

BK 0380 PG 0712

BK 0380 PG 0130

Prepared by and Return to:
N. MS Title, Inc.
Hugh H. Armistead, Attorney
P.O. Box 609
Olive Branch, MS 38654
662-895-4844

STATE MS.-DESOTO CO.
FILED
OCT 9 10 30 AM '00

STATE MS.-DESOTO CO.
FILED
SEP 26 3 32 PM '00

BK 380 PG 712
W.F. [unclear] CLK.

BK 380 PG 130
W.F. [unclear] CLK.

MARZELLA WOODS WILFORD, ET AL,

**GRANTORS,
TO**

Correction
WARRANTY DEED

LEROY BOYCE, ET UX,

GRANTEES

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, We, **MARZELLA WOODS WILFORD, FOSTORIA WOODS STONE, RAMONA WOODS, MAMIE WOODS BAKER, LIBBY WOODS, RAY WOODS, JR., MAXINE WOODS, JUANITA WOODS YOUNG, PATINA WOODS HAYES, ERMA WOODS KING, LEE WOODS, KENNETH WOODS, THOMAS WOODS, LISA WOODS, ALIZA WOODS and TERRY WOODS,** do hereby sell, convey and warrant unto **LEROY BOYCE and wife, DOROTHY BOYCE,** as tenants by the entirety with full rights of survivorship, and not as tenants in common, the land lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

Lot 4, BERRY SUBDIVISION, situated in the Northwest Quarter of Section 31, Township 2 South, Range 5 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 6, at Page 1, in the Office of the Chancery Clerk of DeSoto County, Mississippi, and being the same property conveyed to Ray Woods and wife, Fostoria Woods, and recorded in Warranty Deed Book No. 117, at Page 621, in said Clerk's Office.

The warranty in this Deed is subject to subdivision and zoning regulations in effect in DeSoto County, Mississippi; to rights of ways and easements for public roads and public utilities shown or not shown on the public records; to the restrictive covenants of said subdivision; and to any prior conveyances or reservation of minerals of every kind and character, including, but not limited to oil, gas, sand and gravel, in, on and under subject property.

By way of explanation, the Grantors are the sole surviving heirs of Ray Woods, who departed this life on the 2nd day of September, 1996, a copy of his death certificate being attached hereto, and Forstoria Woods, aka Fostoria Woods, who departed this life on the 20th day of August, 1982, a copy of her death certificate also being attached hereto.

Taxes for the year 2000 are to be paid by the Grantee, and possession is to take place upon delivery of this deed.

WITNESS OUR SIGNATURES, this the 24th day of August, 2000.

Marzetta Wilford
MARZELLA WOODS WILFORD

Estoria Woods Stone
EOSTORIA WOODS STONE

Ramona Woods
RAMONA WOODS

Mamie Woods Baker
MAMIE WOODS BAKER

Libby Woods
LIBBY WOODS

Ray Woods Jr
RAY WOODS, JR.

Maxine Woods
MAXINE WOODS

Juanita Woods Young
JUANITA WOODS YOUNG

Patina Woods Hayes
PATINA WOODS HAYES

Erma M. King
ERMA WOODS KING

Lee Woods
LEE WOODS

Kenneth Woods
KENNETH WOODS

Thomas Wood
THOMAS WOODS

Lisa Woods
LISA WOODS

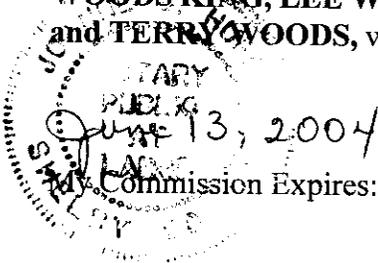
Aliza Woods
ALIZA WOODS

Terry Wood
TERRY WOODS

STATE OF TN

COUNTY OF Shelby

Personally appeared before me, the undersigned authority in and for the said county and state, on this 24th day of August, 2000, within my jurisdiction, the within named **MARZELLA WOODS WILFORD, FOSTORIA WOODS STONE, MAMIE WOODS BAKER, LIBBY WOODS, RAY WOODS, JR., MAXINE WOODS, JUANITA WOODS YOUNG, ERMA WOODS KING, LEE WOODS, KENNETH WOODS, THOMAS WOODS, ALIZA WOODS and TERRY WOODS**, who acknowledged that they executed the above and foregoing instrument.

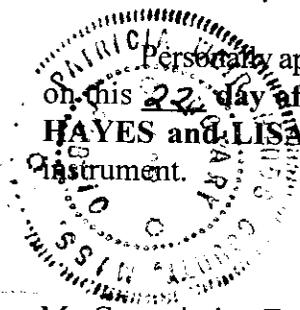


Joanne C. Huff
NOTARY PUBLIC

STATE OF MISSISSIPPI

COUNTY OF Hinds

Personally appeared before me, the undersigned authority in and for the said county and state, on this 22nd day of August, 2000, within my jurisdiction, the within named **PATINA WOODS HAYES and LISA WOODS**, who acknowledged that they executed the above and foregoing instrument.



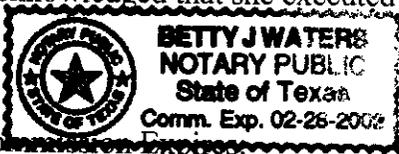
Patricia Wain
NOTARY PUBLIC

My Commission Expires: 1/14/2004

STATE OF TEXAS

COUNTY OF Dubuque - Lavaca

Personally appeared before me, the undersigned authority in and for the said county and state, on this 23 day of August, 2000, within my jurisdiction, the within named **RAMONA WOODS**, who acknowledged that she executed the above and foregoing instrument.



Betty J. Waters
NOTARY PUBLIC

My Commission Expires: 2/28/02

Grantors' Address: 2780 Plum Point Road, Southaven, MS 38672
Home No. (662) 349-6069; Business No. (901) 397-9569

Grantee's Address: 623 Geneva Berry Road, Byhalia, MS 38611
Home No. (662) 838-6230; Business No. (662) 895-8660

STATE OF MISSISSIPPI

BK0380PG0715

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

TYPE OR PRINT WITH BLACK INK

FILING DATE **SEP 16 1996**

CERTIFICATE OF DEATH

STATE FILE NUMBER **123-96-17348**

DECEASED	1. NAME First: Ray Middle: Last: Woods		2. SEX Male	3a. HOUR OF DEATH 06:30 AM	3b. DATE OF DEATH (Month, Day, Year) September 2, 1996
If death occurred in an institution, see HANDBOOK, regarding completion of RESIDENCE items	4. RACE (Specify White, Black, American Indian, etc.)	5a. AGE AT LAST BIRTHDAY Years	ONLY IF UNDER 1 YEAR 5b. MOS	ONLY IF UNDER 1 YEAR 5c. DAYS	5d. HOURS
	5e. MINS	6. DATE OF BIRTH (Month, Day, Year)	7a. COUNTY OF DEATH Desoto		
	7b. CITY OR TOWN OF DEATH Southaven	7c. HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (If not in patient)		7d. IF IN HOSP. OR INST SPECIFY (Specify HOSP. OR DOA)	
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. SURVIVING SPOUSE (If wife, give maiden name)	12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No)	
	13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) Afro-American	14. SOCIAL SECURITY NUMBER 428-80-2320	15a. USUAL OCCUPATION (Kind of work done, most of working life) Custodian	15b. KIND OF BUSINESS OR INDUSTRY DeSoto Schools	
	15a. RESIDENCE—STATE Miss	15b. COUNTY DeSoto	15c. CITY OR TOWN Olive Branch	15d. INSIDE CITY LIMITS (Specify Yes or No) No	15e. STREET AND NUMBER OR RURAL LOCATION 4858 East College Rd.
PARENTS	17. FATHER—NAME First: Earl Middle: Last: Woods		18. MOTHER—NAME First: Beulah Middle: Maiden:		
INFORMANT	19a. INFORMANT—NAME (Type or print) Maxine Woods		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 3646 Firethorne Dr. Memphis, Tn 38115		
DISPOSITION	20a. BURIAL, CREMATION, REMOVAL (Specify) Burial	20b. CEMETERY, CREMATORY—NAME St. Matthew	20c. LOCATION (City and State) Olive Branch, Ms	21a. BALMER—SIGNATURE AND NUMBER <i>Miss P. Gillespie</i> F5553	
	21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER Gillespie Funeral Home 17G		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 9179 Pigeon Roost Olive Branch, Ms 38654		
PRONOUNCEMENT	22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) Grady Marlow, 111, M.D.		22b. PRONOUNCED DEAD (Month, Day, Year) September 2, 1996	22c. PRONOUNCED DEAD (Hour) 06:30 AM AT ON	
CERTIFIER	23a. CERTIFIER—NAME (Type or print) Scott A. Boone, M.D.		23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 401 Southcresc Circle #4, Southaven, MS 38671		
	24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated.		24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated.		
	24b. DATE SIGNED (Month, Day, Year) 9/14/96	24c. STATE LICENSE NUMBER 12820	24f. TITLE		
	24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24g. DATE SIGNED (Month, Day, Year)		
CAUSE OF DEATH	25. PART I: IMMEDIATE CAUSE (Enter one cause only) (a) Progressive hypotension & cardiac arrest		Interval between onset and death		
	DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (b) sepsis		Interval between onset and death		
	DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (c) pneumonia		Interval between onset and death		
Conditions, if any, which gave rise to immediate cause stating the underlying cause last	26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I HIV disseminated intravascular coagulation		27. AUTOPSY (Yes or No)	28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)	
	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

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

NOV-5 96

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