

PREPARED BY AND RETURN TO:
TAYLOR, JONES, ALEXANDER,
& SORRELL, ATTORNEYS AT LAW
P. O. BOX 188, SOUTHAVEN, MS 38671
(601) 342-1300

STATE MS. - DESOTO CO.

APR 6 10 51 AM '01

*72
AR*

GREGORY LEE GUY AND
DEBRA JEANENE MOORE
GRANTOR(S)

BK *390 61*
W/ *61*

QUITCLAIM

TO

D E E D

DARMALENE W. GUY
GRANTEE(S)

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, GREGORY LEE GUY and DEBRA JEANENE MOORE**, do hereby sell, convey, warrant and quitclaim unto our mother, **DARMALENE W. GUY**, all of our right, title and interest in and to the hereinafter described real property, located in Southaven, DeSoto County, Mississippi, to-wit:

Lot 2408, Section L, SOUTHAVEN WEST SUBDIVISION,
in Section 27, Township 1 South, Range 8 West,
in the City of Southaven, DeSoto County, Mississippi
as per plat recorded in Plat Book 4, Page 51,
in the Chancery Clerk's Office of DeSoto County,
Mississippi.

By way of explanation, this is the same property conveyed to Aubrey L. Guy and wife, Darmalene W. Guy by Warranty Deed of record in the Office of the Chancery Court Clerk of DeSoto County, Mississippi, dated December 4, 1987. Mr. Aubrey L. Guy departed this life on September 17, 2000, and this deed is executed by his children to establish ownership in their mother's name.

The warranty in this deed is subject to subdivision restrictions, building lines and easements, any covenants of record; rights of ways and easements for public roads and public utilities, to building, zoning, subdivision and health department regulations in effect for DeSoto County, Mississippi.

Taxes for the year 2000 have been paid, and the taxes for the year 2001 are to be paid by the Grantee.

Possession is to be given on delivery of this Warranty Deed.

WITNESS our signature(s), this the 3rd day of April, 2001.

Gregory Lee Guy
GREGORY LEE GUY

Debra Jeanene Moore
DEBRA JEANENE MOORE

STATE OF MISSISSIPPI
COUNTY OF DESOTO

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the jurisdiction aforesaid, the within named GREGORY LEE GUY and DEBRA JEANENE MOORE who acknowledged that they signed and delivered the above and foregoing Quitclaim Deed on the day and year therein mentioned, as their free act and deed, and for the purposes therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the 3rd day of April, 2001.

Shelley C. Graves
Notary Public
My Commission Expires April 21, 2002

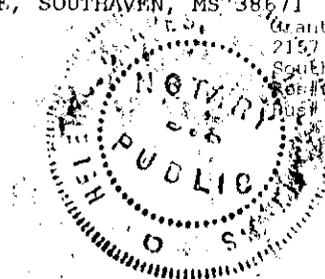
My commission expires:

PROPERTY ADDRESS: 2157 HOLBROOK COVE, SOUTHAVEN, MS 38671

Grantor's Address:
2157 Holbrook Co.
Southaven, Ms 38671
Res# *662-393-8347*
Bus# *NA*
Grantor's Address:

Grantee's Address:
2157 Holbrook Cove
Southaven, Ms. 38671
Res# 662-393-8347
Bus# *na*

Res#
Bus#



MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

BK0390PG0062

FOR PRINT
IN BLACK INK

FILING DATE **OCT 02 2000**

CERTIFICATE OF DEATH
STATE OF MISSISSIPPI

STATE FILE NUMBER **123-**

DECEASED	1 NAME: First Middle Last AUBREY L GUY		2 SEX: MALE		3a HOUR OF DEATH: 5:00A		3b DATE OF DEATH (Month Day Year): SEPTEMBER 17, 2000		
	4 RACE (Specify White Black American Indian etc.): WHITE		5a AGE AT LAST BIRTHDAY: 60 years		5b MOS: NOV. 10, 1939		5c DAYS: 5c HOURS: 5e MINS		
Place where death occurred in institution, see DECEASED items	7b CITY OR TOWN OF DEATH: SOUTHAVEN		7c HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (if not in full, give street address, route number or other location): BAPTIST HOSPITAL DESOTO 17B		7d IF IN HOSP. OR INST. SPECIFY INPT. OUTPT. EMER RM OR DOA: INPT		8 STATE OF BIRTH: DESOTO		
	9 DECEASED'S EDUCATION (Specify only highest grade completed): Elem High School College (1-4 5-1 4)		10 MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify): MARRIED		11 DARMALENE WHITEHEAD (if wife, give name)		12 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No): NO		
RESIDENCE Items actual location no rather than address	13 ORIGIN OR DESCENT (Specify Cuban American Mexican etc.): AMERICAN		14 SOCIAL SECURITY NUMBER: 429-66-6033		15a USUAL OCCUPATION (Kind of work done most of working life): DISABLED		15b KIND OF BUSINESS OR INDUSTRY: DISABLED		
	16a RESIDENCE - STATE: MS		16b COUNTY: DESOTO		16c CITY OR TOWN: SOUTHAVEN		16d INSIDE CITY LIMITS (Yes or No): YES		
17 FATHER - NAME: First Middle Last JOSEPH A. GUY		18 MOTHER - NAME: First Middle Maiden GERTRUDE HORNE							
19a INFORMANT - NAME (Type or print): DARMALENE GUY		19b MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): 2157 HOLBROOK COVE, SOUTHAVEN, MS. 38671							
20a BURIAL CREMATION (Specify): CREMATION		20b CEMETERY CREMATORY - NAME: FOREST HILL CREMATORY		20c LOCATION (City and State): MEMPHIS, TN.		21a EMBALMER - SIGNATURE AND NUMBER: N/A			
21b FUNERAL HOME - NAME AND MISSISSIPPI ID NUMBER: FOREST HILL SOUTH 920		21c MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): 2545 E. HOLMES ROAD, MEMPHIS, TN. 38118							
22a PERSON WHO PRONOUNCED DEATH - NAME AND TITLE (Type or print): JAMES LEWIS, M.D.		22b PRONOUNCED DEAD (Month Day Year): SEPTEMBER 17, 2000		22c PRONOUNCED DEAD (Hour): 5:00A					
23a CERTIFIER - NAME (Type or print): MAGDI WASSEF, M.D.		23b MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): 7680 AIRWAYS SOUTHAVEN, MS 38671							
Mississippi State of Health No 511 3d 1-1-89	24a To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE: <i>Magdi Wassef</i>		24b DATE SIGNED (Month, Day, Year):		24c STATE LICENSE NUMBER: 13808		24d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print):		
	24e On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE: _____		24f DATE SIGNED (Month, Day, Year):		24g TITLE: _____		24h DATE SIGNED (Month, Day, Year):		
Conditions, if any which gave rise to immediate cause causing the identifying cause last:	25 PART I. DEATH CAUSED BY (a) COMA		Interval between onset and death:						
	(b) CVA		Interval between onset and death:						
	(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 or No)		28 WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)					
Decedent 1 Pregnant in 90 Days prior to Death? (Yes <input type="checkbox"/> No <input type="checkbox"/>)	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. M.D.
F. E. Thompson, Jr., M.D., M.P.H.
STATE HEALTH OFFICER

Nita Cox Gunter
Nita Cox Gunter
STATE REGISTRAR

OCT-2 2000

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