

Prepared by/Return to:
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STATE MS.-DESOTO CO.
FILED

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BK 439 PG 64
W.E. DAVIS CH. CLK.

**CLARA A. CRUMPTON, A WIDOWED PERSON,
MARVIN E. PETTY, JANICE M. ARCEO
and JACQUELINE R. CRUNK,**

GRANTORS

to:

**QUITCLAIM DEED
WITH RESERVATION
OF LIFE ESTATE**
(NO TITLE WORK WAS REQUESTED
OF NOR PERFORMED BY THE
PREPARER OF THIS INSTRUMENT)

**CLARA A. CRUMPTON, A WIDOWED PERSON,
for her natural life, with remainder to MARVIN E. PETTY,
JANICE M. ARCEO and JACQUELINE R. CRUNK,**

GRANTEES.

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, Grantors, **CLARA A. CRUMPTON, A WIDOWED PERSON, MARVIN E. PETTY, JANICE M. ARCEO and JACQUELINE R. CRUNK**, do hereby convey, transfer, remise, release, relinquish and quitclaim unto Grantee, **CLARA A. CRUMPTON, A WIDOWED PERSON**, for her natural life, with remainder to **MARVIN E. PETTY, JANICE M. ARCEO and JACQUELINE R. CRUNK**, as joint tenants with full rights of survivorship and not as tenants in common, 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 1607, Section H, Greenbrook Subdivision, in Section 30, Township 1 South, Range 8 West, DeSoto County, Mississippi as per plat thereof recorded in Plat Book 11, Pages 21 and 22 in the Office of the Chancery Clerk of DeSoto County, Mississippi.

The above described property is improved property.

By way of explanation, Grantor DON L. PETTY departed this life on October 18, 2001, while an adult resident citizen of DeSoto County, Mississippi, as evidenced by the attached Death Certificate.

Source of Grantors' equitable interest is a Quitclaim Deed recorded in Book 0399, Page 0517 in the office of the Chancery Court Clerk of DeSoto County, Mississippi.

IN WITNESS WHEREOF, Grantors have caused this instrument to be executed on the 10 day of February, 2003.

Clara A. Crumpton
CLARA A. CRUMPTON

Marvin E. Petty
MARVIN E. PERRY

Janice M. Arceo
JANICE M. ARCEO

Jacqueline R. Crunk
JACQUELINE R. CRUNK

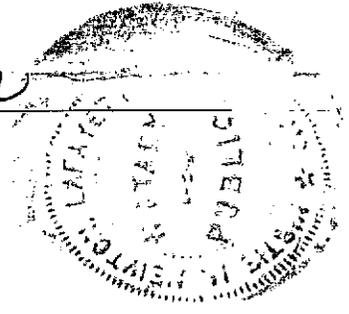
State of Mississippi
County of DeSoto

Personally appeared before me, the undersigned authority in and for the said county and state, the within named **CLARA A. CRUMPTON**, who acknowledged she that executed and delivered the above and foregoing Quitclaim Deed on the year and day therein mentioned as her free and voluntary act and deed and for the purposes therein expressed.

WITNESS my hand and seal, this the 10th day of February, 2003.

Mistie Newton
Notary Public

My Commission Expires:
MISSISSIPPI STATEWIDE NOTARY PUBLIC
MY COMMISSION EXPIRES FEB. 15, 2003
BONDED THRU STEGALL NOTARY SERVICE



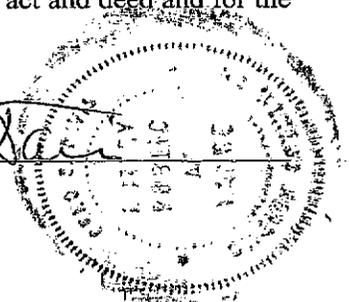
State of TN
County of SHARBY

Personally appeared before me, the undersigned authority in and for the said county and state, the within named **MARVIN E. PERRY**, who acknowledged that he executed and delivered the above and foregoing Quitclaim Deed on the year and day therein mentioned as his free and voluntary act and deed and for the purposes therein expressed.

WITNESS my hand and seal, this the 15th day of February, 2003.

Deed S. Steen
Notary Public

My Commission Expires:
MY COMMISSION EXPIRES:
July 19, 2003



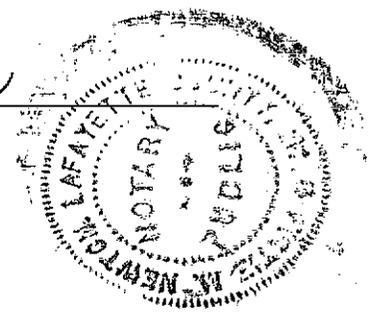
State of Mississippi
County of DeSoto

Personally appeared before me, the undersigned authority in and for the said county and state, the within named **JANICE M. ARCEO**, who acknowledged she that executed and delivered the above and foregoing Quitclaim Deed on the year and day therein mentioned as her free and voluntary act and deed and for the purposes therein expressed.

WITNESS my hand and seal, this the 10th day of February, 2003.

Mistie Newton
Notary Public

My Commission Expires:
MISSISSIPPI STATEWIDE NOTARY PUBLIC
MY COMMISSION EXPIRES FEB. 15, 2003
BONDED THRU STEGALL NOTARY SERVICE



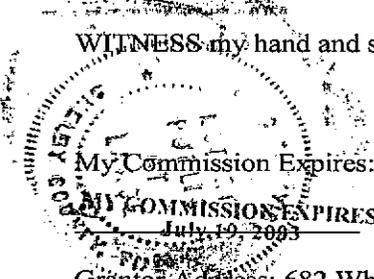
State of TN
County of SHARBY

Personally appeared before me, the undersigned authority in and for the said county and state, the within named **JACQUELINE R. CRUNK**, who acknowledged she that executed and delivered the above and foregoing Quitclaim Deed on the year and day therein mentioned as her free and voluntary act and deed and for the purposes therein expressed.

WITNESS my hand and seal, this the 15th day of February, 2003.

Deed S. Steen
Notary Public

My Commission Expires:
MY COMMISSION EXPIRES:
July 19, 2003



Grantor Address: 682 White Ash; Southaven, Mississippi 328671
Grantor Telephone Number: Home- 662/342-0132 Work-None
Grantee Address: 682 White Ash; Southaven, Mississippi 328671
Grantee Telephone Number: Home- 662/342-0132 Work-None

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

BK0439PG0066

TYPE OR PRINT
WITH BLACK INK

	FILING DATE NOV 29 2001	CERTIFICATE OF DEATH STATE OF MISSISSIPPI	STATE FILE NUMBER 123-	
If death occurred in an institution, see HANDBOOK, regarding completion of RESIDENCE items. For RESIDENCE items, enter actual location of home rather than mailing address.	1. NAME First: DONALD Middle: L. Last: PETTY		2. SEX MALE	
	3a. HOUR OF DEATH 6:29 P^m		3b. DATE OF DEATH (Month, Day, Year) OCTOBER 18, 2001	
	4. RACE (Specify White, Black, American Indian, etc.) WHITE	5a. AGE AT LAST BIRTHDAY 44 Years	5b. MOS (1-4, 5+)	5c. DAYS
	6. DATE OF BIRTH (Month, Day, Year) Aug 3, 1957		7a. COUNTY OF DEATH DESOTO	
	7b. CITY OR TOWN OF DEATH SOUTHAVEN		7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in city or town, give street address, number, or other location) BAPTIST HOSPITAL-DESOTO 17B	7d. IF IN HOSP. OR INST. SPECIFY (Specify HOSP., EMER. RM. OR DOA) INPT.
8. STATE OF BIRTH TN				
9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary High School, College (0-12) 12 (1-4, 5+)		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	11. SURVIVING SPOUSE (If wife, give maiden name) NA	
12. WAS DECEDENT 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 410-11-0340	15a. USUAL OCCUPATION (Kind of work done, most of working life) Installer	
15b. KIND OF BUSINESS OR INDUSTRY Sears & Roebuck				
16a. RESIDENCE-STATE MS		16b. COUNTY Desoto	16c. CITY OR TOWN Southaven	
16d. INSIDE CITY LIMITS (Specify Yes or No) YES		16e. STREET AND NUMBER OR RURAL LOCATION 682 White Ash Drive		
17. FATHER-NAME First: Marvin E. Middle: Petty Last: Petty		18. MOTHER-NAME First: Clara A. Middle: Amerson Maiden: Amerson		
19a. INFORMANT-NAME (Type or print) Clara Crumpton		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 682 White Ash Drive Southaven, MS 38671		
DISPOSITION		20a. BURIAL, CREMATION, REMOVAL (Specify) Burial		
20b. CEMETERY, CREMATORY-NAME Memphis Memory Gardens		20c. LOCATION (City and State) Memphis, TN		
20d. EMBALMER-SIGNATURE AND NUMBER Alfred Barnes 4586		21a. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER Family Funeral Care Summer 1034		
21b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) P.O. Box 17069 Memphis, TN 38187-0069		21c. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		
PRONOUNCEMENT		22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print) C. MICHAEL SMITH, MD		
22b. PRONOUNCED DEAD (Month, Day, Year) OCTOBER 18, 2001		22c. PRONOUNCED DEAD (Hour) 6:29 P^m		
CERTIFIER		23a. CERTIFIER-NAME (Type or print) TARIQ KHAN, MD		
23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 7603 SOUTHCREST PKWY.#200, SOUTHAVEN, MS 38671				
Mississippi State Board of Health Form No. 511 Revised 1-1-89		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: <i>Tariq Khan</i> MD 24b. DATE SIGNED (Month, Day, Year) 11/20/01 24c. STATE LICENSE NUMBER 15809 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)				
CAUSE OF DEATH		25. PART I. IMMEDIATE CAUSE (Enter one cause only): SEPTIC SHOCK		
Conditions, if any, which gave rise to immediate cause stating the underlying cause last Had Decedent been Pregnant Within 90 Days Prior to Death? <input type="checkbox"/> Yes <input type="checkbox"/> No		(a) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		
		(b) SPONTANEOUS BACTERIAL PERITONITIS		
		(c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): CIRRHOSIS OF LIVER		
26. PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in PART I. RENAL FAILURE, RESPIRATORY FAILURE		27. AUTOPSY (Yes or No) NO		
28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) 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. STREET OR ROUTE NUMBER		
29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)		29g. CITY OR TOWN		
29h. LOCATION		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

NOV 29 2001

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.

