BK 0411 PG 0192

PATSY M. MCMORRIS, ET AL — GRANTORS

TO — WARRANTY DEED

MATTHEW B. COOPER, ET UX — GRANTEES

STATE MS - DESOTO CO.

FEB 7 12 48 PM '02

BK 411 PG 192
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, WE, PATSY M. MCMORRIS, PEGGY M. TOMES, PAUL T. MEACHAM, JR., AND G. BRITTAIN MEACHAM, do hereby sell, convey and warrant unto MATTHEW B. COOPER, AND WIFE, ASHLEY D. COOPER, 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, more particularly described as follows, to-wit:

> Lot 64, Section E., Phillips Place Subdivision, as situated in Section 35, Township 1 South, Range 6 West, **Desoto** County, Mississippi as per plat recorded in Plat Book 44, page 26, in the office of the Chancery Clerk of **Desoto** County, Mississippi.

The warranty in this deed is subject to subdivision and zoning regulations 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 OUR SIGNATURES this the 31ST day of January, 2002

Patsy M. McMorris
PATSY M. MCMORRIS

Peggy M. Tomes
PEGGY M. TOMES

BK 0411 PG 0193

PLEASE SIGN--

PAUL T. MEACHAM, JR.

G. BRITTAIN MEACHAM

STATE OF MISSISSIPPI

COUNTY OF DESOTO

THIS DAY personally appeared before me the undersigned authority in and for the above county and state, the within named PATSY M. MCMORRIS, PEGGY M. TOMES, AND G. BRITTAIN MEACHAM, who acknowledged that they signed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned, as their free and voluntary act and deed.

GIVEN UNDER MY HAND and official seal of office, this the 31st day of January, 2002.

NOTARY PUBLIC

MY COMMISSION EXPIRES:

11/20/03

(SEAL)

PLEASE SIGN--

STATE OF New Jersey

COUNTY OF Sussex

THIS DAY personally appeared before me the undersigned authority in and for the above county and state, the within named PAUL T. MEACHAM, JR.,

Who acknowledged that he signed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned, as his free and voluntary act and deed.

GIVEN UNDER MY HAND and official seal of office, this the 29 day of January, 2002.

PLEASE SIGN

Elizabeth N. Flatt
NOTARY PUBLIC

ELIZABETH N. FLATT NOTARY PUBLIC NEW JERSEY

MY COMMISSION EXPIRES:
October 21, 2005
(SEAL)

GRANTOR: 6669 Jennifer Dr. Olive Branch, MS 38654
(H) 895-3507 (W) 761-9304 ext 3157

GRANTEE: 10222 Amanda Dr. Olive Branch, MS 38654
(H) 946-9250 (W) 458-7544

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

Cooper/Meacham (01/02)

# MISSISSIPPI STATE DEPARTMENT OF HEALTH
## VITAL RECORDS

BK0411PG0195

## CERTIFICATE OF DEATH
STATE OF MISSISSIPPI

STATE FILE NUMBER 123-

FILING DATE MAY 02 2001

1. NAME: First JESSIE Middle M. Last MEACHAM
2. SEX: FEMALE
3a. HOUR OF DEATH: 10:13Am
3b. DATE OF DEATH (Month, Day, Year): APRIL 06, 2001
4. RACE (Specify White, Black, American Indian, etc.): White
5a. AGE AT LAST BIRTHDAY: 90 Years
5b. MOS / 5c. DAYS / 5d. HOURS / 5e. MINS (ONLY IF UNDER 1 YEAR / ONLY IF UNDER 1 DAY)
6. DATE OF BIRTH (Month, Day, Year): Jan 2, 1911
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 HOSPITAL-DESOTO 17-B
7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER., AM OR DOA: INPT.
8. STATE OF BIRTH: MS
9. DECEDENT'S EDUCATION (Specify only highest grade completed): Elem/High School (0-12): 12; College (1-4 or 5+): 4
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name): NA
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: 415-11-6392
15a. USUAL OCCUPATION (Kind of work done most of working life): Homemaker
15b. KIND OF BUSINESS OR INDUSTRY: Home
16a. RESIDENCE—STATE: MS
16b. COUNTY: Desoto
16c. CITY OR TOWN: Olive Branch
16d. INSIDE CITY LIMITS (Specify Yes or No): YES
16e. STREET AND NUMBER OR RURAL LOCATION: 10222 Amanda Dr.
17. FATHER—NAME: First Jesse Middle Brittain Last McDaniel
18. MOTHER—NAME: First Virgie Middle Inez Maiden Rodgers
19a. INFORMANT—NAME (Type or print): Patsy McMorris
19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): 6669 Jennifer Dr. Olive Branch, MS 38654
20a. BURIAL, CREMATION, REMOVAL (Specify): Burial
20b. CEMETERY, CREMATORY—NAME: Memorial Park
20c. LOCATION (City and State): Memphis, TN
21a. EMBALMER—SIGNATURE AND NUMBER: Alfred Barnes #4586
21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER: Memphis Funeral Home Poplar #416
21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): P.O. Box 17069 Memphis, TN 38187-0069
22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print): GRADY MARLOW, M.D.
22b. PRONOUNCED DEAD ON: APRIL 06, 2001
22c. PRONOUNCED DEAD AT (Hour): 10:13A m
23a. CERTIFIER—NAME (Type or print): STEVAN HIMMELSTEIN, M.D.
23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): 401 SOUTHCREST CIR., #212, SOUTHAVEN, MS 38671

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: 12664
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:
24f. TITLE:
24g. DATE SIGNED (Month, Day, Year):

25. PART I. DEATH CAUSED BY:
IMMEDIATE CAUSE (Enter one cause only): (a) myocardial infarction — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (b) coronary artery disease — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (c) congestive heart failure — Interval between onset and death:

Conditions, if any, which gave rise to immediate cause (a) 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):
28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No):

Decedent Pregnant in 90 Days 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:
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

MAY - 2 2001

MISSISSIPPI STATE BOARD OF HEALTH

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