

STATE MS.-DESOTO CO.  
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JUN 9 3 32 PM '03

BK 445 PG 794  
W.E. DAVIS CH. CLK.

Prepared by and returned to:  
Sparkman-Zummach, P.C.  
Attorneys at Law  
Post Office Box 266  
Southaven, MS 38671-0266  
662 349-6900  
FILE #: 030494

James Kenneth Birdsong and  
Laura Letitia Redden, Co-Executors  
of Estate of John Edward Birdsong, Deceased,

Grantor

to:

WARRANTY DEED

Thomas D. Pruitt,

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 consideration, the receipt of all which is hereby acknowledged, Grantor, **James Kenneth Birdsong and Laura Letitia Redden, Co-Executors of Estate of John Edward Birdsong, Deceased**, do hereby sell, convey and warrant unto Grantee, **Thomas D. Pruitt**, a single person, the land lying and being situated in DeSoto County, Mississippi, being more particularly described as follows, to wit:

Lot 29, Section "A", Country Village West Subdivision, situated in Section 3, Township 2 South, Range 6 West, DeSoto County, Mississippi as per plat thereof recorded in Plat Book 47, Page(s) 24 in the office of the Chancery Court of DeSoto County, Mississippi.

The warranty in this Deed is subject to rights-of-way and easements of record for public roads and public utilities, subdivision and zoning regulations in effect, prior reservations of oil and mineral rights, all applicable building restrictions and restrictive covenants of record including, but not limited to, Plat Book 47, Page 24, which are of record in the office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation, Annie L. Birdsong departed this life on January 26, 1997 as evidence by the attached death certificate while she was a resident citizen of DeSoto County, Mississippi and lawfully married to John E. Birdsong. The Estate of John E. Birdsong is being probated in the Chancery Court of DeSoto County, Mississippi as Cause # 03-1-129 and the subject property is being sold pursuant to a Court Order entered in said Cause.

Taxes for the year 2003 are to be paid by Grantee and possession is to be given with the delivery of this Deed.

WITNESS the signature of the Grantor, this the 9<sup>th</sup> day of June, 2003.

Estate of John Edward Birdsong, Deceased

By: James Kenneth Birdsong, Co-Executor  
James Kenneth Birdsong, Co-Executor

By: Laura Letitia Redden, Co-Executor  
Laura Letitia Redden, Co-Executor

State of Mississippi  
County of DeSoto

Personally appeared before me, the undersigned authority in and for the said county and state, on this 4 day of June, 2003, within my jurisdiction, the within named James Kenneth Birdsong and ~~Laura~~ Letitia Redden, who acknowledged that he/she are Co-Executors of the Estate of John Edward Birdsong, Deceased, and that in said representative capacity he/she executed the above and foregoing instrument, after first having been duly authorized so to do.



*[Signature]*  
\_\_\_\_\_  
Notary Public

My commission expires:

Grantor Address: 2504 STONEBLOCK DR NESPIT MS 38651

Grantor Telephone Number: Home- 662-429-4292 Work- 662 349-4080

Grantee Address: 5897 Blocker Street, Olive Branch, MS 38654

Grantee Telephone Number: Home- 901-682-16780 Work- n/a

*return to:*

**O'BRIEN LAW FIRM, LLC**  
1630 Goodman Rd. East-Suite 5  
Southaven, MS 38671  
(662) 349-3339

# STATE OF MISSISSIPPI

## MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

BK 0445PG0796

TYPE OR PRINT WITH BLACK INK

FILING DATE **FEB 20 1997**

**CERTIFICATE OF DEATH**  
STATE OF MISSISSIPPI

STATE FILE NUMBER **123-**

<b>DECEASED</b>	1. NAME <b>ANNIE LAURA BIRDSONG</b>		2. SEX <b>FEMALE</b>	3a. HOUR OF DEATH	3b. DATE OF DEATH (Month, Day, Year) <b>JANUARY 26, 1997</b>
	4. RACE (Specify White, Black, American Indian, etc.) <b>WHITE</b>	5a. AGE AT LAST BIRTHDAY <b>62</b> 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) <b>NOV. 13, 1934</b>
	7a. CITY OR TOWN OF DEATH <b>OLIVE BRANCH</b>	7c. HOSPITAL OR OTHER INSTITUTION—NAME AND NUMBER (If not in other, give street address, house number or other location) <b>5897 BLOCKER ST.</b>		7d. IF IN HOSP. OR INST. SPECIFY: INPT. OUTPT. EMER. RM OR DOA <b>NONE</b>	7e. STATE OF BIRTH <b>ALA.</b>
	9. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>Elem/High School</b>	10. MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify) <b>MARRIED</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>JOHN E. BIRDSONG</b>		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) <b>NO</b>
	13. ORIGIN OR DESCENT (Specify Cuban Afro American, Mexican, etc.) <b>AMERICAN</b>	14. SOCIAL SECURITY NUMBER <b>413-60-1936</b>	15a. USUAL OCCUPATION (Kind of work done) (most of working life) <b>REGISTERED NURSE</b>		15b. KIND OF BUSINESS OR INDUSTRY <b>STATE OF TENN.</b>
	16a. RESIDENCE—STATE <b>MS.</b>	16b. COUNTY <b>DESOTO</b>	16c. CITY OR TOWN <b>OLIVE BRANCH</b>	16d. INSIDE CITY LIMITS (Specify Yes or No) <b>YES</b>	16e. STREET AND NUMBER OR RURAL LOCATION <b>5897 BLOCKER ST.</b>
<b>PARENTS</b>	17. FATHER—NAME <b>JAMES ROBERT CAMPBELL</b>		18. MOTHER—NAME <b>ANNIE MARION YOUNGBLOOD</b>		
<b>INFORMANT</b>	19a. INFORMANT—NAME (Type or print) <b>JOHN E. BIRDSONG</b>		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>5897 BLOCKER ST. OLIVE BRANCH, MS. 38654</b>		
<b>DISPOSITION</b>	20a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	20b. CEMETERY, CREMATORY—NAME <b>FOREST HILL EAST</b>	20c. LOCATION (City and State) <b>MEMPHIS, TN.</b>	21a. EMBALMER—SIGNATURE AND NUMBER <b>DAVID KELLER #4327 TN.</b>	
	21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER <b>FOREST HILL FUNERAL HOME</b>		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>P.O. BOX 34577 MEMPHIS, TN. 38184</b>		
<b>PRONOUNCEMENT</b>	22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print)		22b. PRONOUNCED DEAD (Month, Day, Year) <b>ON</b>	22c. PRONOUNCED DEAD (hour) (m) <b>AT</b>	
<b>CERTIFIER</b>	23a. CERTIFIER—NAME (Type or print)		23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)		
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 <b>Signature: [Signature]</b>		24b. DATE SIGNED (Month, Day, Year) <b>@ 2-10-97</b>		24c. STATE LICENSE NUMBER <b>10826</b>
	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 <b>Signature: [Signature]</b>		24f. TITLE
			24g. DATE SIGNED (Month, Day, Year)		
<b>CAUSE OF DEATH</b>	25. PART I: IMMEDIATE CAUSE (Enter one cause only): DEATH CAUSED BY: (a) <b>Respiratory arrest</b> DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (b) <b>Pulmonary edema non-cardiac</b> DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (c) <b>Pulmonary metastasis</b>		Interval between onset and death <b>Immediate</b> Interval between onset and death <b>4 days</b> Interval between onset and death <b>1 month</b>		
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 <b>Breast carcinoma, primary - Three years</b>		27. AUTOPSY (Yes or No)	28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or 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 (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

MAR -3 97

**WARNING:**

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