

Prepared by and return to:

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

**WARRANTY DEED**

Clinton Carroll and wife, Dorothy Carroll  
GRANTORS

to:

James B. Conner and wife, Valorie D. Conner  
GRANTEES

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, Clinton Carroll and wife, Dorothy Carroll do hereby sell, convey, and warrant unto James B. Conner and wife, Valorie D. Conner, 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, being more particular described as follows, to wit:

Lot 216, Section C, Plum Point Villages Subdivision, in Section 6, Township 2 South, Range 7 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 27, Page 52, in the office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation, Grantor's lawful spouse, Vera B. Carroll, departed this life on 10-24-98 while an adult resident citizen of DeSoto County, MS. as evidenced by the attached death certificate. Grantor's lawful spouse, Dorothy Carroll, joins in this instrument to convey any and all right, title and interest which he/she may have in the subject property as a result of his/her marriage to Grantor.

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 27, Page 52, Book 195, Pages 382- 404, Book 195, Page 381, Book 203, Page 235.

Taxes for the year 2001 are to be paid by Grantees and possession is to be given with receipt of Deed.

WITNESS the signatures of the Grantors, this the 27th day of April, 2001.

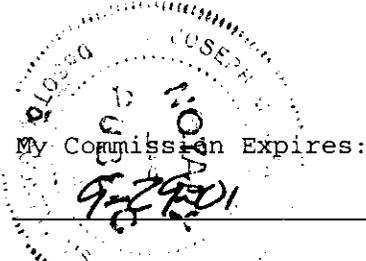
Clinton Carroll  
Clinton Carroll  
Dorothy M Carroll  
Dorothy Carroll  
Dorothy Carroll

STATE MS. - DESOTO CO.  
FILED  
MAY 1 11 21 AM '01  
BK 391 - 437  
PK.

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 Clinton Carroll and wife, Dorothy Carroll, who acknowledge that they executed and delivered the above foregoing Warranty Deed on the day and year therein mentioned as their free and voluntary act and deed and for the purposes therein expressed.

Given under my hand and official seal of office, this the 27th day of April, 2001.



*[Handwritten Signature]*  
\_\_\_\_\_  
Notary Public

GRANTOR'S ADDRESS:  
4648 JACOB LN  
SOUTHAVEN MS 38672  
Work Phone #: N/A  
Home Phone #: 662-895-4604

GRANTEE'S ADDRESS:  
400 Plum Point Drive  
Southaven, Mississippi 38671  
Work Phone #: 901-543-5470  
Home Phone #: 662-349-1702

**MISSISSIPPI STATE DEPARTMENT OF HEALTH**  
**VITAL RECORDS**

BK 039 | PG 0439



TYPE OF PRINT WITH BLACK INK *S*

FILING DATE **NOV 12 1998**

**CERTIFICATE OF DEATH**  
STATE OF MISSISSIPPI

STATE FILE NUMBER **123-**

DECEASED	1. NAME First: <b>Veva</b> Middle: <b>B</b> Last: <b>Carroll</b>			2. SEX <b>Female</b>		3a. HOUR OF DEATH <b>2320 m</b>		3b. DATE OF DEATH (Month, Day, Year) <b>10-24-98</b>	
	4. RACE (Specify White, Black, American Indian, etc.) <b>White</b>		5a. AGE AT LAST BIRTHDAY <b>81</b> Years			5b. MOS		5c. DAYS	
	5d. HOURS		5e. MINS		6. DATE OF BIRTH (Month, Day, Year) <b>05-12-17</b>		7a. COUNTY OF DEATH <b>DeSoto</b>		
	7b. CITY OR TOWN OF DEATH <b>Southaven</b>			7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) <b>BMH-DeSoto</b>			7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA <b>Inpatient</b>		8. STATE OF BIRTH <b>Texas</b>
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, College <b>12</b>			10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>Clinton Carroll</b>		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) <b>no</b>	
	13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) <b>American</b>		14. SOCIAL SECURITY NUMBER <b>443-08-4695</b>		15a. USUAL OCCUPATION (Kind of work done, most of working life) <b>Secretary</b>		15b. KIND OF BUSINESS OR INDUSTRY <b>Pure Oil Co.</b>		
	16a. RESIDENCE—STATE <b>Mississippi</b>		16b. COUNTY <b>DeSoto</b>		16c. CITY OR TOWN <b>Southaven</b>		16d. INSIDE CITY LIMITS (Specify Yes or No) <b>yes</b>		16e. STREET AND NUMBER OR RURAL LOCATION <b>400 Plum Point Ave.</b>
For RESIDENCE items, enter actual location of home rather than mailing address	17. FATHER—NAME First: <b>Elijah</b> Middle: <b>Lee</b> Last: <b>Brown</b>			18. MOTHER—NAME First: <b>Margaret</b> Middle: <b>unknown</b> Maiden:					
	19a. INFORMANT—NAME (Type or print) <b>Brenda Green</b>			19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>1918 Scenic Dr., Brandon, Ms. 39047</b>					
DISPOSITION	20a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		20b. CEMETERY, CREMATORY—NAME <b>Forest Hill South</b>		20c. LOCATION (City and State) <b>Memphis, TN</b>		21a. EMBALMER—SIGNATURE AND NUMBER <b>Wes Kirkpatrick #4939</b>		
	21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER <b>Forest Hill Funeral Home South</b>				21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>2545 E. Holmes Rd., Memphis, TN. 38118</b>				
PRONOUNCEMENT	22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) <b>Robert H. Smith Jr., D.O.</b>				22b. PRONOUNCED DEAD (Month, Day, Year) <b>ON 10/24/98</b>		22c. PRONOUNCED DEAD (Hour) AT <b>11:22 P m</b>		
	23a. CERTIFIER—NAME (Type or print) <b>R. H. Smith, Jr., D.O.</b>				23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>7601 Southcoast Pkwy, Southaven MS 38671</b>				
MISSISSIPPI STATE BOARD OF HEALTH Form No. 511 Revised 1-1-89	24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated <b>CHF</b>			24b. DATE SIGNED (Month, Day, Year) <b>10/24/98</b>			24c. STATE LICENSE NUMBER <b>10858 (MS)</b>		
	24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) <b>ANDRAGA HUCKS M.D.</b>			24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated <b>CHF</b>			24f. SIGNATURE <b>[Signature]</b>		
	24g. DATE SIGNED (Month, Day, Year)			24h. TITLE			24i. DATE SIGNED (Month, Day, Year)		
CAUSE OF DEATH Conditions, if any, which gave rise to immediate cause stating the underlying cause last	25. PART I: IMMEDIATE CAUSE (Enter one cause only): (a) <b>CHF</b>								Interval between onset and death <b>minutes</b>
	(b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): <b>ASCVD</b>								Interval between onset and death <b>1 hour</b>
	(c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):								Interval between onset and death
	28. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I <b>THROMBOEMBOLIA</b>								27. AUTOPSY (Yes or No) <b>No</b>
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., M.D.**  
F. E. Thompson, Jr., M.D., M.P.H.  
STATE HEALTH OFFICER

**Nita Cox Gunter**  
Nita Cox Gunter  
STATE REGISTRAR

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**WARNING:**

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