

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

STATE MS. - DESOTO CO.
FILED

Nov 15 9 08 AM '99

JEAN W. BARLOW
GRANTOR(S)

BK 362 PG 756
W.F. DAYTON, CLK. WARRANTY

TO

DEED

MICHAEL ANDREW LAFFERTY and wife,
KAREN HARDIS LAFFERTY
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, JEAN W. BARLOW do hereby sell, convey, and warrant unto MICHAEL ANDREW LAFFERTY and wife, KAREN HARDIS LAFFERTY 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 171, 1st ADDITION, SOUTHERN PINES SUBDIVISION, in Section 31, Township 1 South, Range 7 West, as shown on plat thereof recorded in Plat Book 28, Page 9 in the Chancery Clerk's Office of DeSoto County, Mississippi.

The above property is the same property conveyed to Robert I. Barlow and wife, Jean W. Barlow by Warranty Deed of record in Book 244, Page 165 in the Chancery Clerk's Office of DeSoto County, Mississippi. Jean W. Barlow conveys her interest in the above described property as sole survivor of Robert I. Barlow who passed away on or about August 23, 1999.

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 Grantor.

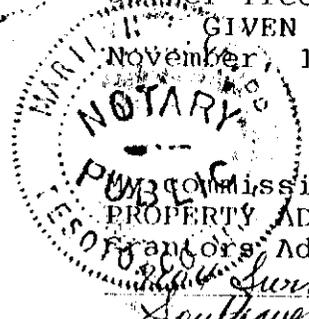
Possession is to be given on delivery of this Warranty Deed.

WITNESS my signature(s), this the 12th day of November, 1999.

Jean W. Barlow
JEAN W. BARLOW

STATE OF MISSISSIPPI
COUNTY OF DESOTO

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the jurisdiction aforesaid, the within named JEAN W. BARLOW 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 12th day of November, 1999.



Marilyn J. Crabb
Notary Public

Commission expires: 9-7-2003
PROPERTY ADDRESS: 824 KNOTTY PINE COVE, SOUTHAVEN, MS 38671

Grantors Address: 824 Knotty Pine Cove Southaven, Ms. 38671
Res# 662-349-3887
Bus# 662-349-3887
Grantees Address: 824 Knotty Pine Cove Southaven, Ms. 38671
Res# 662-349-8116
Bus# 662-429-5261

Grantors: *Sumner Ridy S.*
Southaven, Ms. 38671
Res# 662-349-3887
Bus# 662-349-3887

STATE OF MISSISSIPPI

DR 0062100757

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

TYPE OR PRINT WITH BLACK INK

FILING DATE **SEP 13 1999**

CERTIFICATE OF DEATH

STATE FILE NUMBER **123-99-018197**

DECEASED If death occurred in an institution, see HANDBOOK, regarding completion of RESIDENCE items. For RESIDENCE items, enter actual location of home rather than mailing address.	1. NAME First: ROBERT Middle: ISAAC Last: BARLOW			2. SEX MALE	3a. HOUR OF DEATH 3:41A m.	3b. DATE OF DEATH (Month, Day, Year) AUGUST 23, 1999	
	4. RACE (Specify White, Black, American Indian, etc.) WHITE	5a. AGE AT LAST BIRTHDAY 76 Years	5b. MOS 76	5c. DAYS 76	5d. HOURS 76	5e. MINS 76	6. DATE OF BIRTH (Month, Day, Year) AUG. 18, 1923
	7b. CITY OR TOWN OF DEATH SOUTHAVEN	7c. HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (if not in either, give address, city, town, county, location) BAPTIST DESOTO HOSPITAL 117 B			7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RMOR DOA EMER ROOM	7a. COUNTY OF DEATH DESOTO	
	9. DECEDENT'S EDUCATION (Specify only highest grade completed) High School (12)	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	11. SURVIVING SPOUSE (if wife, give maiden name) JEAN GENTRY		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) YES		
	13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) AMERICAN	14. SOCIAL SECURITY NUMBER 526-20-0965	15a. USUAL OCCUPATION (Kind of work done most of working life) ELECTRICIAN		15b. KIND OF BUSINESS OR INDUSTRY TEXAS GAS CO.		
16a. RESIDENCE--STATE MS	16b. COUNTY DESOTO	16c. CITY OR TOWN SOUTHAVEN	16d. INSIDE CITY LIMITS (Specify Yes or No) YES	16e. STREET AND NUMBER OR RURAL LOCATION 824 KNOTTY PINE COVE			
17. FATHER--NAME First: ROBERT M. Middle: BARLOW Last: BARLOW			18. MOTHER--NAME First: JESSIE Middle: POTTER Maiden: POTTER				
19a. INFORMANT--NAME (Type or print) JEAN BARLOW			19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 824 KNOTTY PINE COVE SOUTHAVEN, MS. 38671				
20a. BURIAL, CREMATION (Specify) BURIAL		20b. CEMETERY, CREMATORY--NAME FOREST HILL SOUTH		20c. LOCATION (City and State) MEMPHIS, TN.		21a. EMBALMER--SIGNATURE AND NUMBER WES KIRKPATRICK #4939 TN	
21b. FUNERAL HOME--NAME AND MISSISSIPPI ID NUMBER FOREST HILL FUNERAL HOME SOUTH			21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 2545 E. HOLMES RD. MEMPHIS, TN. 38116				
22a. PERSON WHO PRONOUNCED DEATH--NAME AND TITLE (Type or print) James Lewis, M.D.			22b. PRONOUNCED DEAD (Month, Day, Year) 8/23/1999		22c. PRONOUNCED DEAD (Hour:Minute:Second) 3:41A m.		
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				
This section to be completed by physician if NOT a medical examiner. Mississippi State Board of Health Form No. 511 Revised 1-1-89	24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated: SIGNATURE		24b. DATE SIGNED (Month, Day, Year)		24c. STATE LICENSE NUMBER		
	24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24e. On the basis of examination and/or investigation, my opinion, death occurred due to the cause(s) and manner as stated: SIGNATURE		24f. TITLE DESOTO CMEI		
			24g. DATE SIGNED (Month, Day, Year) 9/2/1999				
CAUSE OF DEATH Conditions, if any, which gave rise to immediate cause stating the underlying cause last	25. PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (Enter one cause only). (a) Hypertension					Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only). (b) ASCD					Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only). (c)					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. Pacemaker						
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	

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., M.D., M.P.H.
STATE HEALTH OFFICER

Nita Cox Gunter
Nita Cox Gunter
STATE REGISTRAR

OCT 15 99

WARNING:

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