decedent have any adopted children or step-children taken into his home?

ANSWER: YES X NO _____ IF SO, WRITE THEIR NAMES, AGES AND ADDRESSES IN THE BLANK LINES BELOW:

DONALD DELANE SMITH, 860 TUSCANY WAY, HORN LAKE, MS 38637 STEP-SON

QUESTION 11--Did the decedent have any unpaid debts; and if so, give, as nearly as possible, the amount of such debts, and whether they have since been paid.

ANSWER: NO

QUESTION 12--If the decedent left no children, then give below the names and addresses (together with other information called for), of his surviving father, mother, brothers and sisters.

ANSWER: NAME	RELATIONSHIP	AGE	ADDRESS OR IF NOT LIVING,
<u>NONE</u>			

(Signed) [Signature]

Subscribed and sworn to before me this 29 day of July, 1999.

My Commission Expires: _____

[Signature]
NOTARY PUBLIC

Notary Public State of Mississippi At Large
My Commission Expires: September 14, 2000

CORROBORATING AFFIDAVIT

STATE OF MISSISSIPPI : (To be signed by some person other than the
COUNTY OF DESOTO : one making the foregoing affidavit.)

BETTY ANN THOMPSON, 982 WHITE PINE DR., SOUTHAVEN, MS 38371, of lawful
age, being first duly sworn, upon her oath states: That the information given in

the above and foregoing affidavit, made by GERALD WADE THOMPSON
is true, to the personal knowledge of this affiant.

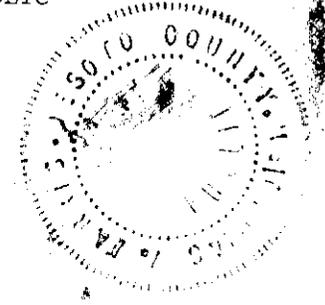
(Signed) Betty Ann Thompson

Subscribed and sworn to before me this 29 day of July
1999.

Thomas W. Harris
NOTARY PUBLIC

My commission expires

Notary Public State of Mississippi At Large
My Commission Expires: September 14, 2000



HEIRSHIP AFFIDAVIT

(Heirship of ELBERT GRAY THOMPSON, Deceased)

STATE OF MISSISSIPPI:

COUNTY OF DESOTO:

BETTY ANN THOMPSON, 982 WHITE PINE DR., SOUTHAVEN, MS 38671, of lawful age, being first duly sworn, upon his oath disposes and says:

That he was personally well acquainted with the above named decedent during his lifetime, having known him for 33 years, and that affiant bears the following relationship to the said decedent, to-wit:

NIECE BY MARRIAGE

Affiant further states that the said decedent departed this life at SOUTHAVEN in DESOTO County, State of MISSISSIPPI, on or about MARCH 3, 1999, being 86 years old at the date of his death.

Affiant further states that he was well acquainted with the family and near relatives of the said decedent, and with all those who would under the laws of the State of MISSISSIPPI, be his heirs, and that the following statements and the answers to the following named questions are based upon the personal knowledge of affiant and are true and correct:

QUESTION 1---Did the decedent leave a will? ANSWER: YES

QUESTION 2---If so, has the will been admitted to probates--at what place, and when?

ANSWER: YES - CHANCERY COURT OF DESOTO COUNTY, MISSISSIPPI

QUESTION 3---Has an administrator been appointed for the estate of said deceased?

ANSWER: YES

QUESTION 4---If so, give the County in which the said administration proceedings are pending, and the name and address of the administrator.

ANSWER: DONALD DELANE SMITH, 860 TUSCANY WAY, HORNE LAKE, DESOTO COUNTY, MS. 38637

QUESTION 5---Give the name and address of the surviving widow of decedent.

ANSWER:

Name NONE Address _____
If not living, state date of death DECEMBER 23, 1997

QUESTION 6---If the decedent was married more than once, give the name of the former husband or wife, and state whether former spouse is dead or divorced.

ANSWER: NONE

QUESTION 7---On the blank lines below, give the names and places of residence of all the surviving children of deceased, together with the other information called for:

ANSWER: (Give names of surviving children only)

NAME OF CHILD	DATE OF BIRTH	NAME OF HUSBAND/WIFE	ADDRESS OR IF NOT LIVING DATE OF DEATH
1. <u>LINDA K. THOMPSON BROWN</u>	<u>1954</u>		<u>10011 GOLDEN SUNSHINE HOUSTON, TX 77064</u>
2. _____	_____	_____	_____
3. _____	_____	_____	_____

QUESTION 8---Give below the names of any deceased children of the decedent together with the other information called for.

ANSWER: NAME OF CHILD	DATE OF BIRTH	DATE OF DEATH	SURVIVING HUSBAND/WIFE	IF NOT LIVING DATE OF DEATH
1. <u>THOMAS LEE THOMPSON</u>	<u>MAY 30, 1949</u>	<u>DEC. 22, 1998</u>	<u>NONE</u>	<u>NANCY</u>
2. _____	_____	_____	_____	_____

QUESTION 9---Give the names of the children of any deceased son or daughter of the decedent:

NAME OF CHILD	DATE OF BIRTH	ADDRESS OR IF NOT LIVING, DATE OF DEATH	NAME OF FATHER/MOTHER
1. <u>MICHELLE KING</u>	<u>1973</u>	<u>1841 E. LAVERNE ST BOLIVAR, MO. 65613</u>	<u>THOMAS LEE THOMPSON</u>
2. <u>MARJORIE HENDRICKS</u>	<u>1976</u>	<u>1304 B WILSON ST. ARKADELPHIA AR 71923</u>	<u>THOMAS LEE THOMPSON</u>
3. <u>SARAH ALEXANDER</u>	<u>1977</u>	<u>550 FILES ST M167 HOT SPRINGS, AR 71913</u>	<u>THOMAS LEE THOMPSON</u>

QUESTION 10--Did the decedent have any adopted children or step-children taken into his home?

ANSWER: YES X NO _____ IF SO, WRITE THEIR NAMES, AGES AND ADDRESSES IN THE BLANK LINES BELOW:

DONALD DELANE SMITH, 860 TUSCANY WAY, HORN LAKE, MS 38637 STEP-SON

QUESTION 11--Did the decedent have any unpaid debts; and if so, give, as nearly as possible, the amount of such debts, and whether they have since been paid.

ANSWER: NO

QUESTION 12--If the decedent left no children, then give below the names and addresses (together with other information called for), of his surviving father, mother, brothers and sisters.

ANSWER: NAME	RELATIONSHIP	AGE	ADDRESS OR IF NOT LIVING,
<u>NONE</u>			

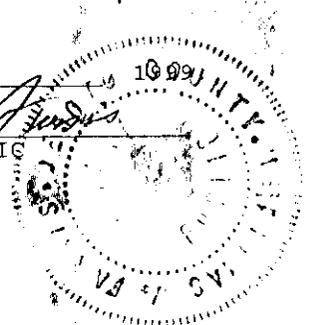
(Signed) Betty Ann Thompson

Subscribed and sworn to before me this

19 day of July

Thomas W. Hendrix
NOTARY PUBLIC

My Commission Expires:



CORROBORATING AFFIDAVIT

STATE OF MISSISSIPPI : (To be signed by some person other than the
COUNTY OF DESOTO : one making the foregoing affidavit.)

GERALD WADE THOMPSON, 982 WHITE PINE DR., SOUTHAVEN, MS 38371, of lawful
age, being first duly sworn, upon his oath states: That the information given in
the above and foregoing affidavit, made by BETTY ANN THOMPSON
is true, to the personal knowledge of this affiant.

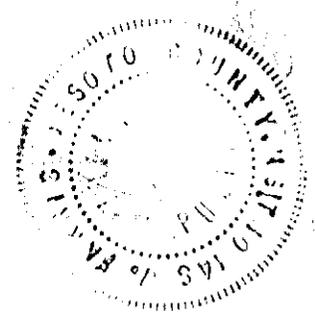
(Signed) *[Signature]*

Subscribed and sworn to before me this 29 day of July
1999.

[Signature]
NOTARY PUBLIC

My commission expires

Notary Public State of Mississippi At Large
My Commission Expires: September 14, 2000



IN THE CHANCERY COURT OF DESOTO COUNTY, MISSISSIPPI

IN THE MATTER OF:

THE ESTATE OF ELBERT GRAY THOMPSON,
DECEASED

NO. 99-6-724

ORDER AUTHORIZING THE SALE OF REAL PROPERTY ETC.

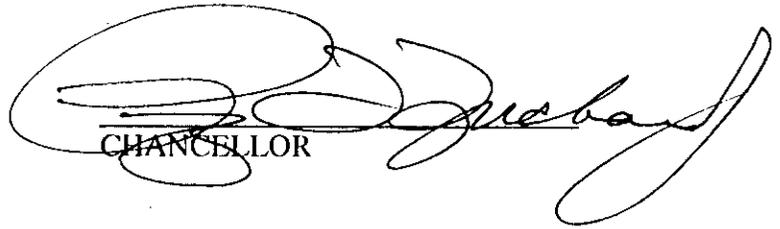
On this day the above cause came on for hearing upon the Petition of Donald Delane Smith, Michele King, Marjorie Hendricks, Sarah Alexander, and Linda Kay Thompson Brown requesting that this Court authorize the sale of certain real property in DeSoto County, Mississippi, owned by the decedent, Elbert Gray Thompson at the time of his death and being more particularly described or located as 2269 Colonial Hills Drive, Southaven, DeSoto County, Mississippi, and the Court, being fully advised in the premises and after ascertaining that this Order is approved by the heirs does hereby find and direct as follows:

1. That the Court does hereby approve the real estate contract which is attached as Exhibit "A" to the Petition.
2. That the Court does authorize the sale of the subject property referred to in the Petition for Authority to Sell Real Estate Etc.
3. That all sums or proceeds from the said sale are to be placed in a special estate account to be opened by the executor, Donald Delane Smith in a local bank in DeSoto County, Mississippi. That normal closing costs are to be deducted from the proceeds from the sale with remainder, as indicated to be deposited ^{by the Clerk of the Court} in the special estate account.
4. That the aforesaid sums or proceeds are to be retained in said account until further Orders of this Court which will make final disposition of same.

MINUTE BOOK 266 PAGE 701

FILED
JUL 19 1999
WE DAVIS, CLERK
J. K. L. D.C.

.. SO ORDERED, ADJUDGED AND DECREED, this the 19th day of July, 1999.


CHANCELLOR

APPROVED BY:

Donald Delane Smith
DONALD DELANE SMITH

Michele King
MICHELE KING

Marjorie A. Hendricks
MARJORIE HENDRICKS

Sarah Alexander
SARAH ALEXANDER

Linda Kay Thompson Brown
LINDA KAY THOMPSON BROWN

STATE OF MISSISSIPPI, COUNTY OF DESOTO
I HEREBY CERTIFY that the above and foregoing is a true
copy of the original in my office.
This the 22nd day of July, 1999
BY W. F. Davis Clerk of the Chancery Court D.C.