

BK 0366 PG 0764

STATE MS.-DESOTO CO.  
FILED

MAUREEN O. FREY,

FEB 3 2 40 PM '00

GRANTOR

TO

BK 366 PG 764  
W.E. DAVIS CH. CLK. WARRANTY DEED

CHARLES R. SMITH, ET UX,

GRANTEE

FOR AND IN CONSIDERATION of the sum of Ten Dollars, (\$10.00), cash in hand paid, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, MAUREEN O. FREY, a single person, does hereby sell, convey and warrant unto CHARLES R. SMITH and wife HAROLYN C. SMITH, as tenants by the entirety with full rights of survivorship and not as tenants in common, the land lying and being situated in Desoto County, Mississippi, more particularly described as follows, to-wit:

Lot 3, Section B, Pinecrest Subdivision, located in Section 12, Township 2 South, Range 7 West, as per plat recorded in Plat Book 16, Page 23 and revised plat filed in Book 32, Page 23 in the office of the Chancery Clerk of Desoto County, MS.

The warranty in this deed is subject to subdivision and zoning regulations in Desoto County, Mississippi, rights of way and easements for public roads and public utilities, and restrictive covenants for said subdivision.

It is understood and agreed that the taxes for the year 2000 have been prorated as of this date on an estimated basis only 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 this deed.

By way of explanation, Eric A. Frey is deceased as per the attached death certificate.

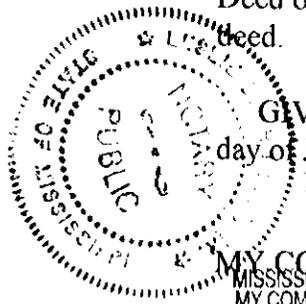
WITNESS MY SIGNATURE this the 27<sup>th</sup> day of January, 2000.

*Maureen O. Frey*  
MAUREEN O. FREY

STATE OF MISSISSIPPI  
COUNTY OF DESOTO

THIS DAY personally appeared before me the undersigned authority in and for the above county and state, the within named Maureen O. Frey hereby acknowledged that she signed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned, as her free and voluntary act and deed.

GIVEN UNDER MY HAND and official seal of office, this the 27<sup>th</sup> day of January, 2000.



~~MY COMMISSION EXPIRES:~~  
~~MISSISSIPPI STATEWIDE NOTARY PUBLIC~~  
~~MY COMMISSION EXPIRES NOV. 20, 2003~~  
~~BONDED THROUGH STATE NOTARY SERVICE~~  
(SEAL)

*[Signature]*  
NOTARY PUBLIC

GRANTOR: 2915 Liverpool Lane, Olive Branch, MS 38654  
(H) 349-8668 (W) N/A

GRANTEE: 4180 Rebecca Cove, Olive Branch, MS 38654  
(H) 429-5644 (W) 765-4378

PREPARED BY & RETURN TO: Les Shumake, P.O. Box 803, Olive Branch,  
MS 38654 (601) 895-5565

CERTIFICATE OF DEATH

BK 0347 PG 0713

98420

PRINT  
VENT  
IN  
IONS  
7800K

1. DECEASED'S NAME (First, Middle, Last) **Eric Allen Frey**

2. SEX **Male**

3. DATE OF DEATH (Month, Day, Year) **January 16, 1997**

4. SOCIAL SECURITY NUMBER (of Deceased) **216-36-9057**

5a. AGE - LAST BIRTHDAY (Years) **50**

5b. DATE OF BIRTH (Month, Day, Year) **Aug. 6, 1946**

7. BIRTHPLACE (City and State or Foreign Country) **Johnson City, N.Y.**

8. WAS DECEASED EVER IN U.S. ARMED FORCES? **No**

9a. PLACE OF DEATH (Check only one)  
 Hospital  Inpatient  Outpatient  DOA  Other  
 Nursing Home  Residence  Other (Specify)

9b. FACILITY NAME (If not institution, give street and number) **St. Francis Hospital**

9c. CITY, TOWN, OR LOCATION OF DEATH **Memphis**

9d. COUNTY OF DEATH **Shelby**

10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) **Married**

11. SURVIVING SPOUSE (If wife, give maiden name) **Maureen O'Keefe**

12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) **Divisional Director**

12b. KIND OF BUSINESS/INDUSTRY **Printing**

13a. RESIDENCE - STATE **Mississippi**

13b. COUNTY **DeSoto**

13c. CITY, TOWN, OR LOCATION **Olive Branch**

13d. STREET AND NUMBER OR RURAL LOCATION **4180 Rebecca Cove**

14. WAS DECEASED OF HISPANIC ORIGIN? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) **No**

15. RACE - American Indian, Black, White, etc. (Specify) **White**

16. DECEASED'S EDUCATION (Specify only highest grade completed) **6**

17. FATHER'S NAME (First, Middle, Last) **Herman William Frey**

18. MOTHER'S NAME (First, Middle, Maiden Surname) **Kathleen Elizabeth Wheeler**

19a. INFORMANT'S NAME (Type/Print) **Maureen Frey**

19b. RELATIONSHIP TO DECEASED **Wife**

19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **4180 Rebecca Cove, Olive Branch, MS 38654**

20a. METHOD OF DISPOSITION  
 Burial  Cremation  Removal from State  
 Donation  Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **Gate of Heaven Cemetery**

20c. LOCATION - City or Town, State **Vahalla, N.Y.**

21a. SIGNATURE OF FUNERAL DIRECTOR **James L. Whay**

21b. LICENSE NUMBER OF FUNERAL DIRECTOR **5387**

21c. SIGNATURE OF EMBALMER **James L. Whay**

21d. LICENSE NUMBER OF EMBALMER **FS387**

22a. NAME AND ADDRESS OF FUNERAL HOME **Brantley Funeral Home  
P. O. Box 428, Olive Branch, MS 38654-0428**

22b. LICENSE NUMBER OF FUNERAL HOME **FE117**

23. REGISTRAR'S SIGNATURE **Mary Ann Bradford**

24. DATE FILED (Month, Day, Year) **JAN 29 1997**

25a. 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.  
 SIGNATURE AND TITLE OF PHYSICIAN **Mark Young**

25b. LICENSE NUMBER **MD16172**

25c. DATE SIGNED (Month, Day, Year) **1/21/97**

26a. MEDICAL EXAMINER - On the basis of examination and/or review of my report, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.  
 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) **Dr. Mark Young 6005 Park Ave. Suite 722-B Memphis, TN 38119**

28. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory. Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) **METASTATIC CARCINOMA OF THE COLON** **MONTHS**

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

29a. WAS AN AUTOPSY PERFORMED? **No**

29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? **No**

30. MANNER OF DEATH  
 Natural  Pending Investigation  
 Accident  Could not be Determined  
 Suicide  Homicide

31a. DATE OF INJURY (Month, Day, Year)

31b. PLACE OF INJURY - At home, farm, street, factory, office, etc. (Specify)

31c. TYPE OF INJURY

31d. INJURY AT WORK? **No**

31e. DESCRIBE HOW INJURY OCCURRED

BK 0347 PG 0713

DECEASED

PARENTS

INFORMANT

EMBALMER

REGISTRAR

PHYSICIAN

MEDICAL EXAMINER

OR MEDICAL EXAMINER EX. CERTIFICATE COMPLETE AND MEDICAL CERTIFICATE WITHIN 48 HOURS

ELECTRONIC CLEARANCE

DECEASED