

Prepared by and return to:
Sparkman-Zummach, P.C.
Attorneys at Law
Post Office Box 266
Southaven, MS 38671-0266
662 349-6900

BK 431 PG 281
W.E. DAVIS CH. CLK.

DAVID A. POIRIER, et ux

GRANTORS

to:

QUITCLAIM DEED

No title work was requested or prepared by the preparer of this instrument.

SALLY L. POIRIER,

GRANTEE.

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 all which is hereby acknowledged, Grantor, SALLY L. POIRER, a widowed person, does hereby convey, transfer, remise, release, relinquish and quitclaim unto Grantee, SALLY L. POIRER, Grantee's heirs and assigns, all of Grantor's right, title and interest in and to real property lying and being situated in DeSoto County, Mississippi, being more particularly described as follows, to wit:

Lot 608, Section F, Carriage Hills Subdivision, in Section 24, Township 1 South, Range 8 West, DeSoto County, Mississippi as per plat thereof recorded in Plat Book 6, Pages 3 and 4, in the office of the Chancery Clerk of DeSoto County, Mississippi.

The above described property is improved property.

By way of explanation, this instrument is filed to memorialize the death of David A. Poirer as evidenced by the attached death certificate thus leaving title solely in the name of Grantee as the surviving joint tenant.

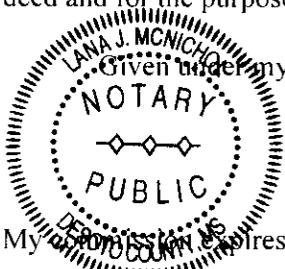
IN WITNESS WHEREOF, Grantors have caused this instrument to be executed on the 24 day of October, 2002.

Sally L. Poirier
SALLY L. POIRER

State of Mississippi
County of DeSoto

PERSONALLY appeared before me, the undersigned authority in and for the State and County aforesaid, the within named SALLY L. POIRER, who acknowledge that she executed and delivered the above and foregoing Quitclaim Deed on the day and year therein mentioned as her free and voluntary act and deed and for the purposes therein expressed.

Given under my hand and official seal of office, this the 24 of October, 2002.



Lana J. McNichol
Notary Public

My Commission Expires:
8/4/06

Grantor Address: 768 Farmington Dr, Southaven, MS 38671
Grantor Telephone Number: Home- 662/342-0079 Work- 901/495-3921
Grantee Address: 768 Farmington Dr, Southaven, MS 38671
Grantee Telephone Number: Home- 662/342-0079 Work- 901/495-3921

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

TYPE OR PRINT
WITH BLACK INK

FILING DATE **JUL 08 2002**

CERTIFICATE OF DEATH
STATE OF MISSISSIPPI

STATE FILE NUMBER **123-**

DECEASED

1. NAME First Middle Last David Albert Poirier			2. SEX Male		3a. HOUR OF DEATH 7:17p m		3b. DATE OF DEATH (Month, Day, Year) April 20, 2002	
4. RACE (Specify White, Black, American Indian, etc.) White		5a. AGE AT LAST BIRTHDAY 61 Years			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) February 10, 1941	
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 Memorial Hospital-DeSoto 17B				7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA Emer. Rm.		7e. COUNTY OF DEATH DeSoto
9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School (0-12) College (1-4, 5+) 2		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Sally Johnston		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) Yes		
13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) American		14. SOCIAL SECURITY NUMBER 076-32-7633		15a. USUAL OCCUPATION (Kind of work done most of working life) Truck Driver		15b. KIND OF BUSINESS OR INDUSTRY Trucking Industry		
16a. RESIDENCE-STATE Mississippi		16b. COUNTY DeSoto		16c. CITY OR TOWN Southaven		16d. INSIDE CITY LIMITS (Specify Yes or No) Yes		16e. STREET AND NUMBER OR RURAL LOCATION 768 Farmington Dr. North

PARENTS

17. FATHER-NAME First Middle Last Albert Poirier			18. MOTHER-NAME First Middle Maiden Elizabeth Roberts		
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INFORMANT

19a. INFORMANT-NAME (Type or print) Sally Poirier		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 768 Farmington Drive North Southaven, MS 38671					
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DISPOSITION

20a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		20b. CEMETERY, CREMATORY-NAME Tennessee Cremations		20c. LOCATION (City and State) Memphis, Tennessee		21a. EMBALMER-SIGNATURE AND NUMBER	
21b. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER Twin Oaks Funeral Home 17T				21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 290 Goodman Road East Southaven, MS 38671			

PRONOUNCEMENT

22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print) James Lewis, M.D.		22b. PRONOUNCED DEAD (Month, Day, Year) ON April 20, 2002		22c. PRONOUNCED DEAD (Hour) AT 7:17p m	
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CERTIFIER

23a. CERTIFIER-NAME (Type or print) Jeffery Pounders		23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 4942 Pounders Road Nesbit, MS 38651			
24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE Jeffery Pounders 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 Jeffery Pounders		24f. TITLE DeSoto CMEI	
		24g. DATE SIGNED (Month, Day, Year) June 1, 2002			

Mississippi State Board of Health
Form No. 511
Revised 1-1-89

CAUSE OF DEATH

25. PART I: DEATH CAUSED BY:	IMMEDIATE CAUSE (Enter one cause only): (a) Hypertension		Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (b)		Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (c)		Interval between onset and death

Conditions, if any, which gave rise to immediate cause stating the underlying cause last

Had Decedent been Pregnant Within 90 Days Prior to Death?

Yes No

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) No		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) Yes	
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.	
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

JUL - 8 2002

WARNING:

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