

BK 0359 PG 0144

BK 0359 PG 0329

STATE MS. - DESOTO CO.
FILED

STATE MS. - DESOTO CO.
FILED

12 SEP 8 9 15 AM '99

1 SEP 14 10 33 AM '99

BENITA ARNOLD,
GRANTOR

BK 359 PG 144
W.E. DAVIS CH. CLK.

6480 Birchfield Circle
Horn Lake, MS. 38637
res. 601-393-7920

BK 359 PG 329
W.E. DAVIS CH. CLK.

TO

IRWIN CHALIFF and
MARILYN W. CHALIFF,
GRANTEES

1800 Joy Cir., Apt. 79
Horn Lake, MS. 38637
res. 601-393-7479
bus. 901-523-3143

QUITCLAIM DEED

FOR AND IN CONSIDERATION of the sum of Ten and no/100 Dollars (\$10.00) cash in hand paid, and in consideration of the love and affection that I have for my natural parents, the named Grantees herein and for other good and valuable consideration, the receipt of all of which is hereby acknowledged, I BENITA ARNOLD, Grantor, widow of CHARLES ARNOLD, do hereby sell, convey and quitclaim unto IRWIN CHALIFF and wife MARILYN CHALIFF, Grantees, as tenants by the entirety with full rights of survivorship and not as tenants in common, all of my rights, title and interest in and to the following described property situated in DeSoto County, Mississippi, to-wit:

"Lot 999, DeSoto Village Subdivision, Section B, lying in Section 34, Township 1 South, Range 8 West as recorded in the land records in the office of the Chancery Clerk of DeSoto County, MS. in Plat Book 8, Pages 12-15.

By way of explanation, this is the same property conveyed to the Grantor et vir, CHARLES ARNOLD as recorded in Deed Book 162, page 229 in the office of the Chancery Clerk of DeSoto County, Mississippi. Further, CHARLES ARNOLD died on the 12th day of June, 199_.
(see Exhibit "A")

This conveyance is made subject to all applicable building restrictions, restrictive covenants and easements of record.

Possession of the premises is to be given by the Grantor to the Grantees, upon the delivery of this Deed.

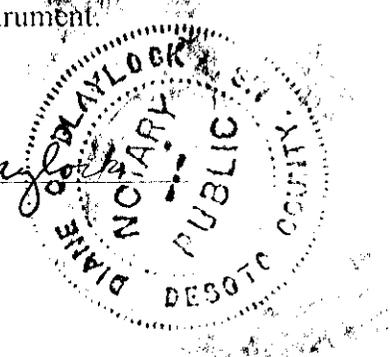
WITNESS ^{MY} ~~OUR~~ SIGNATURES, this the 2nd day of September 1999.

Benita Arnold
BENITA ARNOLD, GRANTOR

STATE OF MISSISSIPPI
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said county and state, on this the 2nd day of September, 1999, within my jurisdiction, the within named BENITA ARNOLD who acknowledged that they executed the above and foregoing instrument.

Deane O Playlock
NOTARY PUBLIC



NO TITLE SEARCH REQUESTED OR PERFORMED.

Prepared by and return to:
D. RUSSELL JONES, JR.
Attorney at Law
P.O. Box 671
Southaven, MS. 38671
342-0800

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

BK0359PG0146
 STATE FILE NUMBER

TYPE/PRINT
 IN
 PERMANENT
 BLACK INK
 FOR
 INSTRUCTIONS
 E HANDBOOK

NAME OF DECEASED:
 For use by physician or institution

1. DECEDENT'S NAME (First, Middle, Last) Charles Wayne Arnold				2. SEX Male		3. DATE OF DEATH (Month, Day, Year) June 12, 1992		
4. SOCIAL SECURITY NUMBER (of Deceased) 408-23-1231		5a. AGE - LAST BIRTHDAY (Years) 32		5b. UNDER 1 YEAR MO: <input type="checkbox"/> DAYS: <input type="checkbox"/>		5c. UNDER 1 DAY HOURS: <input type="checkbox"/> MIN: <input type="checkbox"/>		
6. DATE OF BIRTH (Month, Day, Year) 4-28-1960				7. BIRTHPLACE (City and State or Foreign Country) Memphis, TN				
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 type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input checked="" 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) Shelby Dr. at Airways Blvd.			9c. CITY, TOWN, OR LOCATION OF DEATH Memphis, TN			9d. COUNTY OF DEATH Shelby		
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Benita Chaliff		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Metalworker		12b. KIND OF BUSINESS/INDUSTRY Metal Shop		
13a. RESIDENCE - STATE MS		13b. COUNTY Desoto		13c. CITY, TOWN OR LOCATION Horn Lake		13d. STREET AND NUMBER OR RURAL LOCATION 6480 Birchfield Circle		
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.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Specify, if yes:		15. RACE—American Indian, Black, White, etc. (Specify) White		
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)								
17. FATHER'S NAME (First, Middle, Last) James Alvin Arnold				18. MOTHER'S NAME (First, Middle, Maiden Surname) Irene Passmore				
19a. INFORMANT'S NAME (Type/Print) Benita Arnold		19b. RELATIONSHIP TO DECEASED Wife		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 38637 6480 Birchfield Circle, HornLake, MS				
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) Twin Oaks Memorial Gardens		20c. LOCATION—City or Town, State Southaven, MS				
21a. SIGNATURE OF FUNERAL DIRECTOR <i>Michael McQueen</i>		21b. LICENSE NUMBER OF FUNERAL DIRECTOR 4084		21c. SIGNATURE OF EMBALMER <i>Michael McQueen</i>		21d. LICENSE NUMBER OF EMBALMER 4160		
22a. NAME AND ADDRESS OF FUNERAL HOME Twin Oaks Funeral Home 290 Goodman Rd E., Southaven, MS 38671						22b. LICENSE NUMBER OF FUNERAL HOME FE 429		
23. REGISTRAR'S SIGNATURE <i>Patti Moore</i> Deputy				24. DATE FILED (Month, Day, Year) June 17, 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								
25b. LICENSE NUMBER						25c. DATE SIGNED (Month, Day, Year)		
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 2536						26c. DATE SIGNED (Month, Day, Year) June 15, 1992		
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) J.T. Francisco, M.D. 3 North Dunlap Memphis, Tn 38163								
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) → Multiple Blunt Force Injuries DUE TO (OR AS A CONSEQUENCE OF): a. _____ b. _____ c. _____ d. _____ 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 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 type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input checked="" 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 checked="" type="checkbox"/> No	31d. DESCRIBE HOW INJURY OCCURRED Involved in auto accident		
31e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) Street				31f. LOCATION (Street and Number or Rural Route Number, City or Town, State) Shelby Dr./Airways				

BK0359PG0146

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

SEE 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

Date Issued

JUN 17 1992

by

Robert Stolarick

Robert Stolarick, Registrar
Vital Records Section

RB

D. RUSSELL JONES, JR.

ATTORNEY AT LAW

7105 SWINEA RD., STE. 2 • POST OFFICE BOX 671
SOUTHAVEN, MISSISSIPPI 38671