

STATE MS.-DESOTO CO.
FILED

SEP 5 1 40 PM '01

PAUL J. HARDIN)
GRANTOR(S))
)
TO)
)
PAUL J. HARDIN)
GRANTING LIFE)
ESTATE TO)
LURA IMOGENE HARDIN)
GRANTEE(S))

QUITCLAIM DEED BK 398 PG 794
W.S. ... LK.

For and in consideration of the sum of Ten Dollars (\$10.00) cash in hand paid and other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, PAUL J. HARDIN, does hereby sell, convey and quitclaim unto PAUL J. HARDIN AND HEREBY GRANTS A LIFE ESTATE UNTO MY WIFE, LURA IMOGENE HARDIN, FOR THE REMAINDER OF HER NATURAL LIFE, the following described property situated in the County of DeSoto, State of Mississippi, together with all improvements and appurtenances thereon more particularly described as follows:

LOT 55, SOUTHERN PINES SUBDIVISION, Section 31, Township 1 South, Range 7 West, DeSoto County, as per plat thereof recorded in Plat Book 21, Pages 43-46 in the Office of the Chancery Clerk of DeSoto County, Mississippi.

The purpose of this Deed is to convey a Life Estate unto HOLLIE HARDIN, my wife.

PATRYCIA W. HARDIN passed away August 26th, 2000.

It is understood and agreed that the taxes for the year 2001 will be paid by Grantee.

Possession is to be given with delivery of deed.

WITNESS MY SIGNATURE this the 28th day of August, 2001.



PAUL J. HARDIN

STATE OF MISSISSIPPI

COUNTY OF DESOTO

PERSONALLY appeared before me the undersigned authority in and for said county and state, on this 28th day of August, 2001, within my jurisdiction, the within named PAUL J. HARDIN, who acknowledged that he executed the above and foregoing instrument.


NOTARY PUBLIC

My commission expires:
5-5-2003

Grantor's Address: 758 Rutland Drive, Southaven, MS 38671
Work Phone #:N/A Home Phone #: 662-349-2559
Grantee's Address: 758 Rutland Drive, Southaven, MS 38671
Work Phone #:N/A Home Phone #: 662-349-2559

NO TITLE WORK REQUESTED:

This instrument prepared by Eric L. Sappenfield,
Attorney at Law, 6858 Swinnea Road,
5 Rutland Place
Southaven, MS 38671 662-349-3436

deeds/8958QC

STATE OF MISSISSIPPI

DK0398PG0796

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

FOR PRINT IN BLACK INK	FILING DATE SEP 08 2000	CERTIFICATE OF DEATH STATE OF MISSISSIPPI	STATE FILE NUMBER 123-
If death occurred in institution, see HANDBOOK regarding location of DECEASED items RESIDENCE items, actual location not rather than mailing address	1. NAME First Middle Last 2. SEX 3a. HOUR OF DEATH 3b. DATE OF DEATH (Month Day, Year) PATRYCIA W HARDIN FEMALE 3:10P m AUGUST 26, 2000		
	4. RACE (Specify White, Black, American Indian, etc.) 5a. AGE AT LAST BIRTHDAY 5b. MOS 5c. DAYS 5d. HOURS 5e. MINS 6. DATE OF BIRTH (Month, Day, Year) 7a. COUNTY OF DEATH WHITE 74 Years JULY 8, 1926 DESOTO		
	7b. CITY OR TOWN OF DEATH 7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either give street address, route number or other location) 7d. IF IN HOSP. OR INST SPECIFY INET, OUTPT, EMER, RM, OR DOA 8. STATE OF BIRTH SOUTHAVEN BAPTIST HOSPITAL-DESOTO 17B INPT FLORIDA		
	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) Elem-High School College (10-12) 1-4 5+ 2 MARRIED PAUL J. HARDIN NO		
RESIDENCE items, actual location not rather than mailing address	13. ORIGIN OR DESCENT (Specify Cuban, Afro-Cuban, Mexican, etc.) 14. SOCIAL SECURITY NUMBER 15a. USUAL OCCUPATION (Kind of work done) 15b. KIND OF BUSINESS OR INDUSTRY AMERICAN 427-22-2808 HOMEMAKER DOMESTIC		
	16a. RESIDENCE-STATE 16b. COUNTY 16c. CITY OR TOWN 16d. INSIDE CITY LIMITS (Specify Yes or No) 16e. STREET AND NUMBER OR RURAL LOCATION MISSISSIPPI DESOTO SOUTHAVEN YES 758 RUTLAND DRIVE		
	17. FATHER-NAME First Middle Last 18. MOTHER-NAME First Middle Maiden GARDNER WILSON ELSIE BARGE		
19a. INFORMANT-NAME (Type or print) PAUL J. HARDIN		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 758 RUTLAND DRIVE SOUTHAVEN, MS 38671	
20a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		20b. CEMETERY, CREMATORY-NAME 20c. LOCATION (City and State) 21. EMBALMER-SIGNATURE AND NUMBER TWIN OAKS MEMORIAL GARDENS SOUTHAVEN, MS Regina K. Peppers-789	
21b. FUNERAL HOME-NAME AND MISSISSIPPI ID NUMBER TWIN OAKS FUNERAL HOME 17 T		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 290 GOODMAN ROAD EAST SOUTHAVEN, MS 38671	
22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print) ROBERT TURNER, M.D.		22b. PRONOUNCED DEAD (Month, Day, Year) 22c. PRONOUNCED DEAD (Hour) AT ON AUGUST 26, 2000 3:10P m	
23a. CERTIFIER-NAME (Type or print) ANDREA HUCKS, M.D.		23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 401 SOUTHCREST #104 SOUTHAVEN, MS 38671	
This section to be completed by physician if NOT a medical examiner		This section to be completed by medical examiner ONLY	
24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated SIGNATURE <i>A. Hucks MD</i> MD		24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated SIGNATURE _____ TITLE _____	
24b. DATE SIGNED (Month, Day, Year) 8/29/00		24c. STATE LICENSE NUMBER 16076	
24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24f. DATE SIGNED (Month, Day, Year)	
25. PART I. DEATH CAUSED BY			
(a) Adenocarcinoma of stomach, metastatic		Interval between onset and death: weeks	
DUE TO OR AS A CONSEQUENCE OF (Enter one cause only):		Interval between onset and death:	
(b)		Interval between onset and death:	
DUE TO OR AS A CONSEQUENCE OF (Enter one cause only):		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)	
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

SEP -7 2000

Nita Cox Gunter
 Nita Cox Gunter
 STATE REGISTRAR

WARNING:

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