BK 0364 PG 0734

STATE MS.-DESOTO CO.
FILED

DEC 22 3 29 PM '99

BK 364 PG 234
W.E. DAVIS CH. CLK.

Prepared by and Return to:
N. Mississippi Title & Escrow, LLC
Hugh H. Armistead, Attorney
P.O. Box 609
Olive Branch, MS 38654
601-895-4844

LISA KEELE WHITE, ET AL,

GRANTORS,

TO

WARRANTY DEED

RUTH RANSOM, ET AL,

GRANTEES

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, We, **LISA KEELE WHITE, MELINDA KEELE HOLLIMAN and KENNETH ADAIR KEELE, JR.**, the undersigned Grantors, do hereby sell, convey and warrant unto **RUTH RANSOM and CHARLES M. SPRADLING**, as joint tenants with full rights of survivorship, and not as tenants in common, the land lying and being situated in the City of Olive Branch, DeSoto County, Mississippi, described as follows, to-wit:

> **Lot 49, Section "B", HARAWAY GARDENS SUBDIVISION**, situated in Section 34, Township 1 South, Range 6 West, City of Olive Branch, DeSoto County, Mississippi, as per plat recorded in Plat Book 37, at Page 20, 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 the City of Olive Branch, DeSoto County, Mississippi; to rights of ways and easements for public roads and public utilities shown or not shown on the public records; to the restrictive covenants of said subdivision; and to any prior conveyance or reservation of minerals of every kind and character, including, but not limited to oil, gas, sand and gravel in, on and under subject property.

The Grantors herein further warrant that they are the sole, surviving heirs at law of SUE S. KEELE, who departed this life on the 25th day of December, 1998, a copy of her death certificate being attached hereto.

Taxes for the year 1999 are to be prorated, and possession is to take place upon delivery of this deed.

WITNESS THE SIGNATURES OF THE GRANTORS, this the 6th day of ~~November~~ December, 1999.

Lisa Keele White
LISA KEELE WHITE

Melinda Keele Holliman
MELINDA KEELE HOLLIMAN

Kenneth A. Keele Jr
KENNETH ADAIR KEELE, JR.

STATE OF MISSISSIPPI

COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said county and state, on this 6th day of ~~November~~ December, 1999, within my jurisdiction, the within named **LISA KEELE WHITE, MELINDA KEELE HOLLIMAN and KENNETH ADAIR KEELE, JR.**, who acknowledged that they executed the above and foregoing instrument.

NOTARY PUBLIC

HUGH H. ARMISTEAD, DESOTO COUNTY, MS NOTARY PUBLIC

MISSISSIPPI STATEWIDE NOTARY PUBLIC
MY COMMISSION EXPIRES OCT. 24, 2003
BONDED THRU STEGALL NOTARY SERVICE

My Commission Expires:

Prepared by and return to:
N. MS Title & Escrow, LLC
Hugh H. Armistead, Attorney
P. O. Box 609
Olive Branch, MS 38654
(601) 895-4844

Grantors' Address: 6890 Maury Drive, Olive Branch, MS 38654
Home No. (662) N/A; Business No. (662) 895-4844

Grantees' Address: 1603 School Street, Tunica, MS 38676, ~~Olive Branch, MS 38654~~
Home No. (___) N/A; Business No. (662) 893-0942

STATE OF MISSISSIPPI

BK0364PG0750

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

TYPE OR PRINT WITH BLACK INK

FILING DATE JAN 13 1999

CERTIFICATE OF DEATH
STATE OF MISSISSIPPI

STATE FILE NUMBER 123-

DECEASED

1. NAME First: ROBBIE Middle: SUE Last: SADLER KEELE
2. SEX: FEMALE
3a. HOUR OF DEATH: 3:30A m
3b. DATE OF DEATH (Month, Day, Year): DECEMBER 25, 1998
4. RACE (Specify White, Black, American Indian, etc.): WHITE
5a. AGE AT LAST BIRTHDAY: 72 Years
5b. MOS (ONLY IF UNDER 1 YEAR) 5c. DAYS (ONLY IF UNDER 1 DAY) 5d. HOURS 5e. MINS
6. DATE OF BIRTH (Month, Day, Year): SEPT. 27, 1926
7a. COUNTY OF DEATH: DESOTO
7b. CITY OR TOWN OF DEATH: OLIVE BRANCH
7c. HOSPITAL OR OTHER INSTITUTION—NAME AND NUMBER (If not in either, give street address, route number or other location): 6838 MAURY
7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA
8. STATE OF BIRTH: TENNESSEE

If death occurred in an institution, see HANDBOOK, regarding completion of RESIDENCE items

9. DECEDENT'S EDUCATION (Specify only highest grade completed): Elem./High School (0-12): College (1-4 or 5+): 2
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
11. SURVIVING SPOUSE (If wife give maiden name): NONE
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No): NO
13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.): AMERICAN
14. SOCIAL SECURITY NUMBER: 403-30-6368
15a. USUAL OCCUPATION (Kind of work during most of working life): SALES
15c. KIND OF BUSINESS OR INDUSTRY: GOLDSMITH'S

For RESIDENCE items, enter actual location of home rather than mailing address

16a. RESIDENCE—STATE: MISSISSIPPI
16b. COUNTY: DESOTO
16c. CITY OR TOWN: OLIVE BRANCH
16d. INSIDE CITY LIMITS (Specify Yes or No): YES
16e. STREET AND NUMBER OR RURAL LOCATION: 6838 MAURY

PARENTS

17. FATHER—NAME First: HERMAN Middle: Last: SADLER
18. MOTHER—NAME First: BONNIE Middle: LEE Maiden: SHOULDERS

INFORMANT

19a. INFORMANT—NAME (Type or print): KENNY KEELE
19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): 6547 RED BIRCH DRIVE MEMPHIS, TENNESSEE 38115

DISPOSITION

20a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
20b. CEMETERY, CREMATORY—NAME: MEMORIAL PARK CEMETERY
20c. LOCATION (City and State): MEMPHIS, TN.
21a. EMBALMER—SIGNATURE AND NUMBER: JIM EDWARDS 4348
21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER: MEMORIAL PARK FUNERAL HOME
21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): 5668 POPLAR AVENUE MEMPHIS, TENNESSEE 38119

PRONOUNCEMENT

22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print): JEFFERY POUNDERS /Nell Chambers,R.N.
22b. PRONOUNCED DEAD (Month, Day, Year): ON 12/25/1998
22c. PRONOUNCED DEAD (Hour): AT 3:30A m

CERTIFIER

23a. CERTIFIER—NAME (Type or print): JEFFERY POUNDERS
23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): 4942 POUNDERS ROAD NESBIT, MISSISSIPPI 38651

Mississippi State Board of Health
Form No. 511
Revised 1-1-89

This section to be completed by physician if NOT a medical examiner

24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated
SIGNATURE ▶ MD
24b. DATE SIGNED (Month, Day, Year)
24c. STATE LICENSE NUMBER
24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)

This section to be completed by medical examiner ONLY

24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated
SIGNATURE ▶ Jeffery Pounders
24f. TITLE: DeSoto CMEI
24g. DATE SIGNED (Month, Day, Year): 1/5/1999

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) Cancer Of Breast — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only)
(b) — 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
27. AUTOPSY (Yes or No): NO
28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No): YES

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 m
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

JAN 13 99

WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

FACE OF THIS DOCUMENT HAS A GOLD TO BLACK FADE, ON WHITE SAFETY PAPER WITH WATERMARK. VALID ONLY WITH RAISED SEAL. ALTERATION OR COPY VOIDS DOCUMENT.