

Prepared by and return to:  
N. MS Title, Inc.  
Hugh H. Armistead, Attorney  
P.O. Box 609, Olive Branch, MS 38654  
662-895-4844

BK 0452 PG 0483  
STATE MS.-DESOTO CO. *DF*  
FILED *SC*

SEP 10 10 44 AM '03

BK 452 PG 483  
W.E. DAVIS CH. CLK.

**DEWEY GREENWOOD,**

**GRANTOR**  
**TO**

**WARRANTY DEED**

**JOHNNY SIMS,**

**GRANTEE**

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, I, **DEWEY GREENWOOD**, the undersigned Grantor, do hereby sell, convey and warrant unto **JOHNNY SIMS**, the land lying and being situated in the City of Olive Branch, DeSoto County, Mississippi, described as follows, to-wit:

**Lot 87, CHATEAU RIDGE SUBDIVISION**, situated in Section 11, Township 2 South, Range 6 West, City of Olive Branch, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 14, at Pages 47-50, in the Office of the Chancery Clerk of DeSoto County, Mississippi.

The Warranty in this Deed is subject to subdivision and zoning regulations in effect in the City of Olive Branch, DeSoto County, Mississippi; to rights of ways and easements for public roads and public utilities shown or not shown on the public records; to the restrictive covenants of said subdivision; and to any prior conveyances or reservation of minerals of every kind and character, including, but not limited to oil, gas, sand and gravel, in, on and under subject property.

Taxes for the year 2003 are to be prorated and possession is to take place upon delivery of deed.

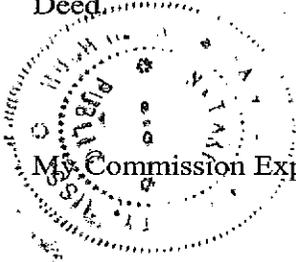
WITNESS MY SIGNATURE, this the 9th day of September, 2003.

  
**DEWEY GREENWOOD**

STATE OF MISSISSIPPI

COUNTY OF DESOTO

PERSONALLY APPEARED BEFORE ME, the undersigned authority in and for the said county and state, on this **9th day of September, 2003**, within my jurisdiction, the within named **DEWEY GREENWOOD**, who acknowledged that he executed the above and foregoing Warranty Deed.



  
NOTARY PUBLIC

Grantor's Address: 289A Bob Crenshaw Road, Crenshaw, MS 38621  
Home No. 662-382-7980; Business No. Same

Grantee's Address: 6508 Kristen Drive, Olive Branch, MS 38654  
Home No. 901-502-6966; Business No. (901) 502-4994

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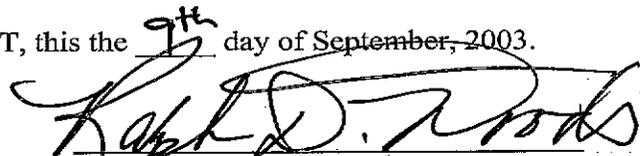
### HEIRSHIP AFFIDAVIT

STATE OF MISSISSIPPI  
COUNTY OF DESOTO

KNOW ALL MEN BY THESE PRESENTS, that I, **RALPH D. WOODS**, an adult resident citizen of DeSoto County, Mississippi, and I, **ALTON WOODS**, an adult resident citizen of DeSoto County, Mississippi, do hereby swear and affirm as follows:

1. That we, **RALPH D. WOODS** and **ALTON WOODS**, were personally acquainted with the decedents, Mildred Ella Woods Burroughs, Ferrel T. Dixon, and Flois E. Burroughs, whose certificates of death are attached hereto as Collective Exhibit "A". Further that we are related to Mildred Ella Woods Burroughs, and have known her, her spouses, and her immediate family for 70 years.
2. That Mildred Ella Woods was first married to Jack Greenwood, he having been deceased for many years, and they having one adult son, namely, Dewey Greenwood.
3. That Mildred Ella Woods was later the surviving spouse of Ferrel T. Dixon, he having passed away on October 24, 1986, and that no children were born to this union and none were adopted.
4. That Mildred Ella Woods was later the surviving spouse of Flois E. Burroughs, he having passed away on November 24, 1998, and that no children were born to this union and none were adopted.
5. That Mildred Ella Woods Burroughs passed away on September 25, 2001, leaving her son Dewey Greenwood, has her only heir at law.

FURTHER, AFFIANTS SAYETH NOT, this the 9<sup>th</sup> day of September, 2003.

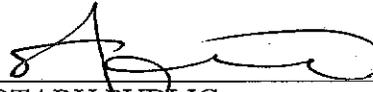
  
RALPH D. WOODS

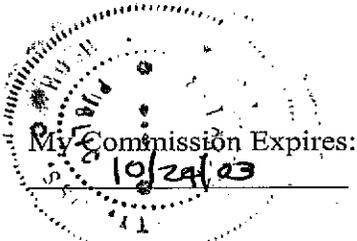
  
ALTON WOODS

STATE OF MISSISSIPPI

COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said county and state, on this 9<sup>th</sup> day of **September, 2003**, within my jurisdiction, the within named **RALPH D. WOODS**, who stated under oath that the matters and things contained in the above affidavit are true and correct.

  
\_\_\_\_\_  
NOTARY PUBLIC



STATE OF MISSISSIPPI

COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said county and state, on this 9<sup>th</sup> day of **September, 2003**, within my jurisdiction, the within named **ALTON WOODS**, who stated under oath that the matters and things contained in the above affidavit are true and correct.

  
\_\_\_\_\_  
NOTARY PUBLIC



MISSISSIPPI STATE DEPARTMENT OF HEALTH  
VITAL RECORDS

BK0452PG0487

TYPE OR PRINT WITH BLACK INK

FILING DATE **OCT 03 2001**

CERTIFICATE OF DEATH  
STATE OF MISSISSIPPI

STATE FILE NUMBER **123-**

DECEASED	1. NAME First Middle Last <b>Mildred Ella Burroughs</b>			2. SEX <b>Female</b>	3a. HOUR OF DEATH <b>12:45 Am.</b>	3b. DATE OF DEATH (Month, Day, Year) <b>Sept. 25, 2001</b>	
	4. RACE (Specify White, Black, American Indian, etc.) <b>White</b>		5a. AGE AT LAST BIRTHDAY <b>80</b> Years	ONLY IF UNDER 1 YEAR 5b. MOS 5c. DAYS 5d. HOURS 5e. MINS <b>March 4, 1921</b>		6. DATE OF BIRTH (Month, Day, Year) 7a. COUNTY OF DEATH <b>Tate</b>	
Death occurred in institution, see HANDBOOK, regarding completion of RESIDENCE items	7b. CITY OR TOWN OF DEATH <b>Senatobia</b>		7c. HOSPITAL OR OTHER INSTITUTION—NAME AND NUMBER (If not in either, give street address, route number or other location) <b>North Oak Regional Medical Center 69-S</b>		7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA <b>Emer. Rm.</b>		8. STATE OF BIRTH <b>MS</b>
	9. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>Elem/High School, College</b>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>None</b>		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) <b>No</b>
For RESIDENCE items, enter actual location of home rather than mailing address	13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) <b>American</b>		14. SOCIAL SECURITY NUMBER <b>413-46-2836</b>		15a. USUAL OCCUPATION (Kind of work done most of working life) <b>Technician</b>		15b. KIND OF BUSINESS OR INDUSTRY <b>Medical</b>
	16a. RESIDENCE—STATE <b>MS</b>		16b. COUNTY <b>Panola</b>	16c. CITY OR TOWN <b>Crenshaw</b>	16d. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>	16e. STREET AND NUMBER OR RURAL LOCATION <b>289A Bob Crenshaw Rd.</b>	
PARENTS				MOTHER—NAME			
17. FATHER—NAME First Middle Last <b>Thomas Walton Woods</b>				18. MOTHER—NAME First Middle Maiden <b>Eunice Dewey Bass</b>			
INFORMANT				19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)			
19a. INFORMANT—NAME (Type or print) <b>Dewey Greenwood</b>				<b>289 A Bob Crenshaw Rd., Crenshaw, MS 38621</b>			
DISPOSITION		20a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		20b. CEMETERY, CREMATORY—NAME <b>Blocker Cemetery</b>		20c. LOCATION (City and State) <b>Olive Branch, MS</b>	
		20d. EMBALMER—SIGNATURE AND NUMBER <b>Alper Bass 4586</b>		21a. EMBALMER—SIGNATURE AND NUMBER			
		21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER <b>Brantley Funeral Home 17R</b>		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>P. O. Box 428, Olive Branch, MS 38654-0428</b>			
PRONOUNCEMENT		22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) <b>Dr. E.W. Tucker Jr. M.D.</b>		22b. PRONOUNCED DEAD (Month, Day, Year) <b>ON 9-25-2001</b>		22c. PRONOUNCED DEAD (Hour) (Specify Yes or No) <b>At 12:45 A.M.</b>	
CERTIFIER		23a. CERTIFIER—NAME (Type or print) <b>Pat Kizziah</b>		23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>P.O. Box 247 Senatobia, Ms. 38668</b>			
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. SIGNATURE <b>[Signature]</b>		24b. DATE SIGNED (Month, Day, Year) <b>MO</b>		24c. STATE LICENSE NUMBER		24d. TITLE <b>TATE CMEI</b>
	24e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) <b>Dr. E. Arthur Franklin</b>		24f. DATE SIGNED (Month, Day, Year) <b>SEPTEMBER 28, 2001</b>				
CAUSE OF DEATH	25. PART I: DEATH CAUSED BY:		IMMEDIATE CAUSE (Enter one cause only):				Interval between onset and death
	Conditions, if any, which gave rise to immediate cause stating the underlying cause last		(a) <b>SUBDURAL HEMATOMA RIGHTSIDE OF HEAD</b>				Interval between onset and death
		(b) <b>CONSISTENT WITH ACCIDENT</b>				Interval between onset and death	
		(c) <b>HYPERTENSIVE HEART DISEASE</b>				Interval between onset and death	
Had Decedent been Pregnant Within 90 Days Prior to Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I <b>COUMADIN THERAPY</b>		27. AUTOPSY (Yes or No) <b>NO</b>		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) <b>YES</b>		
	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. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)		29e. LOCATION		29f. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED	
				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

OCT-3 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.



XC 16 661 100

## CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT  
VITAL RECORDS

BIRTH NO		STATE FILE NO	
DECEASED—NAME			
FIRST		LAST	
FERREL		TIPTON DIXON	
DATE OF BIRTH (MONTH, DAY, YEAR)		DATE OF DEATH (MONTH, DAY, YEAR)	
4-1-21		Oct. 24, 1986 7 PM	
AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)
65			4-1-21
RACE		ORIGIN OR DESCENT—ITALIAN, MEXICAN, GERMAN, ETC. (SPECIFY)	
White		American	
SEX		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
Male		Married	
COUNTY OF DEATH		CITY, TOWN OR LOCATION	
Shelby		Memphis	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		INSIDE CITY LIMITS (SPECIFY YES OR NO)	
Mississippi		Yes	
CITIZEN OF WHAT COUNTRY		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.)	
USA		VA Medical Center	
SOCIAL SECURITY NUMBER (IF NONE, SPECIFY)		SURVIVING SPOUSE (IF NONE, GIVE MAIDEN NAME)	
412 26 3397		Mildred Ella Woods	
RESIDENCE—STATE		USUAL OCCUPATION (NAME AND KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	
Mississippi		Salesman	
COUNTY		STREET AND NUMBER	
DeSoto		4650 Brodruex Place	
CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	
Olive Branch		Yes	
MOTHER—MAIDEN NAME		INFORMANT—NAME	
Unknown		VAMC Rcds. & Mildred Dixon	
FATHER—NAME		Mailing Address	
Felix Dixon		NR-	
BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY)		DATE (MONTH, DAY, YEAR)	
Removal		10-25-86	
CEMETERY OR CREMATORY—NAME		LOCATION	
Blocker Cemetery		Olive Branch, MS	
FUNERAL DIRECTOR (SIGNATURE)		LICENSE NO.	
Embalmer (SIGNATURE)		LICENSE NO.	
FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		REGISTRAR—SIGNATURE	
Brantley FH, Olive Branch, MS		George Reeves DR	
PHYSICIAN—CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND OUR SIGNATURE		DEGREE	
7-4-86-20 10-24-86		DR	
MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED		DATE RECEIVED BY LOCAL HEALTH DEPT. OR DATE SIGNED (MONTH, DAY, YEAR)	
SIGNATURE		10-31-86	
TITLE		DATE SIGNED (MONTH, DAY, YEAR)	
CERTIFIER—NAME (TYPE OR PRINT)		Mailing Address	
MATTHEW OCHS, MD.		VA Medical Center, Memphis, TN 38104	
25. PART I DEATH WAS CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)	
IMMEDIATE CAUSE		INTERVAL BETWEEN ONSET AND DEATH	
(a) Squamous Cell Cancer of Oropharynx			
DUE TO, OR AS A CONSEQUENCE OF:			
(b)			
DUE TO, OR AS A CONSEQUENCE OF:			
(c)			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (2)		AUTOPSY YES OR NO	
		YES	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	
HOUR		DESCRIBE HOW INJURY OCCURRED	
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	
LOCATION		STREET OR R.F.D. NO.	
CITY OR TOWN		STATE	

TENNESSEE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK  
FOR  
INSTRUCTIONS  
SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last) <b>Flois E. Burroughs</b>				2. SEX <b>Male</b>		3. DATE OF DEATH (Month, Day, Year) <b>November 24, 1998</b>	
4. SOCIAL SECURITY NUMBER (of Decedent) <b>412-28-2134</b>		5a. AGE-LAST BIRTHDAY (Years) <b>76</b>		5b. UNDER 1 DAY MO. DAYS HOURS MIN.		6. DATE OF BIRTH (Month, Day, Year) <b>Dec 10, 1921</b>	
7. BIRTHPLACE (City and State or Foreign Country) <b>TN</b>		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No					
9. PLACE OF DEATH (Specify only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)		10. FACILITY NAME (If not institution, give street and number) <b>Baptist East</b>					
11. SURVIVING SPOUSE (If wife, give maiden name) <b>Mildred Woods</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Sales Manager</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Electrolux</b>		13. COUNTY OF DEATH <b>Shelby</b>	
13a. RESIDENCE-STATE <b>MS</b>		13b. COUNTY <b>DeSoto</b>		13c. CITY, TOWN OR LOCATION <b>Olive Branch</b>		13d. STREET AND NUMBER OR RURAL LOCATION <b>4650 Bordeaux</b>	
14. INSIDE CITY LIMITS 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No <b>38654</b>		15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. RACE-American Indian, Black, White, etc. (Specify) <b>White</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) <b>8</b>	
18. FATHER'S NAME (First, Middle, Maiden Surname) <b>Clyde A. Burroughs</b>				19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Louanna Fournier</b>			
20. INFORMANT'S NAME (Type/Print) <b>Shirley Akins</b>		21. RELATIONSHIP TO DECEASED <b>Daughter</b>		22. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>920 Quail Chase Collierville TN 38017</b>			
23. 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)		24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Walnut Grove Cemetery</b>		25. LOCATION-City or Town, State <b>Ripley TN</b>		26. LICENSE NUMBER OF EMBALMER <b>4586</b>	
27. SIGNATURE OF FUNERAL DIRECTOR <b>H.W. Taylor</b>		28. LICENSE NUMBER OF FUNERAL DIRECTOR <b>4378</b>		29. SIGNATURE OF EMBALMER <b>Alfred Barnes</b>		30. LICENSE NUMBER OF FUNERAL HOME <b>416</b>	
31. NAME AND ADDRESS OF FUNERAL HOME <b>Memphis Funeral Home Poplar P.O. Box 17069 Memphis TN 38187-0069</b>		32. DATE FILED (Month, Day, Year) <b>DEC 08 1998</b>					
33. REGISTRAR'S SIGNATURE <b>Henry Slater, Deputy</b>		34. DATE SIGNED (Month, Day, Year) <b>12/2/98</b>					
35. 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. 1 <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <b>[Signature]</b>		36. LICENSE NUMBER <b>MS 14483</b>		37. DATE SIGNED (Month, Day, Year) <b>12/2/98</b>			
38. 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		39. LICENSE NUMBER		40. DATE SIGNED (Month, Day, Year)			
41. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) <b>Michael Dragutsky, M.D. 1068 Cresthaven Memphis TN 38119</b>							
42. 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, stroke, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → <b>Cardiopulmonary arrest</b> DUE TO (OR AS A CONSEQUENCE OF): a. _____ b. _____ c. _____ d. _____ Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST							
43. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						44. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
45. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No						46. MANNER OF DEATH 1 <input type="checkbox"/> Natural 2 <input type="checkbox"/> Accident 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide 5 <input type="checkbox"/> Pending investigation 6 <input type="checkbox"/> Could not be determined	
47. DATE OF INJURY (Month, Day, Year)		48. TIME OF INJURY <b>M</b>		49. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		50. DESCRIBE HOW INJURY OCCURRED	
51. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)				52. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

PHYSICIAN OR MEDICAL EXAMINER EXCUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH