

BK 036 | PG 0172

STATE MS. - DESOTO CO.
FILED

OCT 14 9 19 AM '99

WARRANTY DEED

BK 301 PG 172
W. J. DAVIS, CH. CLK.

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00), cash in hand paid, and other good, legal and valuable considerations, the receipt of all of which is hereby acknowledged, the undersigned, Jewel C. Hathcock and Frances M. Hathcock having predeceased her as reflected in that certain Certificate of Death attached as Exhibit "A", does hereby sell, convey and warrant unto Timothy J. Salsberg and wife, Diane Salsberg, as joint tenants with full rights of survivorship and not as tenants in common, the land and property lying and being situated in the County of DeSoto, State of Mississippi, described as follows, to wit:

Lot 141, Section A, Southaven Subdivision, situated in Section 14, Township 1 South, Range 8 West, in DeSoto County, Mississippi, as shown on Plat of record in Plat Book 2, Pages 4-5, in the office of the Chancery Clerk of DeSoto County, Mississippi, to which Plat reference is made for a more particular description.

THIS CONVEYANCE is made subject to all applicable building restrictions, restrictive covenants, easements and mineral reservations of record.

IT IS AGREED and understood that the taxes for the current year have been prorated as of this date on an estimated basis. When said taxes are actually determined, if the proration as of this date is incorrect, then the Grantor agrees to pay to the Grantees or assigns any deficit on an actual proration, and likewise the Grantees agree to pay to the Grantor or assigns any amount overpaid by it.

WITNESS THE SIGNATURE of the Grantor, this the 17th day of September, 1999

Jewel C. Hathcock
Jewel C. Hathcock

STATE OF MISSISSIPPI
DeSoto
COUNTY OF HINDS

Personally appeared before me, the undersigned authority in and for the aforesaid jurisdiction, Jewel C. Hathcock who acknowledged that she signed and delivered the above and foregoing

WARRANTY DEED on the day and year therein mentioned for the intent and purpose therein expressed

Given under my hand and seal of office, this the 17th day of September

1999.



Julie M. Threlkeld
NOTARY PUBLIC

My Commission Expires.
April 26, 2003

GRANTEES:

Address: 1302 Staunton Dr
Southaven MS 38671
Home Phone: 662-280-3535
Bus. Phone: none
Social Security No.:

GRANTORS:

Address: 353 Fairway Oaks
Hemphill MS 38132
Home Phone: 662-393-7492
Bus. Phone: none
Social Security No.:

INDEXING INSTRUCTIONS:

Prepared By:

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Attorney at Law
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Clinton, Mississippi 39060
(601) 924-2907
Ms. Bar #1782

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

TYPE OR PRINT WITH BLACK INK

FILING DATE **MAR 04 1998**

CERTIFICATE OF DEATH

STATE FILE NUMBER **123-**

DECEASED	1. NAME Francis M. Halhcock		2. SEX M	3a. HOUR OF DEATH 8:15^m	3b. DATE OF DEATH (Month, Day, Year) 2-27-98
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 67 Years	5b. MOS 67	5c. DAYS 1-6-1931	5d. HOURS 1-6-1931
	5e. MINS	6. DATE OF BIRTH (Month, Day, Year)		7a. COUNTY OF DEATH Lafayette	
For RESIDENCE items, enter actual location of home rather than mailing address	7b. CITY OR TOWN OF DEATH Oxford	7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) msvH (MS State Veterans Home) Inpt.		7d. IF IN HOSP. OR INST SPECIFY INPT., OUTPT., EMER. RM. OR DOA ms	8. STATE OF BIRTH MS
	9. DECEDENT'S EDUCATION (Specify only highest grade completed) High School	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	11. SURVIVING SPOUSE (If wife, give maiden name) Jewel Cain	12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) yes	
For RESIDENCE items, enter actual location of home rather than mailing address	13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) Caucasian	14. SOCIAL SECURITY NUMBER 426-74-5859	15a. USUAL OCCUPATION (Kind of work done, most of working life) Computer Operator	15b. KIND OF BUSINESS OR INDUSTRY Federal Aviation Administration	
	16a. RESIDENCE-STATE MS	16b. COUNTY Lafayette	16c. CITY OR TOWN Oxford	16d. INSIDE CITY LIMITS (Specify Yes or No) YES	16e. STREET AND NUMBER OR RURAL LOCATION 120 Veterans
PARENTS	17. FATHER-NAME H.T. Halhcock Sr.			18. MOTHER-NAME Lela Thomsson	
INFORMANT	19a. INFORMANT-NAME (Type or print) Tonya R. Hutching, RN.		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 771309 Staunton ; Southaven, MS 38761		
DISPOSITION	20a. BURIAL, CREMATION, REMOVAL (Specify) Burial	20b. CEMETERY, CREMATORY-NAME Brister Cemetery	20c. LOCATION (City and State) RFD Holmes, CO	21a. FUNERAL HOME-NAME AND MISSISSIPPI ID NUMBER Southern Funeral Home 265	
PRONOUNCEMENT	22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print) Tonya Hutching, RN.		22b. PRONOUNCED DEAD (Month, Day, Year) ON 2-27-98	22c. PRONOUNCED DEAD (Hour) (AT) 8:15 A.M.	
	23a. CERTIFIER-NAME (Type or print) E. C. Stone, MD		23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 2166 S. Lamar, Oxford, MS 38655		
CERTIFIER Mississippi State Board of Health Form No. 511 Revised 1-1-89	24a. To the best of my knowledge and belief, death occurred due to the cause(s) and manner as stated Sepsis, Myocardial Infarction		24b. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated		
	SIGNATURE <i>[Signature]</i>		SIGNATURE <i>[Signature]</i>		
	24c. DATE SIGNED (Month, Day, Year) 2-27-98	24d. STATE LICENSE NUMBER 47943	24e. TITLE MD		24f. DATE SIGNED (Month, Day, Year)
	24g. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24h. DATE SIGNED (Month, Day, Year)		
CAUSE OF DEATH Conditions, if any, which gave rise to immediate cause stating the underlying cause last	25. PART I: IMMEDIATE CAUSE (Enter one cause only) (a) Sepsis, Myocardial Infarction, Resistant Staphylococcal Aureus DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only)			Interval between onset and death	
	(b) Aspiration Pneumonia DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only)			Interval between onset and death	
(c) Cerebral Thrombosis DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only)			Interval between onset and death		
26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I Myocardial Infarction			27. AUTOPSY (Yes or No) NO	28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) NO	
Use if death NOT due to natural causes	29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)	29b. DATE OF INJURY (Month, Day, Year)	29c. HOUR OF INJURY	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	Street or route number, City or town, State	

EXHIBIT "A"

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

MAR -5 98

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