

LINDA BOWE and CINDY EURE A/K/A CINDY EURE COKER
GRANTORS

WARRANTY

TO

DEED

SHIRLEY G. HOWELL, a single woman,
GRANTEE

FOR AND IN CONSIDERATION of Ten Dollars (\$10.00), cash in hand paid, and for other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, LINDA BOWE and CINDY EURE, A/K/A CINDY EURE COKER, does hereby sell, convey, and warrant unto SHIRLEY G. HOWELL, a single woman, the following described property situated in the County of DeSoto, State of Mississippi, together with all improvements and appurtenances thereon more particularly described as follows:

Lot 108, Section C, Greenbriar Lakes Subdivision, Located in Section 30, Township 1 South, Range 7 West, DeSoto County Mississippi, as shown by the plat recorded in Plat Book 34, Pages 4-5, in the Chancery Clerk of DeSoto County, Mississippi.

The warranty in this deed is subject to rights of way and easements for public roads and public utilities, subdivision and zoning regulations in effect in DeSoto County, Mississippi and further subject to all applicable building restrictions and covenants of record; in the Chancery Court Clerk of Desoto County, Mississippi.

BY WAY OF FURTHER EXPLANATION: Letitia V. Hearn departed this life on the 30 day of May, 2003. A copy of the death certificate is attached hereto.

Taxes for the year 2003 have been prorated between Grantor and Grantee and are to be paid on due date by Grantee.

WITNESS OUR SIGNATURE, this the 23rd day of October, 2003.

STATE MS. - DESOTO CO.

OCT 28 9 1e AM '03 p2
p2

456 PG 519
E. DAVIS CH. CLK.

Linda Bowe
LINDA BOWE
Cindy Eure Coker
CINDY EURE A/K/A
CINDY EURE COKER

STATE OF GEORGIA:
COUNTY OF CHEROKEE.

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the State and County aforesaid, within named: LINDA BOWE, who acknowledged that she signed and delivered the above and foregoing Deed on the day and year therein mentioned, as his free act and deed, and for the purposes therein expressed.

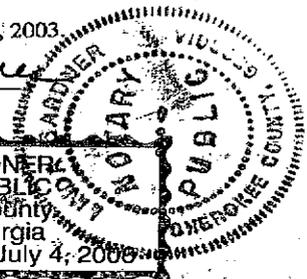
GIVEN Under my hand and seal of office, this the 21st day of October, 2003

Linda Gardner
NOTARY PUBLIC

My Commission Expires:

July 4, 2006

LINDA GARDNER
NOTARY PUBLIC
Cherokee County
State of Georgia
My Comm. Expires July 4, 2006



STATE OF MISSISSIPPI:
County OF DESOTO;

BK 0456PG0520

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the State and County aforesaid, within named: CINDY EURE, who acknowledged that she signed and delivered the above and foregoing Deed on the day and year therein mentioned, as his free act and deed, and for the purposes therein expressed.

GIVEN Under my hand and seal of office, this the 29th day of October, 2003.

Lou Lynamand
NOTARY PUBLIC



My Commission Expires: At Large
Notary Public State of Mississippi
My Commission Expires: March 24, 2006
Served Thru Halden, Brooks & Garland, Inc.

Property Address: 326 Guthrie Drive, Southaven, Mississippi 38671

GRANTOR'S ADDRESS
3435 Clepsyda Dr.
Hernando, MS 38632

GRANTEE'S ADDRESS
326 Guthrie Drive
Southaven, MS 38671

901-647-0210 None
HM PHONE WK PHONE

None 662-429-9327
HM PHONE WK PHONE

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

56PG0521

TYPE OR PRINT WITH BLACK INK

FILING DATE JUN 12 2003

CERTIFICATE OF DEATH
 STATE OF MISSISSIPPI

STATE FILE NUMBER 123-03-011649

DECEASED 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		2. SEX	3a. HOUR OF DEATH	3b. DATE OF DEATH (Month, Day, Year)
	LETITIA MAYE HEARN		FEMALE	2:35A m.	MAY 30, 2003
	4. RACE (Specify White, Black, American Indian, etc.)	5a. AGE AT LAST BIRTHDAY (1-4, 5-9, 10-12)	6. DATE OF BIRTH (Month, Day, Year)		7a. COUNTY OF DEATH
	WHITE	79	APRIL 28, 1924		DESOTO
7b. CITY OR TOWN OF DEATH		7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location)		7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA	8. STATE OF BIRTH
SOUTHAVEN		BAPTIST HOSPITAL-DESOTO 17B		INPT.	ALABAMA
9. DECEDENT'S EDUCATION (Specify only highest grade completed)		10. MARRIED NEVER MARRIED WIDOWED, DIVORCED (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No)	
Elem/High School, College			N/A	NO	
13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.)		14. SOCIAL SECURITY NUMBER	15a. USUAL OCCUPATION (Kind of work done most of working life)		15b. KIND OF BUSINESS OR INDUSTRY
AMERICAN		423-24-4138	ADMINISTRATIVE		DEFENSE DEPOT
16a. RESIDENCE-STATE		16b. COUNTY	16c. CITY OR TOWN	16d. INSIDE CITY LIMITS (Specify Yes or No)	16e. STREET AND NUMBER OR RURAL LOCATION
MISSISSIPPI		DESOTO	SOUTHAVEN	YES	108 CLARINGTON
17. FATHER-NAME			18. MOTHER-NAME		
JOHN HENRY VANDIVER			VIRGIE L MCCLUSKEY		
19a. INFORMANT-NAME (Type or print)			19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)		
LINDA BOWE			201 CHEROKEE SPRINGS WAY, WOODSTOCK, GA 30188		
20a. BURIAL, CREMATION, REMOVAL (Specify)		20b. CEMETERY, CREMATORY-NAME		20c. LOCATION (City and State)	
BURIAL		FOREST HILL SOUTH CEMETERY		MEMPHIS, TN	
21b. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)			
FOREST HILL FUNERAL HOME SOUTH		2545 E. HOLMES ROAD MEMPHIS, TENNESSEE 38118			
22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print)			22b. PRONOUNCED DEAD (Month, Day, Year)		22c. PRONOUNCED DEAD (Hour) AT
LINDA YATES, MD			ON MAY 30, 2003		AT 2:35A m.
23a. CERTIFIER-NAME (Type or print)			23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)		
DAVID SULLIVAN, MD			100 N HUMPHREYS BLVD, MEMPHIS, TN 38120		
Mississippi State Board of Health Form No. 511 Revised 1-1-89	24a. To the best of my knowledge and manner as stated		24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated		
	SIGNATURE <i>David Sullivan</i> MD		SIGNATURE		
	24b. DATE SIGNED (Month, Day, Year)		24c. STATE LICENSE NUMBER		
	5/31/03		11785		
24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)			24f. TITLE		
24g. DATE SIGNED (Month, Day, Year)					
25. PART I: DEATH CAUSED BY:					Interval between onset and death
(a) IMMEDIATE CAUSE (Enter one cause only):					6 months
(b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):					Interval between onset and death
(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					27. AUTOPSY (Yes or No)
					28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)
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

SEP 30 2003

Judy Moulder
 STATE REGISTRAR

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.

