

STATE MS.-DESOTO CO.  
FILED

PAMELA L. LOONEY,

GRANTOR

JAN 23 9 12 AM '02

TO

WARRANTY DEED

DALE E. HAWKS, A Married Person,

GRANTEE

BK 409 PG 398  
W.E. DAVIS CH. CLK.

FOR AND IN CONSIDERATION of the sum of Ten Dollars, (\$10.00), cash in hand paid, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged that PAMELA L. LOONEY, hereby sells, conveys and warrants unto DALE E. HAWKS, A Married Person, the land lying and being situated in **DeSoto** County, Mississippi, more particularly described as follows to-wit:

Lot 272, Section A-1, Southaven Subdivision, located in Section 14, Township 1 South, Range 8 West, DeSoto County, Mississippi as per Plat thereof recorded in Plat Book 2, Page 41 in the Office of the Chancery Clerk of Desoto County, Mississippi.

By way of explanation, EDITH M. DAVIS is now deceased as per the attached copy of her Death Certificate which will be filed with this Deed.

The warranty in this deed is subject to subdivision and zoning regulations in effect in **DeSoto** County, Mississippi, rights of way and easements for public roads and public utilities, and restrictive covenants for said subdivision.

Taxes to be pro-rated at closing and possession to take place upon closing.

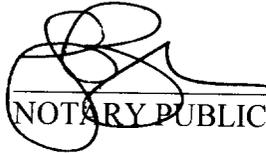
WITNESS MY SIGNATURE this the 14<sup>th</sup> of **January**, 2002.

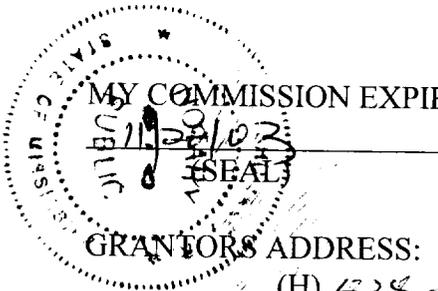
  
PAMELA L. LOONEY  
GRANTOR

STATE OF MISSISSIPPI  
COUNTY OF DESOTO

THIS DAY personally appeared before me, the undersigned authority in and for said County and State, the within named PAMELA L. LOONEY that she signed and delivered the above and foregoing Warranty Deed on the day and year mentioned as **her** voluntary act and deed.

GIVEN UNDER MY HAND and official seal of office, this the 14<sup>th</sup> day of January, 2002.

  
NOTARY PUBLIC



GRANTORS ADDRESS: 210 Hillview Cr. Byhalia, MS 38611  
(H) 538-4675 (W) 890-1234

GRANTEES ADDRESS: 11500 Whispering Pines Dr. Olive Branch, MS 38654  
(H) 895-2414 (W) 827-8845

Prepared by & return to: Les Shumake, P. O. Box 803, Olive Branch, MS 38654  
(662) 895-5565

Hawks/Looney (01/02)

MISSISSIPPI STATE DEPARTMENT OF HEALTH  
VITAL RECORDS

BK0409PG0400

TYPE OR PRINT WITH BLACK INK

FILING DATE **AUG 0 1 2001**

CERTIFICATE OF DEATH  
STATE OF MISSISSIPPI

STATE FILE NUMBER **123-**

DECEASED

1. NAME First Middle Last **Edith Lucille Davis** 2 SEX **Female** 3a HOUR OF DEATH **2:45 A.M.** 3b DATE OF DEATH (Month, Day, Year) **July 23, 2001**

4 RACE (Specify White, Black, American Indian, etc.) **White** 5a AGE AT LAST BIRTHDAY **79** Years 5b. MOS 5c. DAYS 5d. HOURS 5e. MINS 6 DATE OF BIRTH (Month, Day, Year) **Aug. 17, 1921** 7a COUNTY OF DEATH **Marshall**

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

7b CITY OR TOWN OF DEATH **Byhalia** 7c HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) **210 Hillview Circle** 7d IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA 7e STATE OF BIRTH **MS**

9 DECEDENT'S EDUCATION (Specify only highest grade completed) **Element/High School** 10 MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 11 SURVIVING SPOUSE (If wife, give maiden name) **None** 12 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) **No**

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 **425-64-0923** 15a USUAL OCCUPATION (Kind of work done, most of working life) **Teacher** 15b KIND OF BUSINESS OR INDUSTRY **Education**

16a RESIDENCE-STATE **MS** 16b COUNTY **Marshall** 16c CITY OR TOWN **Byhalia** 16d INSIDE CITY LIMITS (Specify Yes or No) **No** 16e STREET AND NUMBER OR RURAL LOCATION **210 Hillview Circle**

PARENTS

17 FATHER-NAME First Middle Last **Slonie Mauldin** 18 MOTHER-NAME First Middle Maiden **Susie V. Smith**

INFORMANT

19a INFORMANT-NAME (Type or print) **Pamela L. Looney** 19b MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) **210 Hillview Circle, Byhalia, MS 38611**

DISPOSITION

20a BURIAL, CREMATION, REMOVAL (Specify) **Burial** 20b CEMETERY, CREMATORY-NAME **Twin Oaks** 20c LOCATION (City and State) **Southaven, MS** 21a EXAMINER-SIGNATURE AND NUMBER **[Signature] 4586**

21b FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER **Brantley Funeral Home 17R** 21c MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) **P. O. Box 428, Olive Branch, MS 38654-0428**

PRONOUNCEMENT

22a PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print) **C.W. "Chuck" Thomas Marshall County CMEI** 22b PRONOUNCED DEAD (Month, Day, Year) **ON July 23, 2001** 22c PRONOUNCED DEAD (Hour) AT **3:10 A.M.**

CERTIFIER

23a CERTIFIER-NAME (Type or print) **C.W. "Chuck" Thomas** 23b MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) **P.O. Box 5155 Holly Springs, MS 38634**

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. SIGNATURE **[Signature]** MD 24b DATE SIGNED (Month, Day, Year) 24c STATE LICENSE NUMBER 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 **[Signature]** 24f. TITLE **Marshall County CMEI** 24g DATE SIGNED (Month, Day, Year) **July 23, 2001**

CAUSE OF DEATH

25. PART I: IMMEDIATE CAUSE (Enter one cause only):  
(a) **Cardiopulmonary Failure** Interval between onset and death  
DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):  
(b) **Congestive Heart Failure** Interval between onset and death  
DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):  
(c) **None** 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 **Debility** 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

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

**Judy Moulder**  
Judy Moulder  
STATE REGISTRAR

**AUG - 1 2001**

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