

Mary D. Thomas
GRANTOR

WARRANTY

TO

DEED

Margaret A. Ludolf
GRANTEE

For and in consideration of the sum of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, Mary D. Thomas, do hereby sell, convey, and warrant unto Margaret A. Ludolf the following described property situated in the County of DeSoto, State of Mississippi, together with all improvements and appurtenances thereon more particularly described as follows:

Lot 210, Section A, Holly Hills Subdivision, in Section 30, Township 1 South, Range 8 West, DeSoto County, Mississippi, as per Plat thereof recorded in Plat Book 10, Pages 34-35, in the Office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation, Mervin L. Thomas passed away on September 17, 1988.

The warranty in this deed is subject to subdivision and zoning regulations in effect in DeSoto County, rights of ways and easements for public roads and public utilities and restrictive covenants and easements of record.

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

WITNESS OUR SIGNATURE, this the 13th day of June, 2000.

Mary D. Thomas
Mary D. Thomas

STATE OF MISSISSIPPI
COUNTY OF DESOTO

PERSONALLY appeared before me, the undersigned authority in and for the said county and state, on this 13th day of June, 2000, within my jurisdiction, the within named Mary D. Thomas, who acknowledged that she executed the above foregoing instrument.

[Signature]
Notary Public

My Commission Expires:

June 18, 2000

GRANTOR'S ADDRESS:
P.O. Box 494
Lamar, MS 38642
Work Phone #: n/a
Home Phone #: 662-252-4366

GRANTEE'S ADDRESS:
7370 Meadow Brook
Walls, MS 38680
Work Phone #: c/o 662-895-4884
Home Phone #: NA



THIS INSTRUMENT PREPARED BY:
Eric Sappenfield
97 Stateline Road East, Suite A
Southaven, Mississippi 38671
662/342-2170

FILE NUMBER: 8019

STATE MS.-DESOTO CO.
FILED
JUN 16 9 44 AM '00

BK 374 PG 588
WITNESS CLERK

XC 05 255 644

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

STATE FILE NO.

BIRTH NO.

DECEASED—NAME: **MERVIN LEW THOMAS** DATE OF DEATH (MONTH, DAY, YEAR): **Sep 17, 1988 3:45 AM**

1. AGE—LAST BIRTHDAY (YEARS): **68** UNDER 1 YEAR: **MOSE** UNDER 1 DAY: **DAYS** DATE OF BIRTH (MONTH, DAY, YEAR): **Sep 26, 1919** RACE: **White** ORIGIN OR DESCENT: **American** SEX: **Male**

2. COUNTY OF DEATH: **Shelby** CITY, TOWN OR LOCATION: **Memphis** INSIDE CITY LIMITS (SPECIFY YES OR NO): **Yes** HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.): **VA Medical Center** IF HOME OR INST. HIGHER DOA. OR (Specify): **Inpatient**

3. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): **Canada** CITIZEN OF WHAT COUNTRY: **USA** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **Married** SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NAME): **Mary Juanita Dronon**

4. SOCIAL SECURITY NUMBER (IF NONE, SPECIFY): **570 18 4831** SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE): **WW II** USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): **Truck Driver** KIND OF BUSINESS OR INDUSTRY: **13B.**

5. RESIDENCE—STATE: **Mississippi** COUNTY: **De Soto** CITY, TOWN, OR LOCATION: **Horn Lake** STREET AND NUMBER: **P. O. Box 209** INSIDE CITY LIMITS (SPECIFY YES OR NO): **Yes** CENSUS TRACT NO.: **NR**

6. FATHER—NAME: **Matthew Llewellyn Thomas** MOTHER—MAIDEN NAME: **Margaret Ellen McColly** INFORMANT—NAME: **VAMC Rcds. & Mary J. Thomas** MAILING ADDRESS: **VAMC Rcds. & Mary J. Thomas**

7. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): **Removal** DATE (MONTH, DAY, YEAR): **Sep 17, 1988** CEMETERY OR CREMATORY—NAME: **Forest Hill South Cemetery, Memphis, TN** LOCATION: **Forest Hill South Cemetery, Memphis, TN**

8. FUNERAL DIRECTOR (SIGNATURE): **Patti Hodaway** LICENSE NO.: **189D** EMBALMER (SIGNATURE): **Patti Hodaway** LICENSE NO.: **189D**

9. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): **Forest Hill South FH, Memphis, TN** REGISTRAR—SIGNATURE: **Patti Hodaway** TITLE: **Deputy Registrar** DATE RECEIVED BY LOCAL REGISTRY: **SEP 23 1988**

10. PHYSICIAN—CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED: **7-11-88 to 9-17-88** SIGNATURE: **[Signature]** DATE SIGNED (MONTH, DAY, YEAR): **Sep 21, 1988**

11. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED: **7-11-88 to 9-17-88** SIGNATURE: **[Signature]** TITLE: **[Title]** DATE SIGNED (MONTH, DAY, YEAR): **Sep 21, 1988**

12. CERTIFIER—NAME (TYPE OR PRINT): **MATTHEW OCHS, M. D.** MAILING ADDRESS (STREET OR R.F.D. NO.): **VA MEDICAL CEN**

13. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR IMMEDIATE CAUSE: **Organic Brain Syndrome**

14. PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (8):

15. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY): DATE OF INJURY (MONTH, DAY, YEAR): HOUR: DESCRIBE HOW INJURED: INJURY AT WORK (SPECIFY YES OR NO): PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (SPECIFY): LOCATION: STREET OR R.F.D. NO.:

PROVINCE OF ONTARIO — PROVINCE DE L'ONTARIO

THOMAS, MERVIN LEW

DATE OF BIRTH: **SEP 26, 1919**

PLACE OF BIRTH: **TORONTO**

DATE OF DEATH: **SEP 17, 1988**

DATE RECEIVED BY LOCAL REGISTRY: **SEP 23 1988**

REGISTRATION NUMBER: **19-05-010**

602165

MEMPHIS & SHELBY COUNTY HEALTH DEPARTMENT - 814 JEFFERSON AVENUE, MEMPHIS, TENNESSEE

THIS IS TO CERTIFY that this is a true and correct copy of the record filed with the Division of Vital Records, Tennessee Department of Public Health by the Memphis & Shelby County Health Department.

S E A L

Date Issued SEP 26 1988

By

Robert E. Burke

Robert E. Burke, Director
Division of Vital Records