

THIS INSTRUMENT IS BEING RERECORDED TO CORRECT THE GRANTEE'S NAME

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. DAVIS CH. CLK. WARRANTY

TO

DEED

MICHAEL ANDREW LAFFERTY and wife,
KAREN MARDIS 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 MARDIS 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.

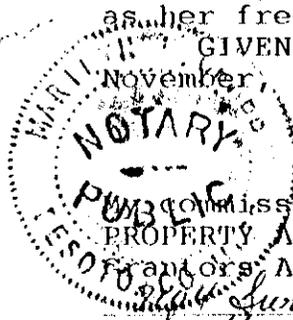
Possession is to be given on delivery of this Warranty Deed.

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

STATE MS.-DESOTO CO.
FILED

Mar 15 1 10 PM '00

BK 369 PG 245
W.F. DAVIS CH. CLK.

STATE OF MISSISSIPPI

BK0362100757

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

BK0369PG0246

TYPE OR PRINT WITH BLACK INK

FILING DATE **SEP 13 1999**

CERTIFICATE OF DEATH STATE OF MISSISSIPPI

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

DECEASED

1. NAME First Middle Last 2 SEX 3a HOUR OF DEATH 3b DATE OF DEATH (Month, Day, Year)

ROBERT ISAAC BARLOW MALE 3:41A m AUGUST 23, 1999

4 RACE (Specify White, Black, American Indian, etc.) 5a AGE AT LAST BIRTHDAY ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY 5b MOS 5c DAYS 5d HOURS 5e MINS 6 DATE OF BIRTH (Month, Day, Year) 7a COUNTY OF DEATH

WHITE 76 Years AUG. 18, 1923 DESOTO

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

7b CITY OR TOWN OF DEATH 7c HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (If not in either of these, address of residence) 7d IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER RM OR DOA 8 STATE OF BIRTH

SOUTHAVEN BAPTIST DESOTO HOSPITAL 17B EMER ROOM AR

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

9 DECEDENT'S EDUCATION (Specify only highest grade completed) 10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11 SUFFRAGE TO SPOUSE (If wife, give maiden name) 12 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No)

Elementary School (0-12) 1 College (1-4) 1 10 MARRIED 11 JEAN GENTRY 12 YES

13 ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) 14 SOCIAL SECURITY NUMBER 15a USUAL OCCUPATION (Kind of work done most of working life) 15b KIND OF BUSINESS OR INDUSTRY

AMERICAN 526-20-0985 ELECTRICIAN TEXAS GAS CO.

16a RESIDENCE-STATE 16b COUNTY 16c CITY OR TOWN 16d INSIDE CITY LIMITS (Specify Yes or No) 16e STREET AND NUMBER OR RURAL LOCATION

MS DESOTO SOUTHAVEN YES 824 KNOTTY PINE COVE

PARENTS

17. FATHER--NAME First Middle Last 18 MOTHER--NAME First Middle Maiden

ROBERT M. BARLOW JESSIE POTTER

INFORMANT

19a INFORMANT--NAME (Type or print) 19b MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)

JEAN BARLOW 824 KNOTTY PINE COVE SOUTHAVEN, MS. 38671

DISPOSITION

20a BURIAL, CREMATION, REINTERMENT (Specify) 20b CEMETERY, CREMATORY--NAME 20c LOCATION (City and State) 21a EMBALMER--SIGNATURE AND NUMBER

BURIAL FOREST HILL SOUTH MEMPHIS, TN. WES KIRKPATRICK #4939 TN

21b FUNERAL HOME--NAME AND MISSISSIPPI ID NUMBER 21c MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)

FOREST HILL FUNERAL HOME SOUTH 2545 E. HOLMES RD. MEMPHIS, TN. 38118

PRONOUNCEMENT

22a. PERSON WHO PRONOUNCED DEATH--NAME AND TITLE (Type or print) 22b PRONOUNCED DEAD (Month, Day, Year) 22c PRONOUNCED DEAD (Hour, Minute)

James Lewis, M.D. 8/23/1999 AT 3:41A m

CERTIFIER

23a. CERTIFIER--NAME (Type or print) 23b MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)

Jeffrey Ponders, Coroner 4942 Ponders rd., Nesbit, MS. 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 24b DATE SIGNED (Month, Day, Year) 24c STATE LICENSE NUMBER MD 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, my opinion, death occurred due to the cause(s) and manner as stated: SIGNATURE 24f TITLE 24g DATE SIGNED (Month, Day, Year)

Hypertension ASCD Pacemaker 8/2/1999 Desoto CMEI

CAUSE OF DEATH

25 PART I. IMMEDIATE CAUSE (Enter one cause only) (a) (b) (c) Interval between onset and death

Conditions, if any, which gave rise to immediate cause stating the underlying cause last

26 PART II. OTHER SIGNIFIKANT CONDITIONS--Conditions contributing to death but not resulting in the underlying cause given in PART I 27. AUTOPSY (No or Yes) 28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)

Pacemaker 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

OCT 15 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.

