

STATE MS.-DESOTO CO.

BK 451 Pg 21

AUG 20 11 55 AM '03

BK 451 PG 21  
W.F. DAVIS CH. CLK.

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

030753

**ROBERT LOUIS GIBSON,**

GRANTOR

to:

**QUITCLAIM DEED**

**ROBERT GIBSON, ET UX,**

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, Robert Louis Gibson, does hereby convey, transfer, remise, release, relinquish and quitclaim unto Grantee, Robert Gibson and wife, Ellene Gibson as tenants by the entirety with full right 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 10, Section B, Juanita Acres Subdivision, in Section 30, Township 2 South, Range 7 West, DeSoto County, Mississippi as per plat thereof recorded in Plat Book 8, Page(s) 11 in the office of the Chancery Clerk of DeSoto County, Mississippi.

The above described property is improved property.

Source of Grantor's equitable interest is a Quitclaim Deed recorded in Book 326, Page 717 in the office of the Chancery Court Clerk of DeSoto County, Mississippi.

By way of explanation, Brandy Gibson departed this life on June 1, 1998 in Memphis, Shelby County, Tennessee as evidenced by the attached death certificate. Grantor's present spouse, Ellene K. Gibson, joins in this instrument to convey any and all right, title and interest which she may have as a result of her marriage to Grantor.

**IN WITNESS WHEREOF**, Grantor has caused this instrument to be executed on the 14th day of August, 2003.

Robert Louis Gibson  
Robert Louis Gibson  
Ellene K. Gibson  
Ellene K. Gibson

State of Mississippi  
County of DeSoto

PERSONALLY appeared before me, the undersigned authority in and for the State and County aforesaid, the within named Robert Louis Gibson and Ellene K. Gibson, who acknowledge that they executed and delivered the above and foregoing Quitclaim Deed on the day and year therein mentioned as their free and voluntary act and deed and for the purposes therein expressed.

under my hand and official seal of office, this the 14th of August, 2003.

[Signature]  
Notary Public



Grantor Address: 1372 Hill Road Nesbit MS 38651  
Grantor Telephone Number: Home-662-429-4582 Work-901-794-1160  
Grantee Address: 1372 Hill Road Nesbit MS 38651  
Grantee Telephone Number: Home-662-429-4582 Work-901-794-1160

TENNESSEE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

BK0451PG0022

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK  
FOR  
INSTRUCTIONS  
SEE HANDBOOK

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last) <b>Brandy Renee Gibson</b>				2. SEX <b>Female</b>		3. DATE OF DEATH (Month, Day, Year) <b>June 1, 1998</b>	
4. SOCIAL SECURITY NUMBER (of Decedent) <b>428-35-5732</b>		5a. AGE-LAST BIRTHDAY (Years) <b>25</b>		5b. UNDER 1 YEAR MO. DAYS		5c. UNDER 1 DAY HOURS MIN.	
6. DATE OF BIRTH (Month, Day, Year) <b>Feb. 18, 1973</b>				7. BIRTHPLACE (City and State or Foreign Country) <b>Memphis, Tennessee</b>			
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No				9a. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA OTHER: 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) <b>Baptist Memorial Hospital East</b>			9c. CITY, TOWN, OR LOCATION OF DEATH <b>Memphis</b>			9d. COUNTY OF DEATH <b>Shelby</b>	
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>Robert Gibson</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Secretary</b>		12b. KIND OF BUSINESS/INDUSTRY <b>USCO Logistics</b>	
13a. RESIDENCE-STATE <b>Mississippi</b>		13b. COUNTY <b>DeSoto</b>		13c. CITY, TOWN OR LOCATION <b>Nesbit</b>		13d. STREET AND NUMBER OR RURAL LOCATION <b>1372 Hall Road</b>	
13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		13f. ZIP CODE <b>38651</b>		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		15. RACE-American Indian, Black, White, etc. (Specify) <b>White</b>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+)				17. FATHER'S NAME (First, Middle, Last) <b>Terry D. McCann</b>			
18. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Rebecca Walls</b>				19a. INFORMANT'S NAME (Type/Print) <b>Robert Gibson</b>			
19b. RELATIONSHIP TO DECEASED <b>Husband</b>				19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>1372 Hall Road Nesbit, MS 38651</b>			
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Twin Oaks Memorial Gardens</b>		20c. LOCATION-City or Town, State <b>Southaven, Mississippi</b>			
21a. SIGNATURE OF FUNERAL DIRECTOR <i>Frank K. Rollins</i>		21b. LICENSE NUMBER OF FUNERAL DIRECTOR <b>FS-0789</b>		21c. SIGNATURE OF EMBALMER <i>[Signature]</i>		21d. LICENSE NUMBER OF EMBALMER <b>FS-0826</b>	
22a. NAME AND ADDRESS OF FUNERAL HOME <b>Twin Oaks Funeral Home 290 Goodman Road East Southaven, MS 38671</b>				22b. LICENSE NUMBER OF FUNERAL HOME <b>429</b>			
23. REGISTRAR'S SIGNATURE <i>[Signature]</i>				24. DATE FILED (Month, Day, Year) <b>JEN 17 1998</b>			
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. 1 <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>[Signature]</i>				25b. LICENSE NUMBER <b>MD-021300</b>		25c. DATE SIGNED (Month, Day, Year) <b>6-15-98</b>	
26a. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated. 2 <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) <b>Dr. Johnny Belenchia 910 Madison Ave. Suite 608 Memphis, TN 38103</b>							
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) →		a. <b>Chondrosarcoma metastatic to</b> DUE TO (OR AS A CONSEQUENCE OF):				Approximate Interval Between Onset and Death	
		b. <b>Brain, Lung</b> 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		c. _____ DUE TO (OR AS A CONSEQUENCE OF):					
		d. _____ DUE TO (OR AS A CONSEQUENCE OF):					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
						29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
30. MANNER OF DEATH 1 <input type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY M		31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input 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)							

NAME OF DECEDENT: For use by physician or insurance

DECEDENT

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXTINGUISHING CERTIFICATE COMPLETE AND MEDICAL CERTIFICATION WITHIN 48 HRS.

INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH