

BK 0376 PG 0229

STATE MS. - DESOTO CO.
FILED

open
JUL 19 11 00 AM '00

CAROL J. WILLIAMS

GRANTOR

TO

WARRANTY DEED

BK 376 PG 229
W.E. DAVIS CH. CLK.

JAMES A. BOLTINGHOUSE, ET UX

GRANTEES

FOR AND IN CONSIDERATION of the sum of Ten Dollars, (\$10.00), cash in hand paid, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, CAROL J. WILLIAMS does hereby and warrant unto JAMES A. BOLTINGHOUSE AND SHEILA F. BOLTINGHOUSE husband and wife as **tenants by the entirety with full rights of survivorship and not as tenants in common**, the land lying in Desoto County, Mississippi, more particularly described as follows, to-wit:

Lot 38, in Section B of Pleasant Hill Estates East Subdivision as shown on plat appearing of record in Plat Book 12, pages 26-31, in the Chancery Court Clerk's Office of Desoto County, Mississippi, to which recorded plat reference is made for a more particular description. Said lot being situated in Section 7, Township 2, Range 6 West.

The warranty in this deed is subject to subdivision and zoning regulations in effect in **Desoto** County, Mississippi, rights of way and easements for public roads and public utilities, and restrictive covenants for said subdivision.

Taxes to be pro-rated at closing and possession to take place upon closing.

WITNESS MY SIGNATURE this the 13th of July, 2000.


CAROL J. WILLIAMS

STATE OF MISSISSIPPI

COUNTY OF DESOTO

THIS DAY personally appeared before me the undersigned authority in and for the above county and state, the within named CAROL J. WILLIAMS who acknowledged that she signed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned, as her free voluntary act and deed.

GIVEN UNDER MY HAND and official seal of office, this the 13th day of July, 2000.


NOTARY PUBLIC



MY COMMISSION EXPIRES:
MISSISSIPPI STATEWIDE NOTARY PUBLIC
MY COMMISSION EXPIRES NOV. 20, 2003
BONDED TO PROVIDE FULL NOTARY SERVICE
(SEAL)

GRANTORS ADDRESS: 7088 Swinnea Pidge S; Southaven, MS 38671
(H) 349-1171 (W) NONE

GRANTEES ADDRESS: 4665 Cherrytree Drive, Olive Branch, MS 38654
(H) NONE (W) ~~901-252-5338~~

Prepared by & return to: Les Shumake, P. O. Box 803, Olive Branch, MS 38654
(601) 895-5565

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

TYPE OR PRINT
With BLACK INK

FILING
DATE

JAN 19 1999

CERTIFICATE OF DEATH
STATE OF MISSISSIPPI

STATE FILE
NUMBER 123-

DECEASED

1. NAME First Middle Last James Parvin Williams	2. SEX Male	3a. HOUR OF DEATH 5:15pm	3b. DATE OF DEATH (Month, Day, Year) December 21, 1998
4. RACE (Specify White, Black, American Indian, etc.) White	5a. AGE AT LAST BIRTHDAY 69 Years	5b. MOS ONLY IF UNDER 1 YEAR	5c. DAYS ONLY IF UNDER 1 DAY
7b. CITY OR TOWN OF DEATH Southaven	7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) Baptist DeSoto Hospital 17-B	6. DATE OF BIRTH (Month, Day, Year) April 21, 1929	7a. COUNTY OF DEATH DeSoto
9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School, College	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Carol Hale	12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) No
13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) American	14. SOCIAL SECURITY NUMBER 414-38-3580	15a. USUAL OCCUPATION (Kind of work done, most of working life) Sales Representative	15b. KIND OF BUSINESS OR INDUSTRY D. Canale Company
16a. RESIDENCE—STATE Mississippi	16b. COUNTY DeSoto	16c. CITY OR TOWN Olive Branch	16d. INSIDE CITY LIMITS (Specify Yes or No) No
17. FATHER—NAME First Middle Last Essex Roland Williams, Sr		18. MOTHER—NAME First Middle Maiden Mary LaBerth Wideman	

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

PARENTS

INFORMANT

DISPOSITION

PRONOUNCEMENT

CERTIFIER

Mississippi State Board of Health
Form No. 511
Revised 1-1-89

19a. INFORMANT—NAME (Type or print) Carol Williams	19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 4665 Cherry Tree Road - Olive Branch, Ms. 38654		
20a. BURIAL, CREMATION, REMOVAL (Specify) Burial	20b. CEMETERY, CREMATORY—NAME Forest Hill East	20c. LOCATION (City and State) Memphis, Tn.	21a. EMBALMER—SIGNATURE AND NUMBER Paul Meeks 4737
21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER Forest Hill East Funeral Home		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 2440 Whitten Road - Memphis, Tn. 38133	
22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) Edna Davis, M.D.		22b. PRONOUNCED DEAD (Month, Day, Year) ON 12/21/1998	22c. PRONOUNCED DEAD (Hour):15p AT 9:15p m.
23a. CERTIFIER—NAME (Type or print) Jeffery Ponders		23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 4942 Ponders Rd. Nesbit, Ms. 38651	
24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated ASCD		24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated ASCD	
24b. DATE SIGNED (Month, Day, Year)	24c. STATE LICENSE NUMBER	24f. TITLE DE SOTO CMEI	
24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24g. DATE SIGNED (Month, Day, Year) 1/4/1999	

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

25. PART I. DEATH CAUSED BY:	IMMEDIATE CAUSE (Enter one cause only): (a) ASCD	Interval between onset and death		
←	DUE TO OR AS A CONSEQUENCE OF (Enter one cause only): (b)	Interval between onset and death		
	DUE TO OR AS A CONSEQUENCE OF (Enter one cause only): (c)	Interval between onset and death		
	26. PART II. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I	27. AUTOPSY (Yes/No) NO	28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or 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	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

JAN 20 99

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