

PREPARED BY AND RETURN TO:
TAYLOR, JONES, ALEXANDER & SORRELL, LTD.
ATTORNEYS AT LAW, P. O. BOX 188
SOUTHAVEN, MS. 38671
(662) 342-1300

BLANCHE McCALL,
GRANTOR(S)

WARRANTY

TO

DEED

JAMES E. DAVENPORT and wife,
DONNA K. DAVENPORT
GRANTEE(S)

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00) cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, I, BLANCHE McCALL do hereby sell, convey, and warrant unto JAMES E. DAVENPORT and wife, DONNA K. DAVENPORT as tenants by the entirety with the full rights of survivorship and not as tenants in common the land and all appurtenances thereon lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

Lot 2, Section "A", CEDARHILLS SUBDIVISION, in the East Half of Section 27, Township 1, Range 7, DeSoto County, Mississippi as per plat recorded in Plat Book 6, Page 12 in the Chancery Clerk's Office of DeSoto County, Mississippi.

The above property is the same property conveyed to Earnest L. McCall and wife, Blanche McCall by Warranty Deed of record in Book 111, Page 37 in the Chancery Clerk's Office of DeSoto County, Mississippi. Blanche McCall executes this instrument also to convey her interest in the above described property as sole survivor of Ernest L. McCall who passed away on or about August 2, 1998.

The warranty in this deed is subject to subdivision restrictions, building lines and easements, any covenants of record; rights of ways and easements for public roads and public utilities, to building, zoning, subdivision and health department regulations in effect for DeSoto County, Mississippi.

Taxes for the year 1999 have been prorated as of this date based on the previous year and are to be paid by the Grantees.

Possession is to be given on delivery of this Warranty Deed.

WITNESS our signature(s), this the 29th day of September, 1999.

Blanche McCall
BLANCHE McCALL

STATE OF MISSISSIPPI
COUNTY OF DESOTO

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the jurisdiction aforesaid, the within named BLANCHE McCALL who acknowledged that she signed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned, as her free act and deed, and for the purposes therein expressed.

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

Marjorie J. Cradd
Notary Public
MY COMMISSION EXPIRES Sept. 7, 2003

My commission expires: _____

PROPERTY ADDRESS: 7261 MALONE RD., OLIVE BRANCH, MS 38654

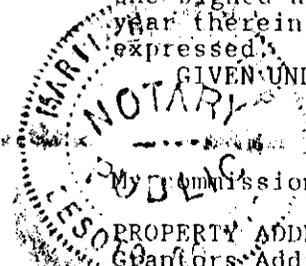
Grantors Address:
3525 Kirby Apt H107
Memphis, TN 38115
Res# *368-5139*
Bus# _____

Grantees Address:
7261 Malone Rd.
Olive Branch, Ms. 38654
Res# *342-6270*
Bus# *547-6530*

STATE MS.-DESOTO CO.
FILED

OCT 5 8 57 AM '99

BK 360 PG 491
W.F. CLK.



DMC

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

REPRINT
IN
PERMANENT
LACK INK
FOR
INSTRUCTIONS
HANDBOOK

STATE OF TENNESSEE
DATE OF DEATH (Month, Day, Year)
Male August 2, 1998

1 DECEDENT'S NAME (First, Middle, Last) Ernest Lee McCall
2 SEX Male
3 DATE OF DEATH (Month, Day, Year) August 2, 1998
4 SOCIAL SECURITY NUMBER (of Decedent) 409-26-8701
5a AGE LAST BIRTHDAY (Month, Day, Year) 81
5b MONTHS 00
5c DAYS 00
6 DATE OF BIRTH (Month, Day, Year) Feb 28, 1917
7 BIRTHPLACE (City and State or Foreign Country) White County AR

DECEDENT

8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 No 2 X No
9a FACILITY NAME (If not institution, give street and number) Baptist East
9b CITY, TOWN, OR LOCATION OF DEATH Memphis
9c COUNTY OF DEATH Shelby
10 MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify) Married
11 SURVIVING SPOUSE (If wife, give maiden name) Blanche Bedell
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Carpenter
12b KIND OF BUSINESS/INDUSTRY S&W Construction
13a RESIDENCE-STATE MS
13b COUNTY DeSoto
13c CITY, TOWN OR LOCATION Olive Branch
13d STREET AND NUMBER OR RURAL LOCATION 7261 Malone Rd
13e INSIDE CITY LIMITS? 1 Yes 2 No 2 X No
13f ZIP CODE 38654
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes No No
15 RACE: American Indian, Black, White, etc (Specify) White
16 DECEDENT'S EDUCATION (Specify only highest grade completed) 10
Elementary/Secondary (10-12) College (11-4 or 5-1)

PARENTS

17 FATHER'S NAME (First, Middle, Last) Marion McCall
18 MOTHER'S NAME (First, Middle, Maiden Surname) Florence Pruitt

INFORMANT

19a INFORMANT'S NAME (Type Print) Blanche McCall
19b RELATIONSHIP TO DECEASED Wife
19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7261 Malone Rd Olive Branch MS 38654

DISPOSITION

20a METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Forest Hill South
20c LOCATION: City or Town, State Memphis TN
21a SIGNATURE OF FUNERAL DIRECTOR Jason Dixon
21b LICENSE NUMBER OF FUNERAL DIRECTOR 4732
21c SIGNATURE OF EMBALMER Glenn Gray
21d LICENSE NUMBER OF EMBALMER 4629

REGISTRAR

22a NAME AND ADDRESS OF FUNERAL HOME Memphis Funeral Home Poplar P.O. Box 17069 Memphis TN 38187-0669
22b LICENSE NUMBER OF FUNERAL HOME 416
23 REGISTRAR'S SIGNATURE Audrey C. Belder Deputy
24 DATE FILED (Month, Day, Year) AUG 11 1998

CERTIFIER

25 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 SIGNATURE AND TITLE OF PHYSICIAN Richard D O'Donnell M.D.
25b LICENSE NUMBER MD 000013987
25c DATE SIGNED (Month, Day, Year) 8/15/98
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 SIGNATURE AND TITLE OF MEDICAL EXAMINER

PHYSICIAN OR MEDICAL EXAMINER EXTINGUISHING CERTIFICATE COMPLETE AND MEDICAL CERTIFICATION WITHIN 48 HOURS

CAUSE OF DEATH

27 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type Print) Richard O'Donnell, M.D. 8938 Mid South Ave Olive Branch MS 38654
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. Nodal cardiac rhythm + cardiac arrhythmia or minute
DUE TO (OR AS A CONSEQUENCE OF):
b. Myocardial ischemia nine days
DUE TO (OR AS A CONSEQUENCE OF):
c. Coronary Arterial Disease years
DUE TO (OR AS A CONSEQUENCE OF):
d.
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
hypertension, vitamin B-12 deficiency

SEE INSTRUCTIONS ON OTHER SIDE

29a. WAS AN AUTOPSY PERFORMED? 1 Yes 2 No 2 X No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No 2 X No

30. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be Determined 4 Homicide
31a DATE OF INJURY (Month, Day, Year)
31b TIME OF INJURY
31c INJURY AT WORK? 1 Yes 2 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)

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

AUG 21 1998

by *Glenn D. Fouse*
Glenn D. Fouse, Registrar
Vital Records Section