

Prepared by and Return to:  
 TAYLOR, JONES & ALEXANDER, LTD.  
 ATTORNEYS AT LAW  
 P. O. BOX 188  
 SOUTHAVEN, MS. 38671  
 (662-342-1300)

STATE MS.-DESOTO CO.

MAR 5 4 07 PM '04

BK 466 PG 633  
W.F. DAVIS CH. CLK.

**CARLINE McCORMACK**  
 GRANTOR(S)

TO

**QUITCLAIM DEED  
 WITH LIFE ESTATE**

**DAWN CAROLYN THRASHER and  
 MICHAEL STEPHEN ROBERTS**  
 GRANTEE(S)

For and in consideration of the sum of Ten Dollars (\$10.00), cash in hand paid, and other good, legal sufficient and valuable consideration, the receipt of all of which is hereby acknowledged, I, **CARLINE McCORMACK** do hereby quitclaim and convey all of my right, title and interest unto **DAWN CAROLYN THRASHER and MICHAEL STEPHEN ROBERTS as joint tenants with the right of survivorship and not as tenants in common** he following described land and property situated in the County of DeSoto, State of Mississippi, being more particularly described as follows, to-wit:

Lot 319, Section "D", in CARRIAGE HILLS SUBDIVISION in Section 23 & 24, Township 1 South, Range 8 West, City of Southaven, DeSoto County, Mississippi as per plat recorded in Plat Book 5, Pages 4 & 5 in the Chancery Clerk's Office of DeSoto County, Mississippi.

PARCEL #1086-2306.000319.00

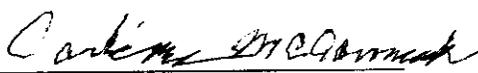
The above property is the same property conveyed to Richard E. McCormack and wife, Carline McCormack by Warranty Deed of record in Book 114, Page 138 in the Chancery Clerk's Office of DeSoto County, Mississippi. **Richard E. McCormack passed away on or about the 16<sup>th</sup> day of April, 1990.**

**The Grantor herein reserves a life estate in the above described property to live on said property for the rest of her natural life.**

This conveyance is made subject to all applicable building restrictions, restrictive covenants and easements of record.

Possession of the premises is to be given by the Grantor to the Grantees, upon delivery of this Deed.

WITNESS my signature(s) this the 4<sup>th</sup> day of March, 2004.

  
 CARLINE McCORMACK

STATE OF MISSISSIPPI

COUNTY OF DESOTO

PERSONALLY appeared before me, the undersigned authority of law in and for the jurisdiction aforesaid, the within named, CARLINE McCORMACK, who acknowledged that she signed and delivered the above and foregoing instrument on the day and year therein mentioned.

GIVEN under my hand and official seal of office this the 4<sup>th</sup> day of March 2004.

*Marilyn F. Crabb*

NOTARY PUBLIC  
MY COMMISSION EXPIRES 9-7-2007

MY COMMISSION EXPIRES: \_\_\_\_\_

PROPERTY ADDRESS: 8201 CHESTERFIELD, SOUTHAVEN, MS. 38671

GRANTOR'S ADDRESS:

(Dawn Carolyn Thrasher)

8019 Fox Fern  
Germantown, TN. 38138  
Res# 901-757-1625  
Bus# N/A

(Michael Stephen Roberts)

993 Crockett Loop  
Hernando, MS. 38632  
Res# 662-429-0928  
Bus# 662-393-6800

GRANTEE'S ADDRESS:

8201 Chesterfield  
Southaven, Ms. 38671  
Res#662-342-0685  
Bus#662-342-0685

This instrument is prepared without benefit of title examination from information furnished to preparer. Preparer makes no warranties as to title to the property or to the accuracy of information furnished.



BK 04 66 PG 06 35

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER

000382

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

27

414.9

137

NAME OF DECEDENT For use by physician or institution

DECEASED

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

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

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last) RICHARD EARL McCORMACK				2. SEX M		3. DATE OF DEATH (Month, Day, Year) APRIL 16, 1990	
4. SOCIAL SECURITY NUMBER (of Decedent) 426-60-0623		5a. AGE - LAST BIRTHDAY (Years) 54		5b. UNDER 1 YEAR MOSE DAYS HOURS MIN		6. DATE OF BIRTH (Month, Day, Year) 9-15-35	
7. BIRTHPLACE (City and State or Foreign Country) COFFEVILLE, MISS.		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 <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)							
9b. FACILITY NAME (# not institution, give street and number) ST. FRANCIS HOSP.				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 (# wife, give maiden name) CARLINE HARGROVE		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) SALESMAN		12b. KIND OF BUSINESS/INDUSTRY SUNSHINE BISCUIT CO	
13a. RESIDENCE - STATE MISSISSIPPI		13b. COUNTY DESOTO		13c. CITY, TOWN OR LOCATION SOUTHAVEN		13d. STREET AND NUMBER OR RURAL LOCATION 8201 CHESTERFIELD	
13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		13f. ZIP CODE 38671		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"/> No		15. RACE - American Indian, Black, White, etc. (Specify) white	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12+ College (1-4 or 5+) 4		17. FATHER'S NAME (First, Middle, Last) EARL McCORMACK					
18. MOTHER'S NAME (First, Middle, Maiden Surname) MILDRED COWART						19a. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 38671	
19b. RELATIONSHIP TO DECEASED WIFE				19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8201 CHESTERFIELD, SOUTHAVEN, MS.			
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) FORREST HILL CEMETERY (MID)		20c. LOCATION - City or Town, State MEMPHIS, TN.			
21a. SIGNATURE OF FUNERAL DIRECTOR CHARLES KNIGHT		21b. LICENSE NUMBER OF FUNERAL DIRECTOR 4032		21c. SIGNATURE OF EMBALMER CHARLES VINSON		21d. LICENSE NUMBER OF EMBALMER 3556	
22a. NAME AND ADDRESS OF FUNERAL HOME MEMORIAL PARK F.H., 5668 POPLAR, MEMPHIS, TN. 38119						22b. LICENSE NUMBER OF FUNERAL HOME 522	
23. REGISTRAR'S SIGNATURE Russell A. LaLonde, Deputy						24. DATE FILED (Month, Day, Year) APR 30 1990	
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.							
25b. SIGNATURE AND TITLE OF PHYSICIAN P.D. Holmes M.D.				25c. LICENSE NUMBER M.D. 006842		25d. DATE SIGNED (Month, Day, Year) 4-24-90	
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.							
26b. SIGNATURE AND TITLE OF MEDICAL EXAMINER				26c. LICENSE NUMBER		26d. DATE SIGNED (Month, Day, Year)	
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) PERRY HOLMES M.D. 711 W. BROOKHAVEN CIRCLE, MEMPHIS, TN. 38117							
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)		MASSIVE SADDLE PULMONARY EMBOLIS					Approximate Interval Between Onset and Death INSTANTANEOUS
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		a. DUE TO (OR AS A CONSEQUENCE OF):					
		b. DUE TO (OR AS A CONSEQUENCE OF):					
		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. SEVERE CORONARY ARTERY DISEASE POST OPERATIVE STATUS 5 BYPASS GRAFTS 4-5-90 DIABETES MELLITUS TYPE 2, HYPERTENSION WITH HYPERTENSIVE HEART DISEASE, PROMINENT							
29a. WAS AN AUTOPSY PERFORMED? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No						29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	
30. MANNER OF DEATH 1 <input checked="" 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		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)			