

Prepared by ~~XXXXXXXXXXXX~~

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BK 0451 PG 0324

STATE MS.-DE SOTO CO.  
WARRANTY DEED FILED

Aug 25 4 01 PM '03

BK 451 PG 324  
W.E. DAVIS CH. CLK.

John W. Alexander and wife, Shelley S. Alexander  
GRANTORS

to:

Vince Alexander and wife, Lynn Alexander  
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 which is hereby acknowledged, John W. Alexander and wife, Shelley S. Alexander do hereby sell, convey, and warrant unto Vince Alexander and wife, Lynn Alexander, as tenants by the entirety with full rights of survivorship and not as tenants in common, the land lying and being situated in DeSoto County, Mississippi, being more particular described as follows, to wit:

3.07 acres, more or less, in the Northeast Quarter of Section 34, Township 2 South, Range 7 West, DeSoto County, Mississippi and being more particularly described as follows:

BEGINNING at a point in the northwest corner of Thurman Weathers Lot, said point being, 2150.0 feet north of the north right of way line of Byhalia Road, and 3526.5 feet east of the west line of Section 34; thence North 0'33' West a distance of 210.00 feet along the west line of the Jones tract to a point; thence North 89'14' East a distance of 462.85 feet to a point; thence South 0'33' East a distance of 400.0 feet to a point in the south line of the Jones Tract; thence South 89'14' West a distance of 202.15 feet to a point in the Southeast corner of the Weathers 1.0 acres; thence North 1'37' West a distance of 200.5 feet to a point in the northeast corner of The Weathers Lot; thence South 86'56' West a distance of 257.5 feet to the point of beginning.

Grantor's lawful spouse, Shelley S. Alexander, joins in this instrument to convey any and all right, title and interest which he/she may have in the subject property as a result of his/her marriage to Grantor.

By way of explanation, Grantor's lawful spouse, Mary Sue Alexander, departed this life on 03/16/00 while an adult resident citizen of DeSoto County, Mississippi as evidenced by the attached death certificate.

The warranty in this Deed is subject to rights-of-way and easements of record for public roads and public utilities, subdivisions and zoning regulations in effect, prior reservations of oil and mineral rights, all applicable building restrictions and restrictive covenants of record, in the office of the Chancery Court Clerk of DeSoto County, Mississippi, including, but not limited to, Plat Book 165, Page 342.

Taxes for the year 2003 are to be paid by Grantees and possession is to be given with receipt of Deed.

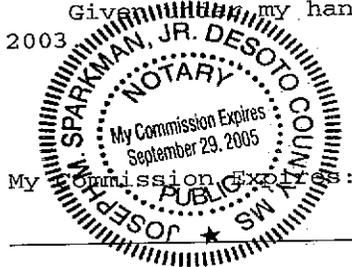
WITNESS the signatures of the Grantors, this the 13th day of August, 2003.

*John W. Alexander*  
\_\_\_\_\_  
John W. Alexander  
*Shelley S. Alexander*  
\_\_\_\_\_  
Shelley S. Alexander

STATE OF MISSISSIPPI  
COUNTY OF DESOTO

PERSONALLY appeared before me, the undersigned authority in and for the said State and County aforesaid, the within named John W. Alexander and wife, Shelley S. Alexander, who acknowledge that they executed and delivered the above foregoing Warranty Deed on the day and year therein mentioned as their free and voluntary act and deed and for the purposes therein expressed.

Given ~~under~~ my hand and official seal of office, this the 13th day of August, 2003



*[Signature]*  
Notary Public

GRANTOR'S ADDRESS:

3611 DARBY COUN  
HERNANDO MS 38637  
Work Phone #: 662-429-9642  
Home Phone #: 662-429-9642

GRANTEE'S ADDRESS:

420 Douglas Road  
Hernando, Mississippi 38632  
Work Phone #: 901-326-6020  
Home Phone #: 662-429-9194

PROPERTY ADDRESS: 420 Douglas Road  
Hernando, Mississippi 38632

TAX I.D. : 2978-3400.0-00023.03

# STATE OF MISSISSIPPI

## MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

ATTACHMENT TO WARRANTY DEED:  
 GRANTOR: JOHN AND SHELLEY ALEXANDER  
 GRANTEE: VINCE ALEXANDER AND LYNN ALEXANDER  
 PROPERTY: 420 Douglas Road  
 Hernando, Mississippi 38632

BK0451PG0326

TYPE OR PRINT WITH BLACK INK	FILING DATE	CERTIFICATE OF DEATH	STATE FILE NUMBER
	APR 17 2000	STATE OF MISSISSIPPI	123-
DECEASED	1. NAME First: <u>MARY</u> Middle: <u>S</u> Last: <u>ALEXANDER</u>		2. SEX <u>FEMALE</u>
	3a. HOUR OF DEATH <u>1:20A</u> m.		3b. DATE OF DEATH (Month, Day, Year) <u>MARCH 16, 2000</u>
If death occurred in an institution, see HANDBOOK, regarding completion of RESIDENCE items	4. RACE (Specify White, Black, American Indian, etc.) <u>White</u>		5a. AGE AT LAST BIRTHDAY <u>61</u> Years
	5b. MOS <u>Aug. 27, 1938</u>		5c. DAYS <u>DESOTO</u>
For RESIDENCE items, enter actual location of home rather than mailing address	7b. CITY OR TOWN OF DEATH <u>SOUTHAVEN</u>		7c. HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (If not in either, give street address, route number or other location) <u>BAPTIST HOSPITAL - DESOTO 17B</u>
	9. DECEDENT'S EDUCATION (Specify only highest grade completed) <u>Elementary School, College</u>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married John Alexander</u>
PARENTS	13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) <u>American</u>		14. SOCIAL SECURITY NUMBER <u>413-60-6690</u>
	15a. USUAL OCCUPATION (Kind of work done, most of working life) <u>Floral Designer</u>		15b. KIND OF BUSINESS OR INDUSTRY <u>Kroger Grocery</u>
INFORMANT	17. FATHER—NAME First: <u>Henry</u> Middle: <u>Clayton</u> Last: <u>Hill</u>		18. MOTHER—NAME First: <u>Ruth</u> Middle: <u>Rebecca</u> Maiden: <u>Jones</u>
	19a. INFORMANT—NAME (Type or print) <u>John W. Alexander</u>		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <u>420 Douglas St, Hernando, MS 38632</u>
DISPOSITION	20a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		20b. CEMETERY, CREMATORY—NAME <u>Hernando Memorial Park</u>
	20c. LOCATION (City and State) <u>Hernando, MS</u>		20d. EMBALMER—SIGNATURE AND NUMBER <u>Eyon Brownlee FS 794</u>
PRONOUNCEMENT	21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER <u>Hernando Funeral Home 17S</u>		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <u>140 West Commerce, Hernando, MS 38632</u>
	22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) <u>ROBERT SMITH, D.O.</u>		22b. PRONOUNCED DEAD (Month, Day, Year) (Hour) <u>ON MARCH 16, 2000</u> At <u>1:20A</u> m.
CERTIFIER	23a. CERTIFIER—NAME (Type or print) <u>W. CRAIG CLARK, M.D.</u>		23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <u>7620 SOUTHCREST PKWY #1 SOUTHAVEN, MS38671</u>
	24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE: <u>[Signature]</u> MD		24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE: <u>[Signature]</u>
Mississippi State Board of Health Form No. 511 Revised 1-1-89	24b. DATE SIGNED (Month, Day, Year) <u>04/01/00</u>		24c. STATE LICENSE NUMBER <u>[Signature]</u>
	24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24f. DATE SIGNED (Month, Day, Year)
CAUSE OF DEATH	25. PART I: DEATH CAUSED BY: (a) <u>intracerebral hemorrhage</u>		Interval between onset and death <u>6 days</u>
	(b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		Interval between onset and death
Conditions, if any, which gave rise to immediate cause stating the underlying cause last	(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		
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. 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

APR 17 2000

**WARNING:**

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