

Dec 3 2 23 PM '03

Prepared By:

REALTY TITLE BK 459 PG 489
P. DAVIS CH. CLK.

6525 Quail Hollow Road #115
Memphis, Tennessee 38120
(901)260-4055 / (901)260-4056 (fax)
File No. 03011060

WARRANTY DEED

FOR AND IN CONSIDERATION OF Ten Dollars (\$10.00) and other good and valuable consideration, the receipt and legal sufficiency of all of which are hereby acknowledged,

La Rue D. White, a single person ("Grantor"),

has this day bargained and sold and by these presents does bargain, sell, transfer and convey unto

George Anaston and Tammy Anaston husband and wife, as tenants ("Grantee")
by the entirety with full rights of survivorship and not as tenants in
common,
the following described property being situated in Desoto County, ~~Tennessee~~, to wit:
Mississippi,

Lot 29, Section C, Germantown Manor Subdivision, situated in Sections 16 and 21, Township 1 South, Range 6 West, Desoto County, Mississippi, as shown on plat of record in Plat Book 10, Page 38, in the Register's Office of Desoto County, Mississippi, to which plat reference is made for a more particular description of said property.

Said property being one and the same property conveyed to Charles C. White and wife, La Rue D. White by way of warranty deed of record at Book 129, Page 791 in the Register's Office of Desoto County, Mississippi. The said Charles C. White died on or about June 21, 1997 in Memphis, Shelby County, Tennessee. The said La Rue D. White conveys hereby as surviving tenant by the entirety.

TO HAVE AND TO HOLD the aforesaid real estate, together with all appurtenances and hereditaments thereunto appertaining unto Grantee, his/her/their heirs, successors and assigns in fee simple forever.

Grantor covenants that Grantor is lawfully seized and possessed of said real estate, has full power and lawful authority to sell and convey the same; that the title thereto is free, clear and unencumbered except as follows:

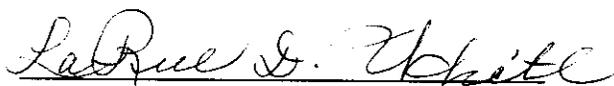
Subdivision Restrictions, Building Lines & Easements of record at: **Plat Book 8, Page 9-10;**

and except for the following, and all subsequent years' taxes: **2003 City of Olive Branch and 2003 Desoto County**

and Grantor will forever warrant and defend the same against the claims of all persons whomsoever.

The words Grantor and Grantee shall include the plural where appropriate, and pronouns shall be construed according to their proper gender and number according to the context thereof.

IN WITNESS WHEREOF, Grantor has executed this instrument this 1st day of December, 2003.


La Rue D. White

STATE OF TENNESSEE
COUNTY OF SHELBY

Personally appeared before me, a Notary Public in and for said State and County, La Rue D. White, the within named bargainor(s), with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that such person(s) executed the within instrument for the purposes therein contained.

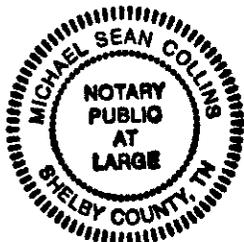
Witness my hand, at office, this 1st day of December, 2003.



Notary Public

My Commission Expires: _____

(SEAL)



My Commission Expires: 12-7-04

TG No.

Grantee:
Owner Name and Address:
George ~~George~~ Anaston and Tammy Anaston
8785 Oakwood
Olive Branch, MS 38654
Work Phone: 901-257-6732
Home Phone: 901-277-6625
Property Address:
8785 Oakwood
Olive Branch, MS 38654

George

Grantor:
Seller Name and Address:
La Rue D. White
8785 Oakwood
Olive Branch, MS 38654
Work Phone: None
Home Phone: 662-895-3065

Send Tax Bills To:
First Horizon Home Loan Corporation

Tax Parcel ID Number:
1065-2103.0-00029.00

Return To:
Watkins, Ludlam, Winter & Stennis, P.A.
6897 Crumpler Boulevard, Suite 100
Olive Branch, MS 38654

PREPARED BY AND RETURN TO:
WATKINS LUDLAM WINTER & STENNIS, P.A
P.O. BOX 1456
OLIVE BRANCH, MS 38654-1456
(662) 895-2996

Valuation Affidavit:

I hereby swear or affirm that to the best of my knowledge, information and belief, the actual consideration for the transfer or the value of the property transferred, whichever is greater, is \$210,000.00, which amount is equal to or greater than the amount which the property transferred would command at a fair an voluntary sale.

Affiant

Subscribed and sworn to before me this 1st day of December, 2003.

Notary Public

My Commission Expires: _____

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BOOK

DECLINENT

NR
CENSUS TRACT

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

AN OR MED-
XAMINER EX-
3 CERTIFICATE
COMPLETE AND
EDICAL CERTIFI-
WITHIN 48

INSTRUCTIONS
THIS SIDE

CAUSE OF
DEATH

1. DECEDENT'S NAME (First, Middle, Last) **CHARLES CURTH WHITE** 2. SEX **MALE** 3. DATE OF DEATH (Month, Day, Year) **JUNE 21, 1997**

4. SOCIAL SECURITY NUMBER (of Decedent) **226-40-8821** 5a. AGE - LAST BIRTHDAY (Years) **80** 5b. UNDER 1 YEAR **MO.** 5c. UNDER 1 DAY **DAYS** 6. DATE OF BIRTH (Month, Day, Year) **JAN. 14, 1917** 7. BIRTHPLACE (City and State or Foreign Country) **DYERSBURG, TN.**

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? **1** Yes **2** No 9a. PLACE OF DEATH (Check only one) **HOSPITAL:** 1 Inpatient **2** ER/Outpatient **3** DOA **OTHER:** 4 Nursing Home **5** Residence **6** Other (Specify)

9b. FACILITY NAME (If not institution, give street and number) **BAPTIST EAST HOSPITAL** 9c. CITY, TOWN, OR LOCATION OF DEATH **MEMPHIS** 9d. COUNTY OF DEATH **SHELBY**

10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) **MARRIED** 11. SURVIVING SPOUSE (If wife, give maiden name) **LaRUE DUNCAN** 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) **MILITARY** 12b. KIND OF BUSINESS/INDUSTRY **NAVY**

13a. RESIDENCE—STATE **MISSISSIPPI** 13b. COUNTY **DESOTO** 13c. CITY, TOWN OR LOCATION **OLIVE BRANCH** 13d. STREET AND NUMBER OR RURAL LOCATION **8785 OAKWOOD DR.**

13e. INSIDE CITY LIMITS? **1** Yes **2** No 13f. ZIP CODE **38654** 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuban, Mexican, Puerto Rican, etc.) **0** No **1** Yes **Specify, if yes:** 15. RACE—American Indian, Black, White, etc. (Specify) **WHITE** 16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) **2** College (1-4 or 5+) **2**

17. FATHER'S NAME (First, Middle, Last) **EUGENE WHITE** 18. MOTHER'S NAME (First, Middle, Maiden Surname) **JESSIE McCLAIN**

18a. INFORMANT'S NAME (Type/Print) **LaRUE WHITE** 18b. RELATIONSHIP TO DECEASED **WIFE** 18c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **8785 OAKWOOD DR., OLIVE BRANCH, MS. 38654**

20a. METHOD OF DISPOSITION **1** Burial **2** Cremation **3** Removal from State **4** Donation **5** Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **MEMORIAL PARK CEMETERY** 20c. LOCATION—City or Town, State **MEMPHIS, TN.**

21a. SIGNATURE OF FUNERAL DIRECTOR **CANDACE STOKES** 21b. LICENSE NUMBER OF FUNERAL DIRECTOR **4189** 21c. SIGNATURE OF EMBALMER **JIM EDWARDS** 21d. LICENSE NUMBER OF EMBALMER **4348**

22a. NAME AND ADDRESS OF FUNERAL HOME **MEMORIAL PARK FUNERAL HOME 5668 POPLAR AVE., MEMPHIS, TN. 38119** 22b. LICENSE NUMBER OF FUNERAL HOME **522**

23. REGISTRAR'S SIGNATURE *[Signature]* **Deputy** 24. DATE FILED (Month, Day, Year) **JUL 01 1997**

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** SIGNATURE AND TITLE OF PHYSICIAN *[Signature]* **25b. LICENSE NUMBER** **MO-016632** **25c. DATE SIGNED (Month, Day, Year)** **6/27/97**

26a. MEDICAL EXAMINER—On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated: **2** SIGNATURE AND TITLE OF MEDICAL EXAMINER

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) **DR. GLENN WILLIAMS 6025 WALNUT GROVE RD. MEMPHIS, TN. 38120**

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. Respiratory Failure, pulmonary congestion, heart failure**
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

b. Sepsis, unknown etiology
DUE TO (OR AS A CONSEQUENCE OF): **"**

c. Short bowel syndrome
DUE TO (OR AS A CONSEQUENCE OF): **few yr**

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** Yes **2** No 29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? **1** Yes **2** No

30. MANNER OF DEATH **1** Natural **5** Pending Investigation **2** Accident **3** Suicide **4** Homicide **6** Could not be Determined

31a. DATE OF INJURY (Month, Day, Year) 31b. TIME OF INJURY **M** 31c. INJURY AT WORK? **1** Yes **2** 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)