

BONNIE C. GAY, TRUSTEE AND HEATHER )  
LYNN ERICKSON, TRUSTEE OF THE )  
JAMES V. GAY, SR. LIVING TRUST AND )  
FRANK GIVEN )  
GRANTOR(S)

STATE MS. - DESOTO CO. )  
FILED )  
Nov 12 1 34 PM '99

WARRANTY DEED

TO

HOPE BAPTIST CHURCH OF )  
OLIVE BRANCH, INC. )  
GRANTEE(S)

BK 362 PG 728  
W.F. DAVIS, CH. CLK.

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, BONNIE C. GAY, TRUSTEE AND HEATHER LYNN ERICKSON, TRUSTEE OF THE JAMES V. GAY, SR. LIVING TRUST AND FRANK GIVEN, GRANTOR(S), do hereby grant, bargain, sell, convey and warrant unto HOPE BAPTIST CHURCH OF OLIVE BRANCH, INC., GRANTEE, 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 Section 33, Township 1 South, Range 5 West, DeSoto County, Mississippi and being more particularly described as follows:

Beginning at the Northwest corner of Section 33, Township 1 South, Range 5 West; thence South 00 degrees 00' 00" West 1030.71 feet to an iron pin (found), said point being the TRUE POINT OF BEGINNING for the herein described tract; thence North 88 degrees 52' 47" East 496.17 feet to an iron pin (found); thence South 04 degrees 53' 43" West 35.98 feet to an iron pin (Found); thence South 86 degrees 14' 35" East 116.09 feet to an iron pin (found); thence North 01 degrees 39' 06" East 76.22 feet to an iron pin (found); thence North 88 degrees 52' 46" East 472.45 feet to a point; thence South 13 degrees 17' 45" West 1019.42 feet to an iron pin (found); thence South 88 degrees 35' 19" West 56.71 feet to an iron pin (found); thence South 89 degrees 25' 17" West 778.39 feet to an iron pin (found); thence North 00 degrees 50' 23" West 207.28 feet to an iron pin (found); thence North 88 degrees 40' 02" East 166.51 feet to an iron pin (found); thence North 01 degrees 04' 22" West 207.42 feet to an iron pin (found); thence South 88 degrees 40' 31" West 165.67 feet to an iron pin (found); thence North 00 degrees 50' 23" West 153.57 feet to an iron pin (found); thence North 89 degrees 09' 37" East 188.90 feet to an iron pin (found); thence North 00 degrees 50' 23" West 230.00 feet to an iron pin (found); thence South 89 degrees 09' 37" West 188.90 feet to an iron pin (found); thence North 00 degrees 50' 23" West 151.48 feet to the POINT OF BEGINNING.

INDEXING INSTRUCTIONS: A tract of land located in the NW 1/4 of Section 33, Township 1 South, Range 5 West, DeSoto County, Mississippi.

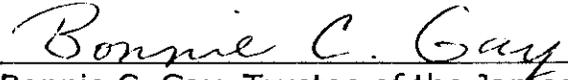
By way of Explanation James V. Gay, Sr. passed away on September 22, 1999 and Bonnie C. Gay and Heather Lynn Erickson are Successor Trustees of the James V. Gay, Sr. Living Trust as recorded in Book 65, Page 484, in the Office of the Chancery Clerk of DeSoto County, Mississippi.

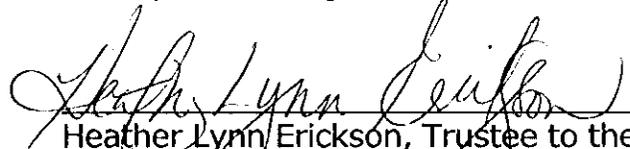
The warranty in this deed is subject to subdivision and zoning regulations in effect in DeSoto County, rights of ways and easements for public roads and public utilities and restrictive covenants and easements of record.

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 deed.

WITNESS MY SIGNATURE this the 5th day of November, 1999.

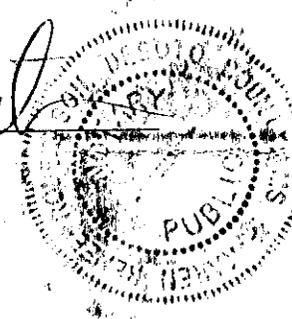
  
\_\_\_\_\_  
Bonnie C. Gay, Trustee of the James  
V. Gay, Sr. Living Trust

  
\_\_\_\_\_  
Heather Lynn Erickson, Trustee to the  
James V. Gay, Sr. Living Trust

  
\_\_\_\_\_  
Frank Given

STATE OF MISSISSIPPI  
COUNTY OF DESOTO

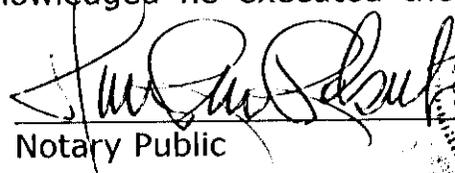
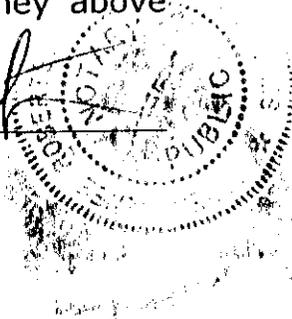
PERSONALLY appeared before me in aforesaid County and State, on this the 5th day of November, 1999 within my jurisdiction the within named, BONNIE C. GAY AND HEATHER LYNN ERICKSON, who acknowledged that they are TRUSTEES of the JAMES V. GAY, SR. LIVING TRUST, and that in said representative capacity they executed the above and foregoing instrument after having been duly authorized so to do.

  
Notary Public 

My Commission Expires:  
06/18/00

STATE OF MISSISSIPPI  
COUNTY OF DESOTO

PERSONALLY appeared before the undersigned authority in and for the said county, on this 5th day of November, 1999, within my jurisdiction, the within named FRANK GIVEN, who acknowledged he executed they above foregoing instrument.

  
Notary Public 

My Commission Expires:  
06/18/00

GRANTOR'S ADDRESS:  
3640 Winplace  
Memphis, TN 38118  
Work Phone #: 901-363-0500  
Home #: 662-853-1319

GRANTEE'S ADDRESS:  
6800 Center Hill Rd.  
Olive Branch, MS 38654  
Work #662-893-4173  
Home #n/a

This Instrument Prepared By:  
Eric L. Sappenfield  
97 Stateline Rd., East Suite A  
Southaven, MS 38671  
601/342-2170

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK  
FOR  
INSTRUCTIONS  
SEE HANDBOOK



TENNESSEE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

BK 0362 PG 0731

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last) <b>James Vernon GAY SR</b>				2. SEX <b>Male</b>		3. DATE OF DEATH (Month, Day, Year) <b>September 22, 1999</b>	
4. SOCIAL SECURITY NUMBER (of Deceased) <b>411-54-4033</b>		5a. AGE-LAST BIRTHDAY (Years) <b>62</b>		5b. UNDER 1 DAY MOS: _____ DAYS: _____ HOURS: _____ MIN: _____		6. DATE OF BIRTH (Month, Day, Year) <b>Mar 7, 1937</b>	
7. BIRTHPLACE (City and State or Foreign Country) <b>Middleton TN</b>		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 type="checkbox"/> DOA		4 <input type="checkbox"/> Nursing Home		5 <input checked="" type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) <b>5130 Reynolds Rd</b>			9c. CITY, TOWN, OR LOCATION OF DEATH <b>Collierville</b>			9d. COUNTY OF DEATH <b>Shelby</b>	
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>Bonnie Cates</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Owner</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Frontier Ranch Suppl</b>	
13a. RESIDENCE-STATE <b>TN</b>		13b. COUNTY <b>Shelby</b>		13c. CITY, TOWN OR LOCATION <b>Collierville</b>		13d. STREET AND NUMBER OR RURAL LOCATION <b>5130 Reynolds Rd</b>	
13e. INSIDE CITY LIMITS? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		13f. ZIP CODE <b>38017</b>		14. WAS DECEDENT 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) <b>White</b>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4) _____		17. FATHER'S NAME (First, Middle, Last) <b>Marion Bryant Gay</b>					
18. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Nancy L. Tennyson</b>						19a. INFORMANT'S NAME (Type/Print) <b>Bonnie Gay</b>	
19b. RELATIONSHIP TO DECEASED <b>Wife</b>		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>5130 Reynolds Rd Collierville TN 38017</b>					
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) <b>Memory Hill Gardens</b>		20c. LOCATION - City or Town, State <b>Memphis TN</b>			
21a. SIGNATURE OF FUNERAL DIRECTOR <b>H.W. Taylor</b>		21b. LICENSE NUMBER OF FUNERAL DIRECTOR <b>4358</b>		21c. SIGNATURE OF EMBALMER <b>Glenn Gray</b>		21d. LICENSE NUMBER OF EMBALMER <b>4629</b>	
22a. NAME AND ADDRESS OF FUNERAL HOME <b>Memphis Funeral Home Poplar P.O. Box 17069 Memphis TN 38187-0069</b>						22b. LICENSE NUMBER OF FUNERAL HOME <b>416</b>	
23. REGISTRAR'S SIGNATURE <i>Mary Ann Bradshaw</i> Deputy						24. DATE FILED (Month, Day, Year) <b>SEP 30 1999</b>	
25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1 <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>[Signature]</i>		25b. LICENSE NUMBER <b>11855</b>		25c. DATE SIGNED (Month, Day, Year) <b>9/28/99</b>			
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date 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) <b>Dana Wright, M.D. 6005 Park Memphis TN 38119</b>							
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. <b>Sudden Death - presumed cardiac arrhythmia</b> DUE TO (OR AS A CONSEQUENCE OF): b. _____ DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. <b>COPD</b>						29a. WAS AN AUTOPSY PERFORMED? 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						29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
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)			

NAME OF DECEDENT: For use by physician or institution

DECEDENT

PARENTS

INFORMANT

DISPOSITION

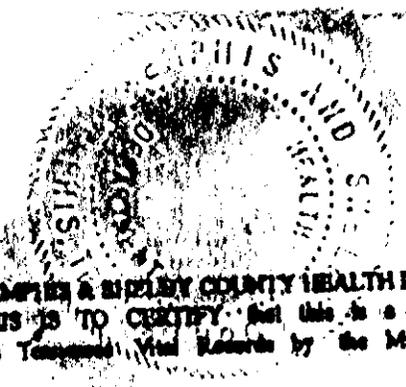
REGISTRAR

CERTIFIER

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-314 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

OCT 05 1989

by

*Glen D. Fouse*

Glen D. Fouse, Registrar  
Vital Records Section