

BK 0374 PG 0061
STATE MS. - DESOTO CO.
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BK 374 PG 61
W.F. [unclear] CLK.

PREPARED BY & RETURN TO:
TAYLOR, JONES, ALEXANDER & SORRELL, LTD.
ATTORNEYS AT LAW, P. O. BOX 188
SOUTHAVEN, MS. 38671 662-342-1300

EDITH M. DAVIS
GRANTOR

TO

QUITCLAIM DEED

EDITH M. DAVIS and
PAMELA L. LOONEY
GRANTEES

For and in consideration of the sum of Ten Dollars (\$10.00), cash in hand paid, and other good, legal sufficient and valuable consideration, the receipt of all of which is hereby acknowledged, I, EDITH M. DAVIS do hereby sell, convey and quitclaim all my interest to EDITH M. DAVIS and PAMELA L. LOONEY as joint tenants with the right of survivorship and not as tenants in common the following described land and all appurtenances thereon situated in the County of DeSoto, State of Mississippi, being more particularly described as follows, to-wit:

Lot 272, Section "A-1", SOUTHAVEN SUBDIVISION, located in Section 14, Township 1 South, Range 8 West, DeSoto County, Mississippi, as shown by plat thereof recorded in Plat Book 2, Pages 41-42 in the office of the Chancery Clerk of DeSoto County, Mississippi.

The above property is the same property conveyed to John C. Davis and wife, Edith M. Davis by Warranty Deed in Book 62, Page 328 in the Chancery Clerk's Office of DeSoto County, Mississippi. Edith M. Davis also executes this instrument as sole survivor of John C. Davis who passed away on or about the October 16, 1989.

This conveyance is subject to rights of ways and easements for public roads and public utilities, to building, zoning, subdivision and health department regulations in effect in DeSoto County, Mississippi.

Possession of the premises is to be given by the Grantor to the Grantees, upon delivery of this Deed.

WITNESS my signature(s) this the 30th day of May, 2000.

Edith M. Davis
EDITH M. DAVIS

STATE OF MISSISSIPPI

COUNTY OF DESOTO

PERSONALLY appeared before me, the undersigned authority of law in and for the jurisdiction aforesaid, the within named EDITH M. DAVIS who acknowledged that she signed and delivered the above and foregoing instrument on the day and year therein mentioned as his free act and deed and for the purposes therein expressed.

GIVEN under my hand and official seal of office this the 30th day of May, 2000.

Maulip J. Clark
NOTARY PUBLIC

MY COMMISSION EXPIRES: MY COMMISSION EXPIRES SEPT. 7, 2003

PROPERTY ADDRESS: 1815 VICKSBURG, SOUTHAVEN, MS. 38671
GRANTOR'S & GRANTEES ADDRESS:
1815 Vicksburg
Southaven, Ms. 38671
Res# 662-838-9675
Bus# 662-838-9675

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

CERTIFICATE OF DEATH

STATE OF MISSISSIPPI

STATE FILE NUMBER 123-

DATE ON WHICH THIS BLACK INK CEASED

	FILING DATE OCT 30 1989	1. NAME First: John Middle: Curtis Last: Davis	2. SEX M	3a. HOUR OF DEATH 9:56 P.m.	3b. DATE OF DEATH (Month, Day, Year) 10-16-89
		4. RACE (Specify White, Black, American Indian, etc.) White	5a. AGE AT LAST BIRTHDAY 67 Years	5b. MOS 67	5c. DAYS 67
		6. DATE OF BIRTH (Month, Day, Year) 5-1-1922	7a. COUNTY OF DEATH Desoto	7b. STATE OF BIRTH MS	
		7c. CITY OR TOWN OF DEATH Southaven MS	7d. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) BMH - Desoto 17B	7e. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EVER, AM OR DOA INPT	12. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes
		9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School (0-12)	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	11. SURVIVING SPOUSE (If wife, give maiden name) Edith Maudlin	15. KIND OF BUSINESS OR INDUSTRY Teaching
		13. ORIGIN OR DESCENT (Specify Cuban, Afro American, Mexican, etc.) American	14. SOCIAL SECURITY NUMBER 007-18-3454	15a. USUAL OCCUPATION (Kind of work done, most of working life) Ret. TEACHER	16. STREET AND NUMBER OF RURAL LOCATION 1815 Vicksburg Dr
		16a. IN RESIDENCE—STATE Miss	16b. COUNTY Desoto	16c. CITY OR TOWN Southaven	16d. INSIDE CITY LIMITS (Specify Yes or No) Yes
		17. FATHER—NAME First: John W. Middle: Davis Last: Davis	18. MOTHER—NAME First: Beila Middle: Schmitz Last: Schmitz	19a. INFORMANT—NAME (Type or print) Edith M. Davis	19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 1815 Vicksburg Dr Southaven, Miss 38671
		20a. BURIAL, CREMATION, RE-MOVAL (Specify) BURIAL	20b. CEMETERY, CREMATORY—NAME TWIN OAKS	20c. LOCATION (City and State) Southaven, MS	21a. EMBALMER—SIGNATURE AND NUMBER Tingke Down FS 0617
		21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER Beutley-Shillus 17B	21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 73 Haysi Rd. Hernando, Miss 38632	22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) Richard Kelly, M.D.	22b. PRONOUNCED DEAD (Month, Day, Year) 10 Oct 16-89
		23a. CERTIFIER—NAME (Type or print) William Little	23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 4250 Faronia Rd. Memphis, TN 38116	24. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated.	
		24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated Carcinoma of Pancreas	24b. DATE SIGNED (Month, Day, Year) 19 Oct 89	24c. STATE LICENSE NUMBER MD MD	24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)
		25. PART I: DEATH CAUSED BY: (a) IMMEDIATE CAUSE (Enter one cause only): Carcinoma of Pancreas (b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		27. AUTOPSY (Yes or No)	28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)
		26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I		29. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED	
		29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)	29b. DATE OF INJURY (Month, Day, Year)	29c. HOUR OF INJURY	29d. STREET OR ROUTE NUMBER
		29e. INJURY AT WORK (Yes or No)	29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)	29g. LOCATION	CITY OR TOWN
		29h. USE OF DEATH NOT DUE TO NATURAL CAUSES	STATE		

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE.

Alton B. Cobb, M.D.
Alton B. Cobb, M.D.
STATE HEALTH OFFICER

October 31, 1989

David Lohrich
David Lohrich
STATE REGISTRAR

WARNING: It is illegal to alter or counterfeit this copy.

