

PREPARED BY & RETURN TO:
 TAYLOR, JONES, ALEXANDER & SORRELL, LTD.
 ATTORNEYS AT LAW, P. O. BOX 188
 SOUTHAVEN, MS 38671
 (662) 342-1300

STATE MS.-DE SOTO CO. y
 FILED

May 17 1 46 PM '02

BK 419 PG 190
 W.E. DAVIS CH. CLK.

DIXIE HUGHES ALDRIDGE, DARLENE HUGHES
 MARTIN, CHRISTELLA HUGHES HOLLOWAY A/K/A
 CRISTELLA HUGHES HOLLOWAY, CINDY JO HUGHES
 LATHAM and PERRY LYNN HUGHES, surviving
 heirs of Perry Hughes and Frankie C. Hughes
 GRANTOR (S)

**ASSUMPTION
 WARRANTY
 DEED**

TO

**CRISTELLA HUGHES HOLLOWAY and husband,
 CHARLES ALVIN HOLLOWAY, II
 GRANTEES**

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00) cash in hand paid, and other good and valuable considerations, and further consideration of the assumption and agreement to assume the present balance of that certain Deed of Trust in the original amount of TWENTY-EIGHT THOUSAND NINE HUNDRED FIFTY AND NO/100 DOLLARS (\$28,950.00), dated December 19, 1978 executed to Boyle Mortgage Company recorded in Book 235, Page 437 assigned to Federal National Mortgage Association in Book 238, Page 404 in the Chancery Clerk's Office of DeSoto County, Mississippi the receipt and sufficiency of all of which is hereby acknowledged, We, DIXIE HUGHES ALDRIDGE, DARLENE HUGHES MARTIN, CHRISTELLA HUGHES HOLLOWAY A/K/A CRISTELLA HUGHES HOLLOWAY, CINDY JO HUGHES LATHAM and PERRY LYNN HUGHES, surviving heirs of Perry Hughes and Frankie C. Hughes do hereby sell, convey, and warrant unto CRISTELLA HUGHES HOLLOWAY and husband, CHARLES ALVIN HOLLOWAY, II as tenants by the entirety with the full rights of survivorship and not as tenants in common, the land and all appurtenances thereon lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

Lot 443, BROOK HOLLOW WEST SUBDIVISION, located in Section 24, Township 1 South, Range 8 West, City of Southaven, DeSoto County, Mississippi as per plat thereof recorded in Plat Book 8, Page 3 in the Chancery Clerk's Office of DeSoto County, Mississippi.

The above property is the same property conveyed to Perry Hughes and wife, Frankie C. Hughes by Warranty Deed of record in Book 174, Page 591, in the Chancery Clerk's Office, DeSoto County, Mississippi.

Perry Hughes a/k/a Richard Perry Hughes passed away on or about June 30, 1991 and Frankie C. Hughes a/k/a Frankie Mae Hughes passed away on or about November 24, 2000 leaving as surviving heirs the Grantors herein as named in Will of Frankie C. Hughes dated August 5, 1991.

The warranty in this deed is subject to rights of ways and easements for public roads and public utilities, to building, zoning, subdivision and health department regulations in effect in City of Southaven and DeSoto County, Mississippi.

The Grantors herein do hereby authorize the transfer of this indebtedness from Perry Hughes and wife, Frankie C. Hughes to the names of the Grantees herein and said Grantors do hereby set over and assign without charge any and all escrow funds now held by said Federal National Mortgage Association to said Grantees. And Grantees assume and agree to pay the balance of said indebtedness.

Taxes for 2002 are to be assumed and paid by the Grantees, and possession is given with delivery of this deed.

WITNESS our signature(s), this the 8th day of May, 2002.

Dixie Hughes Aldridge
DIXIE HUGHES ALDRIDGE

Darlene Hughes Martin
DARLENE HUGHES MARTIN

Christella Hughes Holloway
CHRISTELLA HUGHES HOLLOWAY
A/K/A CRISTELLA HUGHES HOLLOWAY

Cindy Jo Hughes Latham
CINDY JO HUGHES LATHAM

Perry Lynn Hughes
PERRY LYNN HUGHES

STATE OF MISSISSIPPI
COUNTY OF DESOTO

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the jurisdiction aforesaid, the within named DIXIE HUGHES ALDRIDGE, DARLENE HUGHES MARTIN, CHRISTELLA HUGHES HOLLOWAY A/K/A CRISTELLA HUGHES HOLLOWAY, CINDY JO HUGHES LATHAM AND PERRY LYNN HUGHES, surviving heirs of Perry Hughes and Frankie C. Hughes, who acknowledged that they signed and delivered the above and foregoing instrument on the day and year therein mentioned, as her free act and deed, and for the purposes therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the 8th day of May, 2002

Marilyn J. Crabb
Notary Public

MY COMMISSION EXPIRES SEPT. 7, 2003

My commission expires: _____

PROPERTY ADDRESS: 602 COTTONBROOK COVE, SOUTHAVEN, MS. 38671

Grantors Address:

(Dixie Aldridge)

666 Old Forge Rd.

Southaven, Ms. 38671

Res# 662-342-0043

Bus# SAME NUMBER

Grantees Address

602 Cottonbrook Cv.

Southaven, Ms. 38671

Res# 662-393-2028

Bus# 901-226-5187

(Darlene Hughes Martin)

3315 Piedmont

Memphis, Tn. 38115

Res# 901-362-8897

Bus# 901-759-9500

(Christella Hughes Holloway)

602 Cottonbrook Cv.

Southaven, Ms. 38671

Res# 662-393-2028

Bus# 901-226-5187

(Cindy Jo Hughes Latham)

1909 Neptune Dr.

Augusta, GA. 30906

Res# 706-790-4168

Bus# 706-737-1464

(Perry Lynn Hughes)

2301 Poteet St.

Augusta, GA. 30906

Res# 706-793-6769

Bus# 706-798-4346

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STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

BK 04 | 9 PG 0 | 92

TYPE OR PRINT WITH BLACK INK

FILED DATE **DEC 20 2008**

CERTIFICATE OF DEATH

STATE FILE NUMBER **123-**

DECEASED death occurred in an institution, see HANDBOOK regarding completion of RESIDENCE items RESIDENCE items, give actual location of home rather than mailing address	1. NAME		2. SEX	3a. HOUR OF DEATH	3b. DATE OF DEATH (Month, Day, Year)	
	First Middle Last FRANKIE MAE HUGHES		FEMALE	9:45P m	NOVEMBER 24, 2000	
	4. RACE (Specify White, Black, American Indian, etc.)	5a. AGE AT LAST BIRTHDAY	ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY 5b. MOS 5c. DAYS 5d. HOURS 5e. MINS	6. DATE OF BIRTH (Month, Day, Year)	7a. COUNTY OF DEATH	
	WHITE	75 Years		JUNE 21, 1925	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 INPT. OUTPT. EMER. RM. OR DOA	8. STATE OF BIRTH	
SOUTHAVEN	BAPTIST HOSPITAL DESOTO 17B			INPT.	MISSISSIPPI	
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 (0-12) (1-4) (5+) 10	WIDOWED	NONE	NO			
13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.)	14. SOCIAL SECURITY NUMBER	15a. USUAL OCCUPATION (Kind of work done most of working life)	15b. KIND OF BUSINESS OR INDUSTRY			
AMERICAN	426-17-6866	FARMER	AGRICULTURE			
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	602 COTTONBROOK COVE		
17. FATHER—NAME		18. MOTHER—NAME				
First Middle Last CHARLES EDWARD CLOGSTON		First Middle Maiden ROXIE ANN MOORE				
19a. INFORMANT—NAME (Type or print)			19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)			
DIXIE ALDRIDGE			666 OLD FORGE ROAD SOUTHAVEN, MS 38671			
20a. BURIAL, CREMATION, REMOVAL (Specify)		20b. CEMETERY, CREMATORY—NAME	20c. LOCATION (City and State)	21a. EMBALMER—SIGNATURE AND NUMBER		
BURIAL		LAMBERT CEMETERY	LAMBERT, MS	FS 887		
21b. FUNERAL HOME—NAME AND MISSISSIPPI ID NUMBER			21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)			
TWIN OAKS FUNERAL HOME 17T			290 Goodman Road East Southaven, MS 38671			
22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print)			22b. PRONOUNCED DEAD (Month, Day, Year)	22c. PRONOUNCED DEAD (Hour)		
JAMES LEWIS, M.D.			ON NOVEMBER 24, 2000	AT 9:45P m		
23a. CERTIFIER—NAME (Type or print)			23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)			
BENTON M. WHEELER, M.D.			55 PHYSICIANS LANE, 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		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 <i>Benton M. Wheeler</i> MD			SIGNATURE		
	24b. DATE SIGNED (Month, Day, Year)	24c. STATE LICENSE NUMBER		24f. TITLE		
	12/12/00	13608				
24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)			24g. DATE SIGNED (Month, Day, Year)			
Conditions, if any, which gave rise to immediate cause stating the underlying cause last	25. PART I. IMMEDIATE CAUSE (Enter one cause only).				Interval between onset and death	
	(a) OVARIAN CANCER				2 years	
	(b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):				Interval between onset and death		
(c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):				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)	
Had Decedent been Pregnant Within 90 Days Prior to Death? <input type="checkbox"/> Yes <input type="checkbox"/> 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

Nita Cox Gunter
 Nita Cox Gunter
 STATE REGISTRAR

WARNING:

A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.



BK0419PG0193

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
CERTIFICATE OF DEATH

007287

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER

95
DECEDENT

NR

NAME OF DECEDENT: For use by physician or institution

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

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1. DECEDENT'S NAME (First, Middle, Last) Richard Perry Hughes		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) June 30, 1991
4. SOCIAL SECURITY NUMBER (of Deceased) 410-12-8777	5a. AGE - LAST BIRTHDAY (Years) 72	5b. UNDER 1 YEAR MOS. DAYS HOURS MIN.	6. DATE OF BIRTH (Month, Day, Year) December 5, 1918
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7. BIRTHPLACE (City and State or Foreign Country) Collierville, Tennessee	
8a. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) Methodist Hospital--Central		9c. CITY, TOWN, OR LOCATION OF DEATH Memphis	9d. COUNTY OF DEATH Shelby
10. MARITAL STATUS--Married, Never Married, Widowed, Divorced (Specify) married	11. SURVIVING SPOUSE (If wife, give maiden name) Frankie Clogston	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Farmer	12b. KIND OF BUSINESS/INDUSTRY Agriculture
13a. RESIDENCE - STATE Mississippi	13b. COUNTY Quitman	13c. CITY, TOWN OR LOCATION Lambert	13d. STREET AND NUMBER OR RURAL LOCATION Rt 1, Box 4D
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	13f. ZIP CODE 38643	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No--if yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify, if yes:	15. RACE--American Indian, Black, White, etc. (Specify) White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12		17. FATHER'S NAME (First, Middle, Last) Joe Hughes	
18. MOTHER'S NAME (First, Middle, Maiden Surname) Eola Bryant		19a. INFORMANT'S NAME (Type/Print) Frankie C. Hughes	
19b. RELATIONSHIP TO DECEASED Wife		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Rt 1, Box 4D, Lambert, MS 38643	
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Lambert Cemetery	20c. LOCATION--City or Town, State Lambert, Mississippi
21a. SIGNATURE OF FUNERAL DIRECTOR <i>Munam Kimbro</i>		21b. LICENSE NUMBER OF FUNERAL DIRECTOR FD195	21c. SIGNATURE OF EMBALMER <i>Jon [Signature]</i>
21d. LICENSE NUMBER OF EMBALMER ES 85		22a. NAME AND ADDRESS OF FUNERAL HOME Kimbro Funeral Home, PO BOX 334, 323 N. Second, Marks, MS 38646	
22b. LICENSE NUMBER OF FUNERAL HOME FE-62		23. REGISTRAR'S SIGNATURE <i>Denise A. LaLonde, Deputy</i>	
24. DATE FILED (Month, Day, Year) JUL 17 1991		25a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>J. Hays Brantley, MD</i>	
25b. LICENSE NUMBER 13648		25c. DATE SIGNED (Month, Day, Year) 7/14/91	
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER		26b. LICENSE NUMBER	
26c. DATE SIGNED (Month, Day, Year)		27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) J. Hays Brantley, MD, 1325 Eastmoreland, Memphis, Tenn	
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → Metastatic adenocarcinoma of lung DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST a. _____ DUE TO (OR AS A CONSEQUENCE OF): b. _____ DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1) Chronic obstructive pulmonary disease 2) Renal failure		29a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
30. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year)	31b. TIME OF INJURY M
31c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31d. DESCRIBE HOW INJURY OCCURRED	
31e. PLACE OF INJURY--At home, farm, street, factory, office building, etc. (Specify)		31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

MEMPHIS & SHELBY COUNTY HEALTH DEPARTMENT 814 JEFFERSON AVENUE, MEMPHIS, TENNESSEE

THIS IS TO CERTIFY that this is a true and correct copy of the record filed with the Vital Records Department of Health and Environment by the Memphis & Shelby County Health Department.

SEAL

Date Issued

AUG 12 1991

By

Bobbie Fritchie

Bobbie Fritchie, Registrar
Vital Records Section

Taylor