BK 0388 PG 0539

STATE MS.-DESOTO CO.
FILED

MAR 14 3 08 PM '01

BK 388 PG 539
W.E. [illegible] CLK.

Prepared by and Return to:
Davis Law Firm, P.C.
Attorneys at Law
919 Ferncliff Cove, Suite 1
Southaven, MS 38671
(662) 393-8542
01-136

The Estate of Ann Elizabeth Newton by and through its Administrator James Larry Newton
GRANTOR,

TO: WARRANTY DEED

Rebecca L. Davis, a single person
GRANTEE,

For and in consideration of the sum of Ten and No/100 ($10.00) Dollars, cash in hand paid, and other good, legal sufficient and valuable consideration, the receipt of which is hereby acknowledged The Estate of Ann Elizabeth Newton by and through its Administrator James Larry Newton, the undersigned Grantor does hereby sell, convey, and warrant unto the above Grantee, Rebecca L. Davis, a single person, the following described real estate, located and situated in DeSoto County, Mississippi and more particularly described as follows, to-wit:

Lot 1047, Section A of Southaven West Subdivision, in Section 23, Township 1 South, Range 8 West, as shown on the plat of said Subdivision which is recorded in Plat Book 2, Pages 43, 44, 45, and 46, in the office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation James O. Newton died intestate on August 7, 1988, in Southaven, DeSoto County, Mississippi. He was survived by his wife Ann Elizabeth Newton, and their children, James Larry Newton, Shirley Ann Kilpatrick, and Donald Lee Newton.

Ann B. Newton, being one and the same as Ann Elizabeth Newton, died on November 26, 1999, in Southaven, DeSoto County, Mississippi, and her estate was probated in the Chancery Court of DeSoto County, Mississippi, (Cause#01-1-70L) and James Larry Newton, Shirley Ann Kilpatrick, and Donald Lee Newton joined in the petition to sell this property.

The warranty of this deed is subject to rights of way and easements for public roads and public utilities; to building, zoning, subdivision and health department regulations in effect in DeSoto County, Mississippi; and to the covenants, limitations and restrictions set forth with the recorded plat of said subdivision as well as any amendments thereto.

Taxes have been prorated and possession is given with the deed.

Witness my signature this the 6th day of March, 2001

James Larry Newton
The Estate of Ann Elizabeth Newton
by and through its Administrator
James Larry Newton

STATE OF MISSISSIPPI
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said county and state, on this 6th day of March, 2001, within my jurisdiction, the within named James Larry Newton, who acknowledged that he is Administrator of The Estate of Ann Elizabeth Newton and that in said representative capacity he executed the above and foregoing instrument after first having been duly authorized so to do.

Given under my hand and seal this 6th day of March, 2001.

My Commission Expires:

NOTARY

Notary Public State of Mississippi At Large
My Commission Expires: June 10, 2002
Bonded Thru Heiden, Crooks & Garland, Inc.

BRIAN L. DAVIS NOTARY PUBLIC DESOTO COUNTY, MS

Grantor's Address:
1600 Pravin Cove
Horn Lake, MS 38637
(H)662-393-5478
(W)662-393-5478

Grantee's Address
313 Baldwin Cove
Southaven, MS 38671
(H)662-449-0743
(W)662-429-5271

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

FILING DATE AUG 2 2 1988

CERTIFICATE OF DEATH
STATE OF MISSISSIPPI

STATE FILE NUMBER 123-

DECEASED

1. NAME (First, Middle, Last): JAMES OLIVER NEWTON
2. SEX: MALE
3a. HOUR OF DEATH: 9:19A m
3b. DATE OF DEATH (Month, Day, Year): AUGUST 7, 1988
4. RACE (Specify White, Black, American Indian, etc.): WHITE
5a. AGE AT LAST BIRTHDAY: 80 Years
ONLY IF UNDER 1 YEAR: 5b. MOS / 5c. DAYS / 5d. HOURS / 5e. MINS
6. DATE OF BIRTH (Month, Day, Year): 2/1/08
7a. COUNTY OF DEATH: DESOTO
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 HOSP Desoto 17-B
7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM., OR DOA

If death occurred in an institution, see HANDBOOK, regarding completion of RESIDENCE items

8. STATE OF BIRTH: TN
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): ANN BAKER
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No): NO
13. ORIGIN OR DESCENT (Specify German, Cuban, Afro-American, Mexican, etc.): AMERICAN
14. SOCIAL SECURITY NUMBER: 412 05 7380
15a. USUAL OCCUPATION (Kind of work done most of working life): RET. SUPERVISOR
15b. KIND OF BUSINESS OR INDUSTRY: DOVER ELEVATOR

For RESIDENCE items, enter actual location of home rather than mailing address

16a. RESIDENCE-STATE: MS
16b. COUNTY: DESOTO
16c. CITY OR TOWN: SOUTHAVEN
16d. INSIDE CITY LIMITS (Specify Yes or No): YES
16e. STREET AND NUMBER OR RURAL LOCATION: 8313 BALDWYN CV

PARENTS

17. FATHER—NAME (First, Middle, Last): WALTER C. NEWTON
18. MOTHER—NAME (First, Middle, Maiden): BEULAH OSBORNE

INFORMANT

19a. INFORMANT—NAME (Type or Print): ANN BAKER NEWTON
19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): SAME AS 16 e

DISPOSITION

20a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
20b. CEMETERY, CREMATORY—NAME: FOREST HILL SOUTH
20c. LOCATION (City and State): MEMPHIS TN
21a. EMBALMER—SIGNATURE AND NUMBER: ▶ [signature] 4033
21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER: FOREST HILL FUNERAL HOME SOUTH
21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): 2545 E HOLMES RD MEMPHIS TN

PRONOUNCEMENT

22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print): Jeffery Pounders-Coroner-CMEI
22b. PRONOUNCED DEAD (Month, Day, Year): ON 8/7/1988
22c. PRONOUNCED DEAD (Hour): AT 10:00A 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 Rd. Nesbit, Ms. 38651

Mississippi State Board of Health
Form No. 511
Revised 6-1-82

This section to be completed by physician if NOT a coroner or medical examiner:
24a. To the best of my knowledge, death occurred due to the causes stated.
SIGNATURE ▶ MD
24b. DATE SIGNED (Month, Day, Year)
24c. STATE LICENSE NUMBER
24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)

This section to be completed by coroner or medical examiner ONLY:
24e. On the basis of examination and/or investigation, in my opinion death occurred due to the causes stated.
SIGNATURE ▶ [signature]
24f. TITLE: Coroner, CMEI
24g. DATE SIGNED (Month, Day, Year): 8/17/1988

CAUSE OF DEATH

25. PART I. DEATH CAUSED BY:
IMMEDIATE CAUSE (Enter one cause only):
(a) Cardiopulmonary Arrest — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):
(b) Arteriosclerotic Cardiovascular Disease — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):
(c) — 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 related to cause given in PART I (a)
27. AUTOPSY (Yes or No): No
28. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (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 m
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.

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

AUG 30 1988

David Lohrisch
David Lohrisch
STATE REGISTRAR

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

STATE BOARD OF HEALTH MISSISSIPPI

THE GREAT SEAL OF THE STATE OF MISSISSIPPI

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

BK 0388 PG 0542

TYPE OR PRINT WITH BLACK INK

FILING DATE DEC 13 1999

CERTIFICATE OF DEATH
STATE OF MISSISSIPPI

STATE FILE NUMBER 123-

DECEASED

1. NAME (First, Middle, Last): Ann Elizabeth Newton
2. SEX: Female
3a. HOUR OF DEATH: 2:15A m
3b. DATE OF DEATH (Month, Day, Year): November 26, 1999
4. RACE (Specify White, Black, American Indian, etc.): White
5a. AGE AT LAST BIRTHDAY: 89 Years
5b. MOS (ONLY IF UNDER 1 YEAR) / 5c. DAYS / 5d. HOURS / 5e. MINS (ONLY IF UNDER 1 DAY):
6. DATE OF BIRTH (Month, Day, Year): Jan. 29, 1910
7a. COUNTY OF DEATH: Desoto
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): 8313 Baldwyn Cove
7d. IF IN HOSP., OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA:
8. STATE OF BIRTH: Tennessee

If death occurred in an institution, see HANDBOOK, regarding completion of RESIDENCE items

9. DECEDENT'S EDUCATION (Specify only highest grade completed): Elem/High School (0-12) 12; College (1-4, 5+):
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name):
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: 415-65-2880
15a. USUAL OCCUPATION (Kind of work done most of working life): Music Teacher
15b. KIND OF BUSINESS OR INDUSTRY: Music

For RESIDENCE items, enter actual location of home rather than mailing address

16a. RESIDENCE—STATE: Mississippi
16b. COUNTY: Desoto
16c. CITY OR TOWN: Southaven
16d. INSIDE CITY LIMITS (Specify Yes or No): Yes
16e. STREET AND NUMBER OR RURAL LOCATION: 8313 Baldwyn Cove

PARENTS

17. FATHER—NAME (First, Middle, Last): James Baker
18. MOTHER—NAME (First, Middle, Maiden): Etta Doyle

INFORMANT

19a. INFORMANT—NAME (Type or print): Larry Newton
19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): 1600 Pravin Cove Horn Lake, MS. 38637

DISPOSITION

20a. BURIAL, CREMATION, REMOVAL (Specify): Burial
20b. CEMETERY CREMATORY—NAME: Forest Hill Cemetery
20c. LOCATION (City and State): Memphis, TN.
21a. EMBALMER—SIGNATURE AND NUMBER: Wes Kirkpatrick 4939
21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER: Forest Hill Funeral Home South
21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): 2545 East Holmes Rd. Memphis, TN. 38118

PRONOUNCEMENT

22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print): Janice Newton, R.N.
22b. PRONOUNCED DEAD (Month, Day, Year) ON: 11/26/1999
22c. PRONOUNCED DEAD (Hour) AT: 2:15A m

CERTIFIER

23a. CERTIFIER—NAME (Type or print): JEFFERY POUNDERS, CORONER
23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): 4942 POUNDERS RD., NESBIT, MS. 38651

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

This section to be completed by physician if NOT a medical examiner:
24a. To the best of my knowledge death occurred due to the cause(s) and manner as stated
SIGNATURE ► MD
24b. DATE SIGNED (Month, Day, Year)
24c. STATE LICENSE NUMBER
24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)

This section to be completed by medical examiner ONLY:
24e. On the basis of examination, and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated
SIGNATURE ► Jeffery Pounders
24f. TITLE: Desoto CMEI
24g. DATE SIGNED (Month, Day, Year): 12/1/1999

CAUSE OF DEATH

25. PART I. DEATH CAUSED BY:
IMMEDIATE CAUSE (Enter one cause only). (a) Renal Cell Cancer — 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

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
27. AUTOPSY (Yes or No): NO
28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No): YES

Had Decedent been Pregnant Within 90 Days Prior to Death? ☐ Yes ☐ No

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 m.
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

DEC 14 99

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THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK