

FEB 18 2 38 PM '00

Prepared by and Return to:
Brian L. Davis - Attorney at Law
919 Ferncliff Cove, Suite 1
Southaven, MS 38671
(601) 393-8542
00-114

BK 367 PG 564
WF DEPT. OF CLK.

Edward N. McElroy,
GRANTOR,

TO: WARRANTY DEED

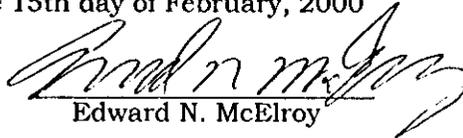
Nathaniel Robinson and wife, Louise Robinson
GRANTEES,

For and in consideration of the sum of Ten and No/100 (\$10.00) Dollars, cash in hand paid, and other good, legal sufficient and valuable consideration, the receipt of which is hereby acknowledged Edward N. McElroy, the undersigned Grantor does hereby sell, convey, and warrant unto the above Grantee, Nathaniel Robinson and wife, Louise Robinson, as joint tenants with full right of survivorship and not as tenants in common, the following described real estate, located and situated in DeSoto County, Mississippi and more particularly described as follows, to-wit:

Lot 21 of Thousand Oaks Subdivision containing 2.24 acres in Part of the Northeast Quarter of Section 17, Township 3 South, Range 7 West, DeSoto County, Mississippi, more particularly described as: Beginning at a point on the east line of Section 17, Township 3 South, Range 7 West, said point being 1149.0 feet south of the northeast corner of said section and a point in Jaybird Road; thence south 84 degrees 48' west 607.0 feet along the south line of Lot 20 and 14 to the southwest corner of said Lot 14; thence south 4 degrees 26' east 160.0 feet to a point in the south line of the Thousand Oaks Subdivision tract; thence north 84 degrees 48' east 610.0 feet along the south line of said tract to a point in the east line of said section and a point in Jaybird Road; thence North 5 degrees 31' west 160.0 feet to the point of beginning and containing 2.24 acres more or less and including the right of way for Jaybird Road

The warranty of this deed is subject to rights of way and easements for public roads and public utilities; to building, zoning, subdivision and health department regulations in effect in DeSoto County, Mississippi; and to the covenants, limitations and restrictions set forth with the recorded plat of said subdivision as well as any amendments thereto.

Taxes have been prorated and possession is given with the deed.
Witness my signature this the 15th day of February, 2000

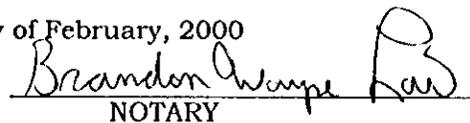

Edward N. McElroy

STATE OF MISSISSIPPI
COUNTY OF DESOTO

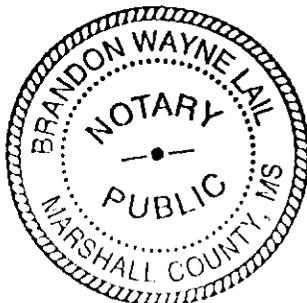
Personally appeared before me, the undersigned authority of law in and for the jurisdiction aforesaid, the within named Edward N. McElroy who acknowledged that they signed and delivered the above and foregoing instrument on the day and year therein mentioned.

Given under my hand and seal this 15th day of February, 2000

My Commission Expires Aug. 30, 2003


NOTARY

My Commission Expires:
Grantor's Address:
PO Box 730
Hernando, MS 38632
(H)662-429-0790



Grantee's Address
2149 Jaybird Road
Hernando, MS 38632
(H)901-344-2303
(W)901-344-2303

STATE OF MISSISSIPPI

BK0367PG0565

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

TYPE OR PRINT WITH BLACK INK

FILING DATE

FEB 25 1999

CERTIFICATE OF DEATH

STATE FILE NUMBER **123-**

DECEASED

1. NAME

First Middle Last
Clara Jean McElroy

2 SEX
Female

3a HOUR OF DEATH
9:05Pm

3b DATE OF DEATH (Month, Day, Year)
Feb. 2, 1999

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

4 RACE (Specify White, Black, American Indian, etc.)
White

5a AGE AT LAST BIRTHDAY
65 Years

6 DATE OF BIRTH (Month, Day, Year)
Aug. 10, 1933

7a COUNTY OF DEATH
Desoto

7b CITY OR TOWN OF DEATH
Hernando

7c HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (If not in either, give street address, route number or other location)
2149 Jaybird Rd.

7d IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA
N/A

8 STATE OF BIRTH
MS

9 DECEDENT'S EDUCATION (Specify only highest grade completed)

Elem/High School College
12

10 MARRIED NEVER MARRIED, WIDOWED, DIVORCED
Married

11 SURVIVING SPOUSE (If wife, give maiden name)
Edward McElroy

12 WAS DECEASED EVER IN US ARMED FORCES? (Yes or No)
No

13 ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.)
American

14 SOCIAL SECURITY NUMBER
425-58-2424

15a USUAL OCCUPATION (Kind of work done, most of working life)
Home Maker

15b KIND OF BUSINESS OR INDUSTRY
Own Home

16a RESIDENCE—STATE
MS

16b COUNTY
Desoto

16c CITY OR TOWN
Hernando

16d INSIDE CITY LIMITS (Specify Yes or No)
No

16e STREET AND NUMBER OR RURAL LOCATION
2149 Jaybird Rd.

PARENTS

17. FATHER—NAME

First Middle Last
Clarence Elmore Laughter

18 MOTHER—NAME

First Middle Ma-Gen
Vivian Moore

INFORMANT

19a INFORMANT—NAME (Type or print)
Edward McElroy

19b MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)
2149 Jaybird Rd., Hernando, MS 38632

DISPOSITION

20a BURIAL, CREMATION, REMOVAL (Specify)
Burial

20b CEMETERY, CREMATORY—NAME
Wheeler Cemetery

20c LOCATION (City and State)
Hernando, MS

21a EXAMINER—SIGNATURE AND NUMBER
[Signature] F50877

21b FUNERAL HOME—NAME AND MISSISSIPPI ID NUMBER
Hernando Funeral Home 17S

21c MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)
230 W. Center ST., Hernando, MS 38632

PRONOUNCEMENT

22a PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print)
Denise Tate, R.N.

22b PRONOUNCED DEAD (Month, Day, Year)
ON Feb. 2, 1999

22c PRONOUNCED DEAD (Hour) AT
9:30p 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 Rd. Nesbit, Ms. 38651

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 **[Signature]** MD

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, in my opinion, death occurred due to the cause(s) and manner as stated.
SIGNATURE **[Signature]**

24f. TITLE
Desoto CMEI
24g. DATE SIGNED (Month, Day, Year)
Feb. 15, 1999

CAUSE OF DEATH

25. PART I: IMMEDIATE CAUSE (Enter one cause only).
(a) **LEIOMYOSARCOMA (Colon)**

(b) DUE TO OR AS A CONSEQUENCE OF (Enter one cause only).

(c) DUE TO OR AS A CONSEQUENCE OF (Enter one cause only).

(c) DUE TO OR AS A CONSEQUENCE OF (Enter one cause only).

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

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

FEB 25 99

WARNING:

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