

Prepared by and Return to:
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00-132

STATE MS. - DESOTO CO.
FILED

MAR 3 2 58 PM '00

BK 368 PG 544
W.F. ...

Buford Arwood Jr
GRANTOR,

TO: WARRANTY DEED

John H. Enlow and wife, Chari D. Enlow
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 Buford Arwood Jr by and through his attorney in fact Michele Renee Arwood McElwee, the undersigned Grantor does hereby sell, convey, and warrant unto the above Grantees, John H. Enlow and wife, Chari D. Enlow, 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 404, Section F, Phase 2, Plantation Lakes, The Plantation, in Section 22, Township 1 South, Range 6 West, City of Olive Branch, DeSoto County, Mississippi, as shown on plat of record in Plat Book 60, Pages 15-18, in the Chancery Clerk's Office of DeSoto County, Mississippi, to which plat reference is hereby made for a more particular description of said property.

By way of explanation Betty Jean Arwood died on November 28, 1999 in Olive Branch, DeSoto County, Mississippi and was survived by Buford Arwood, Jr. Michele Renee Arwood McElwee signs as agent for Buford Arwood, Jr per Power of Attorney recorded in DeSoto County Chancery Clerk at Book 81, Page 649.

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.

This property does not constitute any part of the Grantors Homestead.

Taxes have been prorated and possession is given with the deed.

Witness my signature this the 25th day of February, 2000

Michele Renee Arwood McElwee

Michele Renee Arwood McElwee as attorney in fact of Buford Arwood, Jr.

STATE OF MISSISSIPPI
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority of law in and for the jurisdiction aforesaid, the within named Michele Renee Arwood McElwee as attorney in fact of Buford Arwood Jr who acknowledged that she signed and delivered the above and foregoing instrument on the day and year therein mentioned.

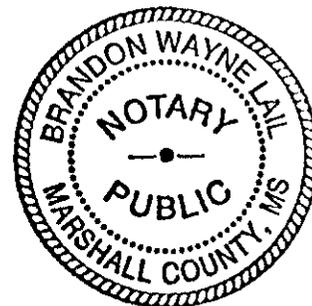
Given under my hand and seal this 25th day of February, 2000

Brandon Wayne Lail
NOTARY

My Commission Expires:
My Commission Expires Aug. 30, 2003

Grantor's Address:
9620 Champlain
Olive Branch, MS 38654
(H) (601) 281-8396
(W) N/A

Grantee's Address
9620 Champlain
Olive Branch, MS 38654
(H) (601) 281-8396
(W) (601) 281-8396



STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS



CERTIFICATE OF DEATH
STATE OF MISSISSIPPI

STATE FILE NUMBER 123-

TYPE OR PRINT WITH BLACK INK

FILING DATE JAN 07 2000

DECEASED

1. NAME: **Betty Jean Arwood** Female
2. SEX: **Female**
3a. HOUR OF DEATH: **11:15A**
3b. DATE OF DEATH (Month, Day, Year): **Nov. 28, 1999**

4. RACE (Specify White, Black, American Indian, etc.): **White**
5a. AGE AT LAST BIRTHDAY: **63** years
5b. MONTHS: **0** 5c. DAYS: **0** 5d. HOURS: **0** 5e. MINUTES: **0**
6. DATE OF BIRTH (Month, Day, Year): **July 25, 1936**
7a. COUNTY OF DEATH: **DeSoto**

7b. CITY OR TOWN OF DEATH: **Olive Branch**
7c. HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (If not in other give street address): **9620 Champlain Dr.**
7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM OR DOA: **INPT.**
8. STATE OF BIRTH: **TN**

9. OCCUPATION & EDUCATION (Specify only highest grade completed): **Elementary School Graduate**
10. MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify Yes or No): **Married**
11. SURVIVING SPOUSE (If wife give maiden name): **Buford T. Arwood**
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No): **No**

13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.): **Caucasian**
14. SOCIAL SECURITY NUMBER: **410-56-0715**
15a. USUAL OCCUPATION (Kind of work done, trade or occupation): **Medical Secretary**
15b. KIND OF BUSINESS OR INDUSTRY (Specify Yes or No): **Hector Howard, MD**

16a. RESIDENCE-STATE: **MS**
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: **9620 Champlain Dr.**

PARENTS

17. FATHER—NAME: **James E. Kirk**
18. MOTHER—NAME: **Willie Louise Skelton**

INFORMANT

19a. INFORMANT—NAME (Type or print): **Michele McElwee**
19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): **494 Chickasaw Land Way, Collierville, TN 38017**

DISPOSITION

20a. BURIAL CREMATION REMOVAL (Specify): **Burial**
20b. CEMETERY CREMATORY—NAME: **Oakhaven Mem. Gard.**
20c. LOCATION (City and State): **Trenton, TN**
20d. EMBALMER—SIGNATURE AND NUMBER: **Billy G. Yarbrough 3960**

21a. FUNERAL HOME—NAME AND MISSISSIPPI NUMBER: **Shelton Funeral Home 250**
21b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): **415 S. College St. Trenton, TN 38382**

PRONOUNCEMENT

22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print): **Jeffery Pounders, M.E.**
22b. PRONOUNCED DEAD (Month, Day, Year): **ON Nov. 28, 1999**
22c. PRONOUNCED DEAD (Hour): **AT**

CERTIFIER

23a. CERTIFIER—NAME (Type or print): **Jeffery Pounders, M.E.**
23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): **4942 Pounders Rd., Nesbit, MS 38651**

24a. To the best of my knowledge death occurred due to the severest: **ASCD**
24b. On the basis of examination and investigation in my opinion, death occurred due to the severest: **ASCD**
24c. DATE SIGNED (Month, Day, Year): **12/22/1999**
24d. STATE LICENSE NUMBER: **DEB 0000 CMEI**
24e. TITLE: **DEB 0000 CMEI**
24f. DATE SIGNED (Month, Day, Year): **12/22/1999**

25. PART I. IMMEDIATE CAUSE (Enter one cause only)
(a) **ASCD**
(b) 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 (Specify in PART I): **C.H.F., Mitral Valve Repair**

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): **Due to natural causes**
29b. DATE OF INJURY (Month, Day, Year): **Nov. 28, 1999**
29c. HOUR OF INJURY: **11:15A**
29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED: **ASCD**
29e. INJURY AT WORK (Yes or No): **No**
29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.): **Home**
29g. LOCATION: **Olive Branch, MS**

30. HAD DECEDENT BEEN PREGNANT WITHIN 90 DAYS PRIOR TO DEATH? Yes No

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. M.D.
F. E. Thompson, Jr., M.D., M.P.H.
STATE HEALTH OFFICER

Nita Cox Gunter
Nita Cox Gunter
STATE REGISTRAR

JAN - 7 2000

WARNING:

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