

BK 0383 PG 0647

Prepared by and return to:

Joseph M. Sparkman, Jr.
Attorney at Law
Post Office Box 266
Southaven, MS 38671-0266
662-349-6900

STATE MS. - DE SOTO CO. *ms*

WARRANTY DEED

DEC 4 3 13 PM '00

BK. 383 647
W.F. BK.

Olive M. Summerford, a Single Person
GRANTOR

to:

Gordon L. Peterson, a Single Person
GRANTEE

FOR AND IN CONSIDERATION of the sum of Ten and No/100 Dollars (\$10.00), cash in hand paid, and other good and valuable considerations, the receipt of which is hereby acknowledged, Olive M. Summerford, a Single Person does hereby sell, convey, and warrant unto Gordon L. Peterson, a Single Person the land lying and being situated in DeSoto County, Mississippi, being more particular described as follows, to wit:

Lot 103, Section B, Twin Lakes Subdivision, in Section 6, Township 2 South, Range 8 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 7, Page 52, in the office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation, Grantor's lawful spouse, James O. Summerford, departed this life on August 8, 1999 while an adult resident citizen of DE-SOTO County, MS as evidenced by the attached death certificate.

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The warranty in this Deed is subject to rights-of-way and easements of record for public roads and public utilities, subdivisions and zoning regulations in effect, prior reservations of oil and mineral rights, all applicable building restrictions and restrictive covenants of record, in the office of the Chancery Court Clerk of DeSoto County, Mississippi, including, but not limited to, Plat Book 7, Page 52.

Taxes for the year 2000 are to be paid by Grantee and possession is to be given with receipt of Deed.

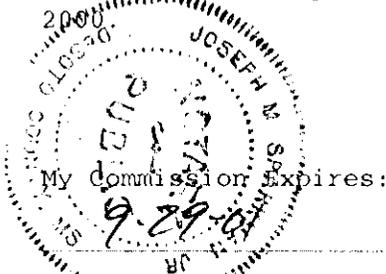
WITNESS the signature of the Grantors, this the 30th day of November, 2000.

Olive M. Summerford
Olive M. Summerford

STATE OF MISSISSIPPI
COUNTY OF DESOTO

PERSONALLY appeared before me, the undersigned authority in and for the said State and County aforesaid, the within named Olive M. Summerford, a Single Person, who acknowledge that she executed and delivered the above foregoing Warranty Deed on the day and year therein mentioned as her free and voluntary act and deed and for the purposes therein expressed.

Given under my hand and official seal of office, this the 30th day of November,



Joseph M. Summerford

Notary Public

GRANTOR'S ADDRESS:
526 ST. NICOLAS DR
MEMPHIS TN 38117
Work Phone #: NONE
Home Phone #: 901.761.7736

GRANTEE'S ADDRESS:
5605 Ashford
Walls, Mississippi 38680
Work Phone #: 901.758.8008
Home Phone #: 901.584.6998



MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

BK0383PG0649



TYPE OR PRINT WITH BLACK INK

FILING DATE **AUG 25 1999**

CERTIFICATE OF DEATH
STATE OF MISSISSIPPI

STATE FILE NUMBER **123-**

DECEASED	1. NAME First: James Middle: Odell Last: Summerford			2. SEX Male	3a. HOUR OF DEATH 4:18A m.	3b. DATE OF DEATH (Month, Day, Year) August 8, 1999
	4. RACE (Specify White, Black, American Indian, etc.) White	5a. AGE AT LAST BIRTHDAY 79 Years	5b. MOS 5c. DAYS 5d. HOURS 5e. MINS ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY		6. DATE OF BIRTH (Month, Day, Year) June 16, 1920	7a. COUNTY OF DEATH DeSoto
If death occurred in an institution, see HANDBOOK regarding completion of RESIDENCE items	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 Memorial Hospital-DeSoto 17B			7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM OR DOA Emer. RM	
	9. DECEDENT'S EDUCATION (Specify only highest grade completed) High School	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Olive Bridger		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) YES	
For RESIDENCE items, enter actual location of home rather than mailing address.	13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) American	14. SOCIAL SECURITY NUMBER 431-01-8713	15a. USUAL OCCUPATION (Kind of work done, most of working life) Army Defense Depot		15b. KIND OF BUSINESS OR INDUSTRY U. S. Government	
	16a. RESIDENCE-STATE Mississippi	16b. COUNTY DeSoto	16c. CITY OR TOWN Walls	16d. INSIDE CITY LIMITS (Specify Yes or No) Yes	16e. STREET AND NUMBER OR RURAL LOCATION 5605 Ashford Drive	
PARENTS	17. FATHER-NAME First: Monte Middle: Summerford Last: Summerford			18. MOTHER-NAME First: Eula Middle: Sivils Maiden: Sivils		
INFORMANT	19a. INFORMANT-NAME (Type or print) Olive Summerford			19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 5605 Ashford Drive Walls, MS 38680		
DISPOSITION	20a. BURIAL, CREMATION, REMOVAL (Specify) Burial	20b. CEMETERY, CREMATORY-NAME Twin Oaks Memorial Gardens	20c. LOCATION (City and State) Southaven, MS		21a. EMBALMER-SIGNATURE AND NUMBER [Signature]	
	21b. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER Twin Oaks Funeral Home 17T		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 290 Goodman Road East Southaven, MS 38671			
PRONOUNCEMENT	22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print) Ed McPherson, M.D.			22b. PRONOUNCED DEAD (Month, Day, Year) ON 8/8/1999	22c. PRONOUNCED DEAD (Hour) AT 4:18A m	
CERTIFIER	23a. CERTIFIER-NAME (Type or print) Jeffery Pounders			23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 4942 Pounders Road Nesbit, MS 38651		
	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	24d. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated [Signature]	
CAUSE OF DEATH	24e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24f. DATE SIGNED (Month, Day, Year) 8/15/1999			
	25. PART I. DEATH CAUSED BY:	26. PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in PART I Cardiac Bypass				27. AUTOPSY (Yes or No) No
Conditions, if any, which gave rise to immediate cause stating the underlying cause last	(a) ASCD		Interval between onset and death			
	(b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		Interval between onset and death			
(c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		Interval between onset and death				
Had Decedent been Pregnant Within 90 Days Prior to Death? <input type="checkbox"/> Yes <input type="checkbox"/> 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	State

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

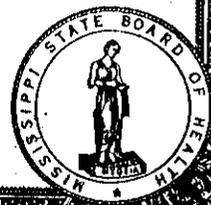
F. E. Thompson Jr. MD
F. E. Thompson, Jr., M.D., M.P.H.
STATE HEALTH OFFICER

Nita Cox Gunter
Nita Cox Gunter
STATE REGISTRAR

AUG 26 99

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